Pregnant Women with HIV Infection

مشاوره

مرد hiv مثبت با یک خانم سالم ازدواج می کند و علی الرغم توصیه شما مبنی بر بچه دار نشدن می خواهند صاحب بچه بشوند،توصیه شما برای به حداقل رساندن امکان ابتلا جنین چیست؟

Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission

What's New in the Guidelines

Last Updated: May 30, 2018;

Maternal HIV Testing and Identification of Perinatal HIV Exposure

HIV TESTING IN PREGNANCY

- HIV infection should be identified prior to pregnancy

MATERNAL HIV TESTING AND IDENTIFICATION OF PERINATAL HIV EXPOSURE

* HIV testing is recommended as standard of care for all sexually active women, and should be a routine component of preconception care

* All pregnant HIV-negative women in the United States should be tested as early as possible during each pregnancy

* Repeat HIV testing in the third trimester is recommended for pregnant women with initial negative HIV antibody tests who are known to be at risk of acquiring HIV, who are receiving care in facilities that have an HIV incidence in pregnant women of at least 1 per 1,000 per year.

** Preconception Counseling and Care for Women of Childbearing Age Living with HIV
** Antepartum Care
** Intrapartum Care
** Postpartum Follow-Up of Women Living with HIV Infection
** Management of Infants Born to Women with HIV Infection

PRECONCEPTION COUNSELING AND CARE FOR WOMEN OF CHILDBEARING AGE LIVING WITH HIV

For Couples Who Want to Conceive When One or Both Partners are Living with HIV

Partners living with HIV infection should attain maximum viral suppression before attempting conception to prevent :

1)HIV sexual transmission
2) for women living with HIV, to minimize the risk of HIV transmission to the infant

FOR COUPLES WITH DIFFERING HIV STATUS

when the **man** is living with **HIV**,

*the use of **donor sperm** from a man who is HIV-uninfected can be used as a conception strategy that eliminates the risk of HIV

*The CDC recommends that an individual who does not have HIV and is planning pregnancy with a partner living with HIV

start daily oral TDF plus emtricitabine beginning 1 month before conception is attempted and continued for 1 month after conception

FOR COUPLES WITH DIFFERING HIV STATUS

- when the partner living with HIV is on ART and has achieved sustained viral suppression, sexual intercourse without a condom limited to the 2 to 3 days before and the day of ovulation (peak fertility) is an approach to conception with very low risk of sexual HIV transmission to the partner without HIV

MONITORING OF PREGNANT WOMEN WITHOUT HIV WHO HAVE PARTNERS WITH HIV

*always use condoms to reduce the risk of HIV acquisition

*partners should be virologically suppressed on ART. * These women should be tested for HIV, at least once per trimester

*or more often if the partner's viral load is not known.

INTERPARTOM

NRTI :	Tenofrovir / Emtricitabine.
	Tenofovir/Lamivudine.
	Abacavir / Lamivudine .
	Zidovudine/Lamivudine
NNRTI :	Efaviranz
PI :	Atazanavir / Ritonavir
	Darunavir / Ritonavir
	Lopinavir / Ritonavir

SIDE EFFECT

Efaviranz	is contraindicated in first trimester
Zidovudine	is contraindicated if Hb<7mg/dl
Tenofovir	control of renal function
NRTI	control of liver enzyme & electrolyte

INTRAPARTUM CARE

pregnant women who present in labor without results of third-trimester testing should be screened on the labor and delivery unit with an expedited serum HIV test, preferably a fourth-generation antigen/antibody expedited HIV test.

INTRAPARTUM CARE

Women should continue taking their antepartum combination antiretroviral therapy (ART) on schedule as much as possible during labor and before scheduled cesarean delivery

INTRAVENOUS (IV) ZIDOVUDINE

* Should be administered to women with HIV RNA >1,000 copies/mL
* (or unknown HIV RNA)
- May be considered for women with HIV RNA between 50 and 999 copies/mL
- * Is not required for women near delivery receiving ART regimens who have HIV RNA ≤50 copies/mL during late pregnancy and near delivery and no concerns regarding adherence to the ART regimen

IV ZIDOVUDINE

** administration should begin 3 hours before the scheduled operative delivery.

**2 mg/kg loading dose followed by continuous IV infusion of 1 mg/kg/hr until delivery

**Oral administration (if IV not an option)

600 mg loading dose followed by 400 mg orally

every 3 hr until delivery.

TRANSMISSION AND MODE OF DELIVERY

- Scheduled **cesarean** delivery at **38 weeks**' gestation to minimize perinatal transmission of HIV is recommended for women with **HIV RNA levels >1,000 copies/mL** or unknown HIV levels near the time of delivery, irrespective of administration of antepartum antiretroviral therapy
- In women with **HIV RNA levels ≤1000 copies/mL**, if scheduled cesarean delivery or induction is indicated, it should be performed at the **standard time** for obstetrical indications

TRANSMISSION AND MODE OF DELIVERY

Scheduled cesarean delivery is not routinely recommended for prevention of perinatal transmission in women receiving ART with HIV RNA ≤1,000 copies/mL due to the low rate of perinatal transmission in this group

In women on ART with **HIV RNA ≤1,000 copies/mL**, duration of ruptured membranes is not associated with an increased risk of perinatal transmission, and **vaginal delivery is recommended**

POSTPARTUM FOLLOW-UP OF WOMEN LIVING WITH HIV INFECTION

- Primary, gynecologic/obstetric, and HIV specialty care for the woman with HIV;
- Pediatric care for her infant;
- Family planning services;
- Mental health services;
- Substance abuse treatment;
- Support services;
- Coordination of care through case management for a woman, her child(ren), and other family members; *and*
- Prevention of secondary transmission for serodiscordant partners, including counseling on the use of condoms, antiretroviral therapy (ART) to maintain virologic suppression in the partner with HIV

- Breastfeeding **is not recommended** for women living with HIV in the United States
- Women who have questions about breastfeeding or who desire to breastfeed should receive patient-centered, evidence-based counseling on infant feeding options
- When women with HIV choose to breastfeed despite intensive counseling, they should be counseled to use harm-reduction measures to minimize the risk of HIV transmission to their infants

MANAGEMENT OF INFANTS BORN TO WOMEN WITH HIV INFECTION

*All newborns perinatally exposed to HIV should receive postpartum antiretroviral (ARV)

*Newborn ARV regimens should be initiated as preferably within 6 to 12 hours of delivery

- Low risk: zdv:4 week
- High risk: zdv:6 week + nvp 3dos

First day,48 hour,96 hour later

HIGH RISK INFANT

- 1 - mother take drugs <4 w until Delivery
- 2 - HIV RNA >1,000 copies/mL 4 w until Delivery
- 3- present mother with hiv in intra partum or post partum or Breast feeding