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| Type of Policy: | DEPARTMENT SPECIFIC | Category: | LABOR & DELIVERY |
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| Title | <i>INTRAPARTUMMGMT</i> <i>Intrapartum management of HIV + laboring women</i> | Policy #: | 1263-0145 |
| Page 1 of 1 | | Replaces #: | |
| Issue Date: | 5/1995 | Issued By: | Labor And Delivery Department |
| Revision Dates: | 3/1997, 4/2001 | Approved By: | Anne Bradner, RNC Director of Women's Service |

NOTE: The Department of OB/Gyn has adopted a protocol for the management of HIV+ pregnant women. As recommended by the U.S. Public Health Service, all pregnant women are to be offered HIV testing and those testing positive for HIV are to be offered antiretroviral therapy during the prenatal period beginning at the 14th. week of gestation. The protocol entitled ACTG 076 includes recommendations for intrapartum management and postnatal follow up for infant. The multidisciplinary management of HIV infected pregnant females and their infants was established to affect a reduction of vertically acquired HIV.

- I. PURPOSE:** A. To establish guidelines for R.N. Labor and Delivery Staff for the intrapartum management of HIV+ pregnant women during vaginal delivery
 B. To establish guidelines for R.N. Labor and Delivery Staff for the intrapartum management of HIV+ pregnant women scheduled for Cesarean section

- II. POLICY:**
- A. All pregnant women admitted to the Labor and Delivery service will be screened for HIV testing during the current pregnancy.
 - B. If a history of no prenatal care or limited prenatal care is identified, testing for HIV during admission is to be offered per U.S. Department of Health Guidelines for HIV Testing for pregnant women.
 - C. Signed consent for HIV screening is obtained if client agrees to test. Form # 5961-7847P CONSENT TO TEST FOR HUMAN IMMUNODIFICIENCY VIRUS (HIV) is to be properly witnessed and signed by authorized agent and must be sent with blood sample to the lab. (SUDS HIV-1 Test is to be utilized pending on its availability)
 - D. If client refuses HIV testing a refusal for HIV testing form is to be signed and witnessed.
 - E. All HIV+ parturient females will be offered IV AZT during the intrapartum period for vaginal or cesarean birth.
 - F. All HIV+ pregnant women admitted to the Labor and Delivery service will continue the pre-natal antiretroviral regimen as prescribed.
 - G. Notify **HUG Me Program** Clinical Nurse Specialist- Beeper # 407-981-9096 **DAY or NIGHT** and inform of admission to Labor and Delivery of HIV+ patient.

- III. PROCEDURE: Vaginal Delivery**
1. House Staff/ Attending / R.N. to explain or review Protocol 076 to laboring woman
 2. Begin IV AZT 2mg/kg loading dose - infuse over one hour
 3. Follow IV AZT bolus with IV AZT maintenance dose of 1mg/kg for the duration of labor.
 4. Administer other antiretroviral medications if ordered.
 5. D/C IV AZT at delivery of infant.

Scheduled Cesarean Delivery

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1. House staff/ attending/ R.N. to explain or review Protocol 076 to patient.
2. Begin IV AZT loading dose 2mg/kg- infuse over 1 hour. If surgery is to delay more than two hour after end of infusion continue IV AZT at 1mg/kg dose . D/C IV AZT at delivery of infant.
3. Administer other antiretroviral medications if ordered.

IV. DOCUMENTATION: Chart medications given in TDS
Chart HUG Me consult notification

V. REFERENCE:

- 1- U.S. Department of health and Human Services, Centers for Disease Control and Prevention (CDC) Atlanta, Georgia. August 1994 Recommendations.
- 2- MMWR – January 30, 1998/ Vol.47/No. RR-2- Public Health Service Task Force Recommendations for the use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-1 Transmission in the United States.
- 3 Goldenberg, R.L., Rouse,D.J., Stringer, J.S.A. (1999) . Prophylactic cesarean delivery for the prevention of perinatal Human Immunodeficiency Virus transmission- JAMA Vol. 281, pp. 1946-1949, May 26, 1999
- 3- Musoke et al. (1999). A phase 1/11 study of the safety and pharmacokinetics of nevirapine in HIV-1- infected pregnant Ugandan women and their neonates. (HIVNET 006) AIDS Vol. No.4 pp 479-489.