

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

HIV Perinatal Pathway – Late Presenter

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

|  |  | Date | Sign |
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| 1 | A woman who presents after 28 weeks should commence ART without delay if not already on. |  |  |
| 2 | If HIV PCR is unknown or > 100 000 RNA copies/mL, a three - or four - drug regimen that includes raltegravir 400mg BD or dolutegravir 50mg OD is suggested. |  |  |
| 3 | An untreated woman presenting in labour at term should:   * be given a stat dose of nevirapine 200 mg * commence oral zidovudine 300 mg + lamivudine 150 mg bd   and raltegravir 400 mg bd   * receive intravenous zidovudine for the duration of labour |  |  |
| 4 | In preterm labour (<37+0 wks), if the infant is unlikely to be able to absorb oral medications, consider the addition of a stat dose of tenofovir 490mg to the treatment in recommendation 3 above to further load the baby. |  |  |
| 5 | Woman presenting in labour / with rupture of membranes (ROM) / requiring delivery without a documented HIV result must be recommended to have an urgent HIV test. |  |  |
| 6 | A reactive/positive result must be acted upon immediately with initiation of the interventions for prevention of vertical transmission of HIV without waiting for further/formal serological confirmation. |  |  |

*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.*