

Title: **RAPID HIV TESTING FOR PREGNANT  
WOMEN WITH UNKNOWN SEROSTATUS**

Policy: **1263-**  
# 1263-

Replaces #  
Issued By: Labor and Delivery Department

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Issue Date: **5/2004**

The Department of OB/GYN has instituted Rapid HIV Testing for pregnant women with unknown serostatus presenting to **a)** Triage for r/o labor **b)** admitted to labor room for delivery **c)** admitted to Antepartum Special Care Unit **d)** presenting to ORHS Emergency Room.

Effective interventions are available to reduce the rate of perinatal HIV transmission when women are identified as HIV infected early in pregnancy. Pregnant women who are HIV positive but who do not access obstetric services, or do not receive an HIV test during prenatal care, are not identified as HIV positive. These women miss opportunities to reduce the risk of transmission to their infants and to receive life saving treatment for themselves. Rapid HIV testing is an effort to capture the population of pregnant women whose serostatus was not assessed during the prenatal period, whose serostatus is not documented in their medical record or whose prenatal record is not available. The implementation of Rapid HIV Screening allows for pregnant women to learn their HIV status quickly and to receive short-course antiretroviral prophylaxis to dramatically reduce the risk of transmitting to their infants

**NOTE:** As recommended by the U.S. Public Health Service, all pregnant women are to be offered HIV testing during the prenatal period. This is also in accordance with Florida State Statute mandate requiring HIV counseling for all gravid females presenting for care.

**I. PURPOSE: A. To establish guidelines for R.N. Labor and Delivery Staff for interventions in the management of pregnant women whose HIV serostatus is unconfirmed.**

**Criteria for offer and order of Rapid HIV Testing when HIV serostatus is unknown or unconfirmed.**

**Pregnant women who present:**

- with premature onset of labor
- with premature rupture of membranes
- for r/o labor
- in labor
- with history of no prenatal care
- with limited or interrupted prenatal care
- have refused HIV testing earlier in this pregnancy and now present with any of the above conditions

**NOTE:** Rapid HIV Testing may not be limited to or restricted for use by conditions and situations described above.

**II. POLICY:**

- A. All pregnant women accessing care at Arnold Palmer Hospital for Children and Women will be assessed for HIV testing during the prenatal period of the present pregnancy.
- B. All pregnant women accessing care at Arnold Palmer Hospital for Children and Women Whose HIV serostatus is unknown or unconfirmed will be offered Rapid HIV Testing.

C. If a history of no prenatal care, or limited prenatal care, or interrupted prenatal care is identified, Rapid HIV Testing is to be offered per U.S. Department of Health Guidelines for HIV Testing For Pregnant Women.

D. Signed consent for HIV screening is obtained if client agrees to test. Form # 5961-7847P CONSENT TO TEST FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV) is to be witnessed and signed by authorized agent. I.e- House Staff or Attending Physician. NOTE: Copies of consent remain in the patient's medical record. Copy of consent need not be sent to laboratory.

E. If client refuses HIV screening a "Refusal for HIV Testing Form" is to be signed and witnessed.

F. Obtain four cc's of venous blood in a serum separating tube. Send to laboratory with transmittal order.

G. Call Laboratory Services Department to verbally inform of pending arrival of blood sample for Rapid HIV Testing. Order for Rapid HIV Testing is entered in TDS. Write pager # of Attending Physician and/or House Staff Resident to be notified of rapid result.

H. Monitor result of Rapid HIV Test. Result should be available in less than one hour.

I. **Laboratory services will notify** a) Attending Physician and or House Staff Resident of Rapid HIV Test result b) notify unit floor primary care nurse of Rapid HIV Test result.

J. If result of Rapid HIV is positive implement policy # 1263-0145

K. Notify **HUG Me Program** Clinical Nurse Specialist- Beeper # 407-981-9096 **Day or Night** and report of admission to APH of HIV + patient.

**III. Procedure:**

1. House Staff/Attending/ R.N. to review medical prenatal care history. Verify result of HIV testing during the present pregnancy and confirm repeat HIV screening at gestation week 32-36.
2. If no documentation of HIV testing can be obtained or test result accessed and patient meets criteria Rapid HIV Testing is to be offered.
3. Obtain or confirm order for Rapid HIV Testing and register order in TDS
4. Call laboratory services and verbally inform of request for Rapid HIV Test.
5. Obtain consent for HIV testing.
6. Obtain blood sample in SS Tube, label properly and send to lab with transmittal

**IV. DOCUMENTATION;** Sign off Rapid HIV Test order  
Document result of Rapid HIV Test

**V. REFERENCE:**

- **CDC. Revised recommendations for HIV screening of pregnant women. MMWR 2002;51;1051-1052**
- **U.S. Public Health Service Task force recommendations for use of antiretroviral drugs in pregnant HIV-1 infected women for maternal health interventions to reduce perinatal HIV-1 transmission in the United States. MMWR 2002;51(No. RR-18): 1-38. Living document available at: <http://AIDSinfo.nih.gov>. Accessed May/2004**
- **CDC. Revised guidelines for HIV counseling, testing, and referral MMWR 2001;50(No. RR-19)1-57.**
- [http://www.cdc.gov/hiv/rapid\\_testing/materials/rapidtrain.htm](http://www.cdc.gov/hiv/rapid_testing/materials/rapidtrain.htm).
- [www.aidsinfo.nih.gov/guidelines](http://www.aidsinfo.nih.gov/guidelines)

