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Guidelines for Management of HIV+ Pregnant Women Birthing in Washington State Hospitals:

Hospital Preparation Checklist

July 2009

Hospital Preparation for Client Management

1. After notification by client's obstetric provider, the hospital contact meets with representatives from units anticipating involvement in care of client and newborn (such as nursing, pediatrics, pharmacy, laboratory, and emergency room) to coordinate client's care needs.
2. Locate hospital policies and procedures for care of HIV+ pregnant client and newborn. Revise or develop as needed.
3. Provide in-service education to potential care providers (perinatal/neonatal nursing staff, pharmacy, laboratory, and emergency room staff) as indicated.
4. Determine that Pharmacy has IV Zidovudine for intrapartum administration*:
 - Ensure supply of at least 1 vial (20ml-10mg/1ml) for loading dose of 2mg/kg over 1 hour and additional vials to cover 1mg/kg/hour continuous drip during labor and delivery until cord is cut.
 - Determine the client's current other antiretrovirals and have them available, or arrange for the client to bring these medications to labor and delivery, or have an emergency way of obtaining.
5. Determine that Pharmacy has Zidovudine for infant*:
 - Zidovudine is supplied in 240ml bottle. 50ml of liquid Zidovudine should be a sufficient supply for the infant's hospital stay and for 2 weeks after discharge. 150ml should be an adequate supply for a prescribed Zidovudine regimen of 6 weeks.
6. Determine that Laboratory has capability to run HIV RNA PCR (ultrasensitive) for mother and HIV DNA PCR for infant. If no capacity, contact the hospital's reference lab or contact University of Washington Retrovirus Laboratory at 206-341-5210, Monday – Friday, 8 am – 7 pm, to arrange for transport of specimen to University of Washington Medical Center. Specimen may be refrigerated up to 3 days prior to transport. University of Washington Medical Center runs this test twice/month.

In-Hospital Care of Client and Newborn

Intrapartum Care

1. On admission, draw CBC, T cell subsets, SGPT, creatinine, and HIV RNA PCR (ultrasensitive.) Blood for HIV RNA PCR must be collected in EDTA or ACD tubes.
2. Follow standard prescribed regimen for drug administration during labor*. Refer to "Screening and Management of Maternal HIV Infection: Implications for Mother and Infant." (Booklet is available [on-line](#) (Acrobat Reader) or refer to "United States Public Health Perinatal Guidelines" at (www.aidsinfo.nih.gov.)

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Newborn Care

3. Draw a baseline CBC with differential and ALT/AST before starting Zidovudine (may use cord blood for the CBC and ALT/AST).
4. Obtain an HIV DNA PCR. Draw 2cc blood (not cord blood) in an EDTA lavender-top tube.
5. Follow standard prescribed regimen for drug administration to the newborn*. Refer to "Screening and Management of Maternal HIV Infection: Implications for Mother and Infant" (Booklet is available [on-line](#) (Acrobat Reader) or refer to "United States Public Health Perinatal Guidelines" (www.aidsinfo.nih.gov))
6. For questions regarding management of the infant, please contact Pediatric HIV Specialist through the Division of Infectious Disease at Seattle Children's Hospital 1-866-987-2000 or 206-987-2073.

Postpartum/Discharge Care

7. Refer to "Screening and Management of Maternal HIV Infection: Implications for Mother and Infant" (Booklet is available [on-line](#) (Acrobat Reader) for continued management.)
8. Coordinate medical care and HIV case management for mother and infant prior to discharge. Consider referral for infant to Pediatric Nurse Practitioner at Maternal Infant Care Clinic- University of Washington Medical Center by calling 206-598-4070, or refer to Pediatric HIV Specialist at Seattle Children's Hospital by calling 206-987-2073 or 1-866-987-2000.
9. Determine if mother has a public health nurse and an HIV case manager. If not, refer to Washington State Ryan White Part D Network at 206-263-8389 or the local health department public health nurse and HIV case management programs unless client declines these services.
10. Assist client to alert local pharmacy of on-going medication needs for HIV exposed infant and self at least 24 hours before discharge. This ensures that medications will available when needed.

Confidentiality

Careful attention should be taken to respect patients' confidentiality and avoid inadvertent disclosure of HIV+ status to others who may be with her (family members, friends.) This sensitivity with respect to privacy is important for all hospital staff who may interact with the patient (nurses, obstetric and pediatric staff, pharmacy, lab, etc.) This sensitivity should also include references to medications and infant feeding practices.

*Information about HIV medications for pregnant and postpartum women and newborns outdates quickly. For current recommendations, contact HIV OB Specialist, Dr. Jane Hitti or the perinatologist on call at 1-800-326-5300 or go to <http://www.aidsinfo.nih.gov/>

This document was created by a multidisciplinary team from the Washington State Department of Health, Washington State Ryan White Part D Network, University of Washington School of Medicine, Seattle Children's Hospital, and Northwest Regional Perinatal Program.