DEPARTMENT OF HEALTH

Clinician's Guide to Routine HIV Testing During Pregnancy 2019

Introduction

HIV antibody testing during pregnancy, with patient consent, is a routine part of prenatal care. An HIV test is recommended for all people who are pregnant, or planning a pregnancy regardless of their risk factors or the prevalence rates where they live. Proper diagnosis and treatment can improve the health of the pregnant person and greatly reduce the transmission of HIV to the infant.

Implementation Steps

At the first OB visit:

- Discuss that an HIV antibody test is recommended as a routine part of prenatal and perinatal care. It will be regularly offered to all patients for the following reasons:
  - HIV can be transmitted from the pregnant person to the fetus or newborn during the pregnancy, the birth process, or breastfeeding.
  - Treatment is available that will significantly reduce the transmission rate.
  - A risk assessment will not identify all HIV-infected pregnant people.
- Before HIV testing, provide the following minimum information:*
  - HIV is the virus that causes AIDS. HIV is spread through unprotected sexual contact and injection drug use. Approximately 25% of pregnant people living with HIV who are not treated during pregnancy can transmit HIV to their infants during pregnancy, during labor and delivery, or through breastfeeding. However, if a person takes HIV medicine daily as prescribed throughout pregnancy, labor, and delivery and gives HIV medicine to their baby for 4-6 weeks after delivery, the risk of transmitting HIV to the baby can be as low as 1% or less.
  - Effective interventions (e.g., antiretroviral medication combinations) for pregnant people living with HIV can protect their infants from getting HIV and can prolong the survival and improve the health of these parents and their children.
  - A person might be at risk for HIV infection and not know it, even if they have had only one sex partner.
  - For these reasons, HIV testing is recommended for all pregnant people.
  - Services are available to help people reduce their risk of acquiring HIV and to provide medical care and other assistance to those who are living with HIV.
  - People who decline testing will not be denied care for themselves or their infants.

  *Although a face-to-face counseling session is ideal, other methods can be used such as a brochure, pamphlet, or video if the resource is culturally and linguistically appropriate. A possible source of materials is Testing and Prevention- Testing's Role in Preventing HIV Infection (http://nccc.ucsf.edu/clinical-resources/hiv-aids-resources/testing-prevention/).

- Obtain informed consent prior to testing. People should not be tested without their knowledge.
- Inform the patient that a reactive HIV test will be reported by name to MDH, as will other reportable infectious diseases.

Universal Opt-Out Screening

- All pregnant people in the United States should be screened for HIV at each pregnancy.
- Screening should occur after a person is notified that HIV screening is recommended for all pregnant patients and that they will receive an HIV test as part of the routine panel of prenatal tests unless they decline (opt-out screening).
- HIV testing must be voluntary and free from coercion. No person should be tested without their knowledge.
- Pregnant people should receive oral or written information that includes an explanation of HIV infection, a description of how to reduce HIV transmission from pregnant person to infant, and the meanings of reactive and non-reactive test results. They should also be offered an opportunity to ask questions and to decline testing.
- No additional process or written documentation of informed consent beyond what is required for other routine prenatal tests should be required for HIV testing.
- If a patient declines an HIV test, this decision should be documented in the medical record.

Addressing Reasons for Declining Testing

- Providers should discuss and address reasons for declining an HIV test (e.g., lack of perceived risk; fear of the disease; and concerns regarding partner violence or potential stigma or discrimination).
- People who decline an HIV test because they have had a previous negative test result should be informed of the importance of retesting during each pregnancy.
- Logistical reasons for not testing (e.g., scheduling) should be resolved.
- Certain people who initially decline an HIV test might accept at a later date, especially if their concerns are discussed. Some may continue to decline testing, and their decisions should be respected and documented in the medical record.

Timing of HIV Testing

Healthcare providers should test people for HIV as early as possible during each pregnancy. Those that decline the test early in prenatal care should be encouraged to be tested at a subsequent visit.

- A second HIV test during the third trimester, preferably <36 weeks of gestation, is cost-effective even in areas of low HIV prevalence and may be considered for all pregnant people. A second HIV test during the third trimester is recommended for people who meet one or more of the following criteria:

- People who receive health care in facilities in which prenatal screening identifies at least one HIV-positive pregnant person per 1,000 pregnant people screened;
- Those that are known to be at high risk for acquiring HIV such as a person who injects drugs and their sex partners, people who exchange sex for money or drugs, people who are sex partners of those living with HIV, and people who have had a new or multiple sex partners during this pregnancy;
- Those who have signs or symptoms consistent with acute HIV infection. When acute retroviral syndrome is a possibility, a plasma RNA test should be used in conjunction with an HIV antibody test to diagnose acute HIV infection.

Documentation

- In the medical record, document information discussed with patient about HIV and testing as well as whether the patient accepts or declines an HIV antibody test.
- Include the HIV antibody test in the prenatal lab panel.

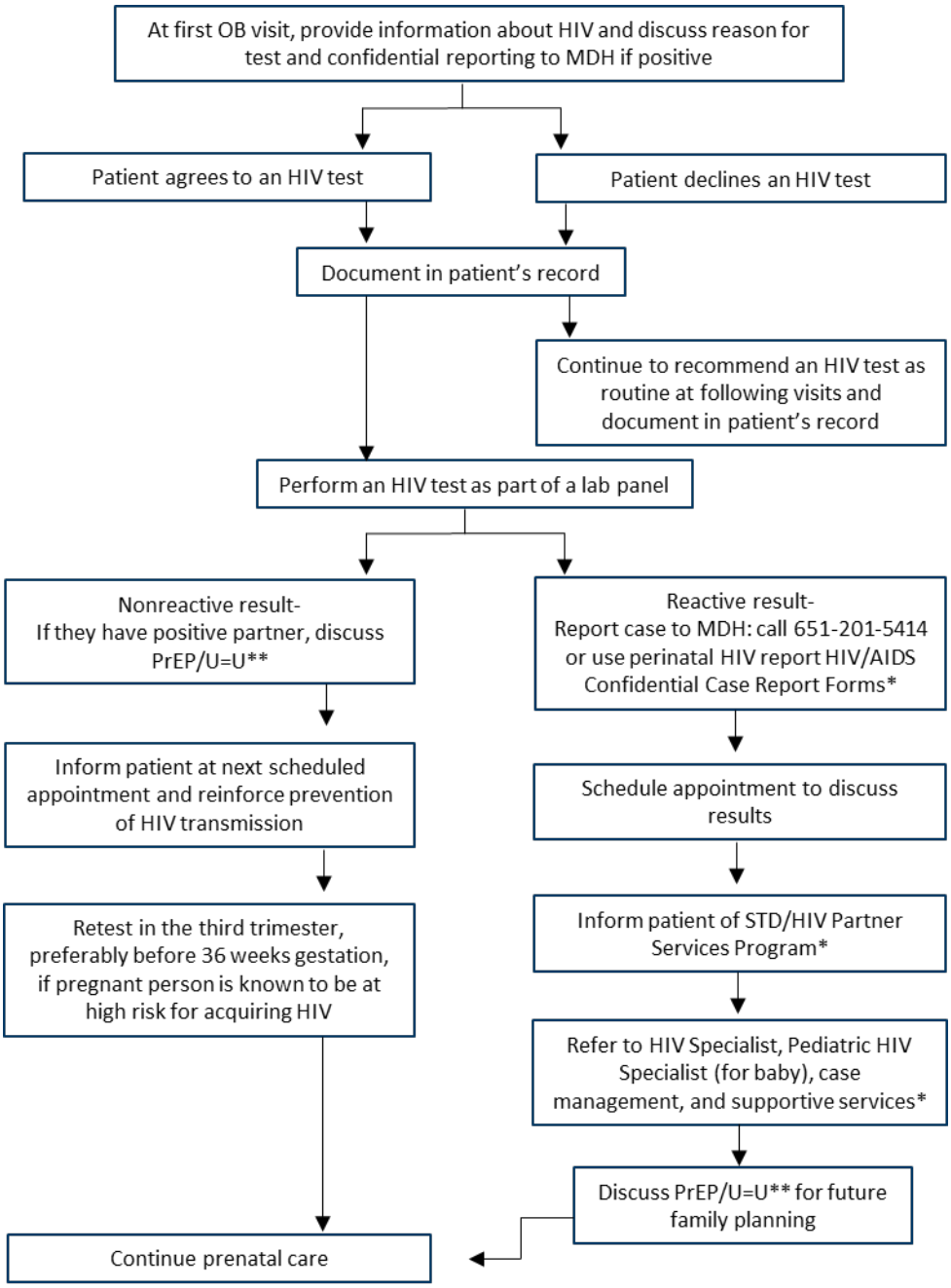
If Patient Declines an HIV Test

- Continue to recommend an HIV test as a routine part of prenatal care at following visits.
- Refusing to be tested must not have negative consequences to the quality of prenatal care.

Testing During Labor

- Any person with undocumented HIV status at the time of labor should be screened with a rapid HIV test, unless they decline the test.
- If a rapid HIV test is reactive, follow-up tests should be ordered to determine the quantity of the virus, the genotype, or drug-resistance. Follow-up tests should be run 'STAT' as this will guide infant treatment course. There are multiple test options depending on the hospital's contracts, so coordinate with the hospital's lab.
- Providers should recommend starting appropriate antiretroviral prophylaxis immediately on the basis of a reactive rapid test result, without waiting for the result of a confirmatory test.
- The MN Perinatal HIV Nurse Coordinator is available to coordinate and support intrapartum and newborn care. This service is available free of charge to any provider or hospital in MN. (612) 387-2989 (cell).

Algorithm for HIV Testing During Pregnancy



* For contact and program information, see "Resources" section of document

**U=U is short for Undetectable = Untransmittable. People living with HIV who achieve viral suppression have effectively no risk of sexually transmitting HIV. Learn more at Undetectable = Untransmittable (www.health.state.mn.us/uu)

Rapid Testing

Pregnant people admitted for labor and delivery or arriving at an emergency room with unknown or undocumented HIV status should be assessed right away for HIV infection to allow for timely prophylactic treatment. The use of rapid testing is an option. A list of licensed rapid HIV tests is found at Complete List of Donor Screening Assays for Infectious Agents and HIV Diagnostic Assays (www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAs/BloodDonorScreening/InfectiousDisease/ucm080466.htm).

Test Results

For non-reactive test results:

- Discuss the window period, particularly if risk behaviors are present.
- Discuss how a negative test result does not imply immunity to future infection.
- Reinforce ways to prevent transmission of HIV.
- Retest in the future, including the third trimester-before 36 weeks gestation- if evidence of risk (e.g. STD diagnosis, multiple partners).

For reactive test results:

- Discuss the meaning of an HIV positive test, HIV, and AIDS.
- Discuss medical care, including treatment and reducing the risk of transmission.
- Notify MDH of positive test result by visiting Reporting HIV/AIDS (www.health.state.mn.us/diseases/hiv/hcp/report.html).
- Discuss notification of partners and explore risk of any domestic violence.*
- Recommend testing of partners and children.*
- Consult or refer to an HIV specialist for treatment, and a Pediatric HIV Specialist for baby's follow up care.
  *MDH's STD/HIV Partner Services Program (www.health.state.mn.us/diseases/stds/partnerservices.html)) contacts all newly diagnosed HIV-positive individuals.

If test is being done in the presence of active labor, a reactive rapid test result warrants the initiation of IV Retrovir (AZT) prophylaxis. A confirmatory test is still needed.

Resources

Children's Perinatal & Pediatric HIV Program

This program provides care and prevention services to women, children, youth and their families living with HIV across the state of Minnesota. They collaborate with OB/GYN clinics, infectious disease clinics, and labor and delivery centers to coordinate care for pregnant people and provide education on perinatal HIV transmission reduction strategies. In addition, they help create delivery and infant care plans to ensure that pregnant people and their babies are well cared for throughout their pregnancies and deliveries.

- For information about pregnancy and HIV, clinical support, technical assistance, or perinatal referrals: call the Perinatal HIV Nurse Coordinator at 612-387-2989.
- For emergencies, after hour clinical consultation, or intrapartum and infant care immediately after birth: call the Minnesota Physician Access Line at 612-343-2121. Ask for the on-call Infectious Disease physician.
- For general program information, pediatric referrals, and training requests: call the Perinatal and Pediatric HIV Program Coordinator at 651-226-8211.

Hennepin Health System

The Perinatal HIV Care Coordinator RN can be reached by phone at 612-873-6552 or by pager at 612-255-4671. This person is available to coordinate perinatal HIV care within the Hennepin Health System and HCMC hospital.

Information about Disease Reporting

Reporting HIV/AIDS (www.health.state.mn.us/diseases/hiv/hcp/report.html), (651) 201-5414.

Assistance with HIV Partner Notification

MDH STD/HIV Partner Services Program
(www.health.state.mn.us/diseases/stds/partnerservices.html), 651-201-5414.

HIV Perinatal Clinical Resources

- Clinical Consultation Center, Perinatal HIV/AIDS (nccc.ucsf.edu/clinician-consultation/perinatal-hiv-aids/).
- Clinical Consultation Center, Frequently Asked Questions about HIV Testing (nccc.ucsf.edu/wp-content/uploads/2014/02/General-HIV-Testing-FAQ-NCCC_revised-060614.pdf).

Minnesota Department of Health
651-201-5414
www.health.state.mn.us/hiv

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To obtain this information in a different format, call: 651-201-5414. Printed on recycled paper.