HIV CLINICAL RESOURCE ¼-FOLDED GUIDE

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HIV TESTING DURING PREGNANCY, AT DELIVERY, AND POSTPARTUM

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE AUGUST 2021

ALL RECOMMENDATIONS P.1

Universal Screening and Testing in Pregnancy

- When screening pregnant patients for HIV, clinicians should use a U.S. Food and Drug Administration–approved 4th-generation antigen/antibody combination immunoassay. (A2)
- Clinicians should refer patients who test positive for HIV to an experienced HIV care provider who can manage antiretroviral therapy (ART) initiation (ideally within 3 days). (A3)
- For patients who test negative for HIV early in pregnancy, clinicians should perform repeat testing in the third trimester before 36 weeks gestation. (A2)

Testing for Acute HIV

- Clinicians should maintain a high level of suspicion for acute HIV in all pregnant patients who present with a compatible clinical syndrome. (A3)
- When a patient presents with symptoms suggestive of acute HIV infection, the clinician should perform an HIV test immediately, even if a previous HIV screening test result during the current pregnancy was nonreactive. (A2)
- When screening for acute HIV, clinicians should obtain plasma HIV RNA testing in conjunction with HIV serologic testing, preferably with a 4th-generation HIV antigen/antibody combination immunoassay; the plasma HIV RNA test should be performed even if the HIV serologic screening test result is nonreactive or indeterminate. (A2)
- If a patient's plasma HIV RNA test result indicates a viral load ≥5,000 copies/mL, the clinician should make a presumptive diagnosis of acute HIV, even if the results of screening and antibody differentiation tests are nonreactive or indeterminate. (A2)

Third Trimester Testing

- Before 36 weeks' gestation (preferably between weeks 28 and 32), clinicians should perform HIV testing for all patients with an initial negative HIV antibody test result or no prior documented HIV test result. (A2)
- Clinicians should repeat HIV testing in the third trimester in patients who have engaged in behaviors that put them at risk of HIV acquisition during pregnancy or have acquired other sexually transmitted infections. (A2)

(continued from P.1)

ALL RECOMMENDATIONS P.2

PrEP to Prevent HIV

- If a patient requests pre-exposure prophylaxis (PrEP) or reports engaging in behaviors that confer risk of HIV acquisition, clinicians should assess for PrEP candidacy or refer the patient for assessment. (A1) PrEP is not contraindicated during pregnancy or while breastfeeding an infant.

Patients Who Present in Labor and Newborns

- Clinicians should offer and recommend repeat HIV testing during labor and delivery and counsel regarding the use of antiretroviral prophylaxis in the birth parent and the infant, for any patient in labor who (A2):
  - Is not known to have HIV and who does not have documented third-trimester HIV test results.
  - Has engaged in or whose partners have engaged in behaviors that confer risk of HIV acquisition or who has acquired sexually transmitted infections during the current pregnancy.
- If the result of the expedited HIV test for a patient in labor is reactive, the clinician should:
  - Obtain HIV diagnostic testing according to the CDC *Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens*. (A1)
  - Initiate maternal HIV prophylaxis (A1); immediate initiation is recommended. (A3)
  - Administer newborn prophylaxis as soon as possible after birth. (A2)
- If supplemental diagnostic testing confirms that a patient who is in labor has HIV, the clinician should:
  - Ensure an HIV diagnostic test of the infant has been obtained within 48 hours of birth. The infant's specimen should be sent to the Pediatric HIV Testing Service at the Wadsworth Center for nucleic acid testing to detect HIV-1 RNA or DNA. (B3)
  - Make arrangements for the patient with newly diagnosed HIV to see an experienced HIV care provider and, if indicated, provide referrals for case management and support services as well. (A3)
  - Ensure that the HIV-exposed infant is discharged from care with antiretroviral medications, not just a prescription. (B3)
  - Make arrangements for the infant's medical follow-up with an experienced pediatric HIV care provider. (A3)

SELECTED GOOD PRACTICE REMINDERS AND KEY POINTS

Reactive HIV Test Result During Labor

- If the result of the expedited HIV test for a patient in labor is reactive:
  - Discuss the meaning of a preliminary positive HIV test result.
  - Do not delay prophylaxis while awaiting results of confirmatory serologic testing.
  - Inform the birth parent that HIV can be transmitted through breast milk and that breastfeeding is contraindicated until they are confirmed to be HIV negative. Refer the birth parent to a lactation specialist to assist with education and support for maintenance of breast milk supply, if so desired, so breastfeeding may be initiated if HIV infection is excluded.
- Provide education about the benefits of antiretroviral prophylaxis for any patient with HIV who declines it for themselves or their newborn.

Universal HIV Screening

- Diagnosing HIV and initiating ART at the time of diagnosis are crucial to reducing the risk of perinatal HIV transmission and maintaining the health of pregnant patients.
- HIV screening at the first prenatal visit increases the likelihood that HIV will be diagnosed, ART will be initiated early during pregnancy, and viral suppression can be attained.
- Additional HIV testing during the third trimester is prudent when:
  - A patient reports behavior that confers high risk for HIV acquisition, such as substance use or involvement with a new sex partner whose HIV status is not known.
  - A sexually transmitted infection is diagnosed, which increases the likelihood that recent HIV infection will be identified.
- Routine screening for chlamydia, gonorrhea, and syphilis can be combined with HIV testing at the initial visit and at 28 to 32 weeks gestation.
- Hepatitis C virus screening should be performed in all patients who are pregnant or planning to get pregnant; screening should be repeated during each pregnancy.
- This Committee encourages healthcare providers to recommend HIV testing for sex partner(s) of pregnant patients. During the first prenatal visit, when a clinician provides counseling about HIV and other health conditions, the care provider can suggest that a patient's sex partner(s) undergo testing for HIV. The same suggestion can be made if a patient reports having new sex partners during pregnancy.

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SELECTED GOOD PRACTICE REMINDERS AND KEY POINTS *(continued)*

PrEP to Prevent HIV

- Maternal HIV acquisition and acute infection confer a significant risk of HIV transmission to an infant who is being breastfed.
- When used as prescribed, PrEP effectively prevents HIV acquisition.
- When indicated, PrEP should be prescribed as part of a comprehensive prevention plan that includes counseling and education about adherence to PrEP medications, ongoing monitoring with laboratory tests, and discussion of risk-reduction strategies.
- Repeat screening for HIV and other sexually transmitted infections (chlamydia, gonorrhea, and syphilis) is part of routine PrEP management.
- The use of antiretroviral medications during pregnancy is monitored through the *Antiretroviral Pregnancy Registry*.

Patients Who Present in Labor and Newborns

- The peripartum period is the final opportunity to provide antiretroviral prophylaxis and decrease the risk for perinatal HIV transmission to exposed infants of individuals who have not been previously identified as having HIV.
- Providing information about HIV and recommending HIV testing as early as possible in pregnancy is ideal.

← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *HIV Testing During Pregnancy, at Delivery, and Postpartum*. The full guideline is available at www.hivguidelines.org.

Checklist for HIV Testing and Management for Patients Who Present in Labor and Their Newborns

From the New York State Department of Health AIDS Institute guideline *HIV Testing During Pregnancy, at Delivery, and Postpartum*. www.hivguidelines.org. August 2021

❑ Repeat HIV Testing

- Offer and recommend repeat HIV testing for patients in labor who do not have documented third-trimester HIV test results, who have engaged in or whose partners have engaged in behaviors that confer risk for HIV, or who have acquired a sexually transmitted infection during the current pregnancy.

❑ Provide Counseling and Education About Antiretroviral (ARV) Prophylaxis

- Counsel regarding the use of ARV prophylaxis in the birth parent and the infant.
- Provide education about the benefits of ARV prophylaxis for any patient with HIV who declines it for themselves or their newborn.

❑ Manage a Reactive HIV Screening Test Result

- Obtain HIV diagnostic testing according to the CDC *Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens*.
- Initiate maternal HIV prophylaxis; immediate initiation is recommended.
- Administer newborn prophylaxis as soon as possible after birth. See DHHS *Management of Infants Born to Women with HIV Infection*.
- Discuss the meaning of a preliminary positive HIV test result.
- Do not delay prophylaxis while awaiting results of confirmatory serologic testing.
- Inform the birth parent that HIV can be transmitted through breast milk and that breastfeeding is not recommended until they are confirmed to be HIV negative.

❑ Manage a Confirmed HIV Diagnosis in the Parent

- If a supplemental HIV test confirms an HIV diagnosis in the parent, ensure an HIV diagnostic test of the infant is obtained within 48 hours of birth. Send the infant's specimen to the Pediatric HIV Testing Service at the Wadsworth Center for nucleic acid testing to detect HIV-1 RNA or DNA.
- Make arrangements for the parent with newly diagnosed HIV to see an experienced HIV care provider and, if indicated, provide referrals for case management and support services as well.
- Ensure that the HIV-exposed infant is discharged from care with ARV medications, not just a prescription.
- Make arrangements for the infant's medical follow-up with an experienced pediatric HIV care provider.

❑ Resources

- Wadsworth Center Order Desk to Obtain a Pediatric HIV Test Kit: 518-474-4175
- Clinical Education Initiative (CEI) Line: 866-637-2342
- NYSDOH AI Clinical Guidelines Program: www.hivguidelines.org

NEW YORK STATE LAW

- Clinicians in prenatal care settings must provide HIV-related information and recommend HIV testing for all pregnant patients, including those who present in labor and do not have documented HIV status.
- Immediately arrange an expedited HIV test, with consent, for patients in labor when no HIV test result is documented for the current pregnancy, with results available as soon as possible.
- If a patient who presents in labor declines an HIV test, the infant is required to have an expedited HIV antibody screen at birth, with or without consent, with results available as soon as possible but no later than 12 hours after birth.
- If the infant's HIV test is reactive for HIV antibodies, a plasma sample should be collected from the infant for HIV-1 nucleic acid testing. (See *New York Codes, Rules and Regulations [NYCRR] Title 10, Section 69-1.3*.)
- The hospital shall determine the need for, and ensure provision of, HIV prophylaxis and/or treatment per standard of care to prevent transmission to the infant, and shall record such in both the birth parent's and newborn's health records. (See *New York Codes, Rules and Regulations [NYCRR] Title 10, Section 405.21*.)

NEW YORK STATE PUBLIC HEALTH LAW

Partner Notification

- Clinicians must discuss partner notification with patients who have been recently diagnosed with HIV, and the discussion must be documented in the medical record and on the *Medical Provider Reporting Form (DOH-4189)*, as required by *Public Health Law, Article 21, Title III, Section 2130*.

Universal HIV Screening

- Clinicians in prenatal care settings must provide HIV-related information and recommend HIV testing for all pregnant patients, including those who present in labor if their HIV status is not documented.
  - Immediately arrange an expedited HIV test, with consent, for patients in labor when no HIV test result is documented for the current pregnancy, with results available as soon as possible.

HIV Testing

- Any patient who does not have a documented HIV test result during the current pregnancy and who is not known to have HIV must, with their consent, receive expedited HIV testing during labor; results must be available within 12 hours of consent and preferably within 60 minutes. All birth facilities must have the capacity to provide and perform expedited HIV testing.
  - Facilities should use a U.S. Food and Drug Administration–approved HIV screening test, with results available preferably within 1 hour and no longer than 12 hours; the most sensitive screening test available should be used to allow for detection of early or acute HIV.
  - Ensure that expedited HIV test results are available prior to delivery to allow maximum benefits of intrapartum antiretroviral prophylaxis for the fetus.
  - Supplemental diagnostic testing must be obtained for all preliminary positive HIV test results in pregnant patients.
  - If a patient who presents in labor declines an HIV test, the infant is required to have an expedited HIV antibody screen at birth, with or without consent, with results available as soon as possible but no later than 12 hours after birth.
  - If the infant HIV test is reactive for HIV antibodies, a plasma sample should be collected from the infant for HIV-1 nucleic acid testing. See *New York Codes, Rules and Regulations (NYCRR) Title 10, Section 69-1.3*.
  - The *DOH-4068 Maternal-Pediatric HIV Prevention and Care Program Test History and Assessment* form must be completed for every pregnant individual presenting for delivery.

Antiretroviral Prophylaxis

- The hospital shall determine the need for, and ensure provision of, HIV prophylaxis and/or treatment per standard of care to prevent transmission to the infant, and shall record such in both the birth parent's and newborn's health records. (See *New York Codes, Rules and Regulations [NYCRR] Title 10, Section 405.21*.)