

Screening for HIV as Part of Prenatal Care Prior to Week 36

Explain to the patient that it is recommended to offer all pregnant women HIV testing.

Accepts

Order HIV screening test.

If HIV screening test is negative, continue prevention counselling and routine prenatal care, unless the patient has high risk factors (see below).

No known or suspected risk factors.

Continue with routine prenatal care. Additional HIV testing is not indicated.

Patient has one or more risk factors.

A second HIV test in the third trimester is indicated.

If HIV screening test is positive, results are sent to the Provincial Laboratory where a Geenius HIV-1/2 Confirmatory Assay is conducted to confirm results.

If Geenius HIV-1/2 Confirmatory Assay is negative or indeterminate, obtain an infectious diseases consult to discuss further testing.

If patient declines HIV screening, document that the conversation took place and the test declined. The topic of HIV testing should be revisited periodically. **It is never too late to test.**

If Geenius HIV-1/2 Confirmatory Assay is positive, then the patient should be called into the office for an appointment where the patient is informed of the test result, provided HIV care referral information, instructed on how HIV is transmitted, counselled on risk reduction – including methods of reducing perinatal transmission, and informed that breastfeeding is contraindicated. Contact tracing to be conducted.

At next prenatal visit, confirm with patient or HIV care provider that the patient was seen by an infectious diseases specialist and a plan of HIV care initiated.

You should also discuss:

- The importance of adherence to antiretrovirals and adverse effects that the patient may experience. Talk about this at each subsequent obstetric visit.
- Method of delivery.
- Benefits of zidovudine infusion at the time of delivery so that the patient knows to expect this medication.
- Benefits of zidovudine prophylaxis for infant within 6-12 hours of birth so the patient knows to expect this medication for her baby.

High Risk Factors = One or more of the following:

- Diagnosed with an STI during pregnancy.
- Known or suspected injection drug use.
- Known or suspected multiple partners prior to or during pregnancy.
- Known or suspected patient's partner is participating in high risk behaviours outlined above.
- Patient has signs/symptoms consistent with acute HIV infection.