

# **Madigan Army Medical Center Referral Guidelines**

## **Perinatal Human Immunodeficiency Virus (HIV)**

### **Diagnosis/Definition**

- Any infant born to a mother who has tested positive for HIV requires an evaluation to exclude HIV infection.

### **Initial Diagnosis and Management**

- Any infant born to a woman infected with the HIV is at risk for infection with HIV.
- All pregnant women should be screened during their pregnancy for HIV infection in order to detect the infants at risk.
- For infants whose mother's HIV status is unknown postpartum, rapid HIV antibody testing of the mother or infant is recommended as soon as possible, with initiation of infant antiretroviral prophylaxis immediately if the rapid test is positive.

### **Ongoing Management and Objectives**

- If an ELISA for HIV antibodies is positive during the screening process, the result should be confirmed by Western Blot. If this test is positive, the mother is considered infected with HIV and the infant is at risk.
- All HIV-exposed infants should receive intrapartum and neonatal antiretroviral therapy (reference: American Academy of Pediatrics (AAP), Red Book 2006. Online version is only available for MAMC users via MAMC Medical Library, Electronic Books), have testing performed prior to discharge, and maternal education provided about the contraindications of breast feeding.
- Infants born to HIV-infected women should be tested by HIV DNA PCR assay during the first 48 hours of life in an attempt to identify in utero transmission of HIV. Because of possible contamination with maternal blood, umbilical cord blood should not be used for this test.

### **Indications for Specialty Care Referral**

- At the time that any expectant mother is identified as being positive for infection with HIV, Pediatric Infectious Disease (ID) should be immediately notified with a consult PRIOR to the birth of the infant to provide testing, antiviral treatment, and follow-up recommendations.
- The infant's mother should also be referred to Adult ID to be placed on ZDV prophylaxis during pregnancy as well as to provide ongoing care of maternal infection.

### **Criteria for Return to Primary Care**

- Once the infant has been identified as definitely uninfected with HIV (which would not be until 18 months of age), the infant no longer requires Pediatric ID follow-up.
- Infants who are at risk for infection, but undetermined, need to be seen at ages 2 weeks, 1 month, 2 months, 4 months, 6 months, 12 months, 18 months and 2 years in the Pediatric ID clinic.

- Any infant at risk who is determined to be infected with HIV should not return to primary care other than for management of minor illnesses or well infant care.

Last Review for this Guideline: **June 2009**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator