

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

HIV Perinatal Pathway – 20 Weeks Checklist

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

|  |  | Date | Sign |
| --- | --- | --- | --- |
| 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.*