

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

HIV Perinatal Pathway – 36 Weeks Checklist

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  | | Date | Sign |
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| **Obstetric Plan** | | |  |
| 1 | Recommend mode of delivery and timing (if LSCS) |  |  |
| 2 | Review intrapartum and postpartum management plan |  |  |
| 3 | Ensure pharmacy team aware of potential maternal and neonatal drugs and formulations |  |  |
| 4 | Notify Paediatric Department of plan |  |  |
| 5 | Confirm current maternal ART including dose and frequency |  |  |
| **If HIV PCR >50 copies/mL at 36 weeks** | | |  |
| 6 | Contact specialist centre as matter of urgency |  |  |
| 7 | Review adherence and concomitant medication |  |  |
| 8 | Perform resistance test if appropriate |  |  |
| 9 | Consider therapeutic drug monitoring |  |  |
| 10 | Optimize to best regimen and consider intensification |  |  |
| **If HIV PCR <50 copies/mL at 36 weeks** | | |  |
| 11 | Continue on current ART and check HIV PCR again at delivery |  |  |
| **Neonatal Plan** | | |  |
| 12 | Review neonatal PEP plan and ensure documented in clinical notes if patient detectable and undetectable |  |  |
| 13 | Reiterate advice over infant feeding |  |  |
| 14 | Access local pathway for support for formula feeding |  |  |

*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.*