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Division of Women, Children & Sexual Health Services

How can I help to reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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HIV in pregnancy

Patient information leaflet

If you require a translation or alternative format of this leaflet please contact your Midwife

This is a guide to help you if you have been diagnosed with HIV and are pregnant or planning to have a baby

This leaflet tells you:

- what it can mean for you and your baby if you have HIV
- what the guideline says about the most effective ways of treating you during your pregnancy and labour
- how to protect your baby from HIV during pregnancy, birth and in the first weeks of your baby's life

About HIV

The Human Immunodeficiency Virus (HIV) damages the body's immune system. HIV makes it difficult to fight off infections.

HIV can be passed from one person to another through body fluids. These are:

- blood
- semen
- vaginal fluids
- breast milk

If you have HIV this is known as being HIV positive. Antiretroviral drugs are used to treat people with HIV and work by blocking the action of the virus. They work best when three or more types are used together, although they may be available as a combination in one or two tablets.

If you are HIV positive you will be offered specialist care and regular health checks during your pregnancy.

What does having HIV mean for my baby?

Women who are HIV positive can pass the virus on to their baby:

- through the placenta while you are pregnant
- during the birth
- through your breast milk

There are four ways to reduce the risks of this happening:

- taking antiretroviral drugs

sexual contact that you are HIV positive, you are putting that person's life at serious risk, and they may tell that contact. This is approved by the General Medical Council. However the team must discuss this with you first and if they decide to reveal your HIV status to a sexual contact, they must be able to show why they think this is necessary.

Useful Contact Numbers

Buckinghamshire Sexual Health and Wellbeing service (bSHaW) 0300 303 2880 option 4

Stoke Mandeville Hospital

Consultant Obstetricians 01296 316239 / 01296 316548

Wycombe Hospital

Consultant Obstetricians 01494 425009 / 01494 425724

Sources and acknowledgements

This information is based on the British HIV Association (BHIVA) guidelines for the management of HIV infection in pregnant women 2012 (interim 2014) and was correct at the time of writing

Please note

This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please speak to your Midwife.

This is a rapidly changing area of knowledge, so the advice may change.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information leaflet, please contact:

Head of Midwifery, Division of Women, Children & Sexual Health Services, Buckinghamshire Healthcare NHS Trust, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Buckinghamshire HP21 8AL

steady rate through a drip (by means of a needle inserted into a vein in your hand or arm) and will continue until your baby is born and the umbilical cord has been clamped. This will not be necessary if you have no detectable levels of virus.

What happens if I have a planned vaginal birth?

You will be offered antiretroviral drugs throughout your labour. A Zidovudine drip is not normally recommended. In theory, the earlier in labour that your waters break, the higher the risk of passing on the HIV virus to your baby. Your healthcare team will therefore delay breaking your waters for as long as possible. They will also avoid putting a fetal scalp electrode on the baby to monitor its heartbeat, or taking blood samples from the baby before it is born.

What treatment will my baby need after birth?

Your baby's umbilical cord will be clamped as soon as possible after the birth. Your baby will usually be given antiretroviral drugs by mouth for four weeks. We do not encourage delayed cord clamping with HIV positive women.

What is the best way to feed my baby?

If you do not breastfeed or use your own expressed breast milk, you can greatly reduce the risk of passing HIV to your baby. If you are HIV positive you will be strongly advised to use an alternative, such as formula milk.

Will anyone else be told I have HIV?

Only your healthcare team need to know that you are HIV positive, so they can provide the best care possible for you and your baby. You will need to discuss with them what is said about your HIV in your medical notes. Your healthcare team will not tell anyone else without your permission, except in the cases below.

Your healthcare team will encourage you to tell any sexual partner you have. This is to reduce the risk of passing on the HIV virus. If your healthcare team thinks that, by not telling a

- sometimes a planned (elective) caesarean section may be recommended
- avoid breastfeeding your baby
- giving your baby medication for four weeks after birth

What extra antenatal care can I expect?

You will be offered specialist care and regular health checks by a team of specialists who include:

- a Doctor and a clinical Nurse (who specialises in HIV)
- an Obstetrician (doctor who specialises in the care of pregnant women)
- a Midwife
- a Paediatrician (doctor who specialises in children's health)
- other specialists if you need them
- your GP, who also forms a crucial part of the above team and will be kept informed about your progress

If you are not taking antiretroviral drugs already your Doctors will recommend starting them during your pregnancy. This is to help prevent you passing the HIV virus to your baby and to keep you well.

Screening tests

As well as routine screening tests, you will be offered other tests to check for sexually transmitted infections because if these are not diagnosed and treated there may be a risk to your baby.

It is recommended that tests for vaginal and sexually transmitted infections are undertaken at an early stage in your pregnancy. This is because if you have a sexually transmitted or vaginal infection that has not been diagnosed and treated, it may:

- infect your baby
- affect your pregnancy
- increase the risk of passing on HIV to your baby

If you are offered an amniocentesis as part of the screening tests, there is a risk of passing the virus to your baby, as it

involves putting a needle through your abdomen to take a sample of fluid around the baby. To reduce this risk, you may be offered treatment with antiretroviral drugs if you are not already taking them .

Antiretroviral drugs

The risk of your baby becoming HIV positive will be reduced to almost zero by taking antiretroviral drugs.

Your HIV specialist will talk to other members of your antenatal healthcare team and recommend which drugs they think are best for both you and your baby. They will also inform you when you should start taking them.

Anti-retroviral drugs are generally safe, but they can sometimes have side effects including:

- stomach and digestive problems
- liver problems
- rashes
- diabetes
- fatigue (tiredness)
- high temperature
- breathlessness

Some of these symptoms can also be the symptoms of pre-eclampsia and cholestasis. Pre-eclampsia is a condition that causes high blood pressure and can occur in the second half of pregnancy. It may be more common in women who take some types of antiretroviral drugs. Cholestasis is a liver disorder.

If you show any signs of pre-eclampsia or cholestasis an Obstetrician should see you as soon as possible, as they can cause serious problems for you and your baby if they are not detected and treated.

Always ask your Doctor or Midwife if you are worried about anything.

What if I don't want to take antiretroviral drugs?

Fewer than one HIV positive woman in every 50 who takes appropriate antiretroviral drugs passes the HIV virus on to their

baby. But about a quarter of all women who don't take antiretroviral drugs—that's 12 or 13 women in every 50—pass on HIV to their baby.

So if you do not have antiretroviral drugs it is much more likely you will pass on the HIV virus to your baby. Your Doctor will probably recommend a caesarean delivery to reduce the risks.

If you are already taking antiretroviral drugs

If you are already taking antiretroviral drugs your Doctor's recommendation is normally that you continue taking them.

If you are diagnosed late in pregnancy

If you are diagnosed with HIV late in your pregnancy or during labour, you will be offered antiretroviral drugs during the remainder of your pregnancy and after your baby is born.

What is the best way to give birth?

Your Doctors will discuss with you the risks and benefits for you and your baby of the childbirth methods you are considering.

If you have no detectable levels of virus at 36 weeks, a vaginal delivery can be recommended unless there are other reasons for having a caesarean.

If the quantity of virus present is at a detectable level, a planned caesarean section may further reduce the risk of HIV for your baby and this method of delivery will be offered to you in this case. A caesarean is usually undertaken when you are 39 weeks pregnant.

Whatever method you choose, a sample of your blood will be taken at the time of the birth to check the amount of the virus in your system.

What happens if I have a planned caesarean section?

You will be offered antibiotics to reduce the risk of other infections. If the HIV virus can be detected in your blood, you will be offered an infusion of Zidovudine, beginning four hours before your caesarean. The infusion delivers the drug at a