

**Scottish Paediatric and Adolescent Infection and Immunology Network (SPAIIN)**

HIV Perinatal Pathway - Booking Checklist

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | Date | Sign |
| **If New Diagnosis Booking** |  |  |
| 1 | Positive result given with specialist BBV team member |  |  |
| 2 | Inform neonatologist / paediatrician |  |  |
| 3 | Patient referred to, and seen by, specialist team as soon as possible |  |  |
| 4 | Confirmatory and baseline bloods taken including HCV and HBV and sexual health screen |  |  |
| 5 | Discuss aim to start ART, as soon as possible and by week 24 of pregnancy at latest |  |  |
| 6 | HIV PCR performed 2-4 weeks after commencing ART |  |  |
| 7 | Consultation with sexual health advisor  |  |  |
| 8 | Ensure any other children referred for screening |  |  |
| 9 | Check resistance test and inform paediatric ID team |  |  |
| **If Known Diagnosis Booking** |  |  |
| 10 | Check current HIV PCR and CD4 |  |  |
| 11 | Discuss aim to start ART as soon as possible or by week 24 of pregnancy at latest or review current ART if needed |  |  |
| 12 | Review previous resistance test(s) and inform paediatric ID team |  |  |

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | Date | Sign |
| **For all patients** |
| 13 | Ensure folic acid started at appropriate dose |  |  |
| 14 | Infant feeding choices discussed |  |  |
| 15 | Delivery plan choices discussed |  |  |
| 16 | The combined screening test for trisomy 21 has been recommended (best sensitivity and specificity - will minimise number needing invasive tests) |  |  |
| 17 | Invasive prenatal testing should ideally be deferred until HIV viral load has been adequately suppressed. If considering invasive prenatal diagnostic testing please discuss with Glasgow/ Lothian |  |  |
| 18 | Measures taken and success rates for PMTCT discussed with patient |  |  |
| 19 | Ensure patient registered with GP |  |  |
| 20 | Ensure referred to correct maternity hospital for HIV care |  |  |
| 21 | Link in with designated specialist liaison nurse/midwife |  |  |
| 22 | Document in notes all multi-speciality decisions made |  |  |
| 23 | Regular MDT discussion arranged |  |  |
| 24 | Discuss voluntary support groups |  |  |

**Scottish Paediatric and Adolescent Infection and Immunology Network (SPAIIN)**

HIV Perinatal Pathway – 20 Weeks Checklist

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  | Date | Sign |
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| 1 | Confirm patient understands transmission risks and delivery options |  |  |
| 2 | Discuss infant feeding choices and give appropriate advice |  |  |
| 3 | Inform patient about help available for formula feeding |  |  |
| 4 | Routine growth scans monthly from 28 weeks |  |  |
| 5 | Ensure appropriate ART regimen started as soon as possible |  |  |
| 6 | If commencing ART then check LFTs at initiation and at each routine blood test |  |  |
| 7 | Ensure pharmacy team aware of maternal and neonatal drugs |  |  |
| 8 | HIV PCR, routine bloods at/around 24 weeks, any abnormalities to be discussed with Glasgow/Lothian specialist teams |  |  |
| 9 | Ensure regular MDT discussion  |  |  |
| 10 | Ensure other children screened |  |  |
| 11 | Ensure any counselling / psychiatric support if required |  |  |
| 12 | Ensure paediatrician has maternal ART hx, resistance profile and viral load results |  |  |
| 13 | Ensure neonatal PEP plan in place |  |  |
| 14 | Ensure infant feeding plan documented in notes  |  |  |
| 15 | Discuss voluntary support groups |  |  |

*NOTE*

*This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient’s case notes at the time the relevant decision is taken.*