PURPOSE:

1. To provide rapid HIV testing and STD testing of pregnant woman in labor or delivery, if there is no documentation of HIV/STD testing during pregnancy, no record of testing after 27 weeks gestation and all Walk-in patients.

2. To provide routine rapid HIV testing of pregnant women if the mother reports being HIV infected but there is no documentation of HIV infection in the medical record.

3. To offer maternal and/or newborn antiretroviral prophylaxis if the HIV test is reactive (positive), if the mother reports being HIV infected, or if the mother was previously documented as being HIV positive.

4. To avoid breast feeding if the HIV test is reactive (positive), if the mother reports being HIV infected, or if the mother was previously recorded as being HIV positive.

5. To reduce the risk of perinatal HIV/STD transmission to infants born at Sarasota Memorial Health Care System and to provide rapid HIV testing and STD testing of mothers in the labor, delivery, and postpartum settings.

OBJECTIVE:

To establish guidelines for performing the rapid HIV and STD testing.

EQUIPMENT:

1. For both preliminary and confirmatory HIV testing: purple and gold top tubes (tubes exclusively for HIV only, if H gram needed, draw another purple top tube)
2. For Hepatitis testing: (dark green tube)
3. For RPR (Syphilis) serum antibody testing: (gold tube)
4. Chlamydia and Gonorrhea obtained as a vaginal culture swab or the first stream of voided urine (not midstream)
5. Statement of Objection to HIV/STD Testing if patient refuses testing
Florida law requires that health care providers conduct routine testing for HIV, Chlamydia, Gonorrhea, Hepatitis B, and Syphilis for all pregnant women.

**DEFINITIONS:**
Provider: Physician or Certified Nurse Midwife

**PROCEDURE:**
1. During admission to labor and delivery assess and document level of prenatal care and HIV/STD status and history. Documentation completed in CPN/QS.

2. If no prenatal care has been received or HIV/STD status is unknown, undocumented, or not documented after 27 weeks gestation of the present pregnancy, the provider will notify the woman which tests will be conducted and inform her of her right to refuse any or all tests. A signed objection should be attempted. Refusal should be documented in the chart.

3. Before discussing HIV/STD testing, ensure that the woman is between contractions and that she is fairly comfortable.
   - For confidentiality, provide privacy (ensure the woman is alone). Tell her that you are going to talk with her about HIV/STD testing and ask if she wants her partner, family member, or support person to be present.
   - Explain to the woman that by law, health care providers must conduct routine, HIV/STD testing for all pregnant women in Florida.
   - Ask her if she knows her HIV status and if she has any STD’s
   - If she has not been tested/does not know her status, discuss the following:
     - Modes of HIV transmission
     - Benefits of knowing status for her own health and for reducing transmission to her baby
     - Availability of treatment for reducing perinatal transmission and for care after birth for herself and her baby
     - Treatment options for the baby
     - Reliability of the test, the meaning of preliminary results and the need to confirm positive results
     - Procedure for testing
     - Right to refuse testing and assurance a refusal will not affect her care

   Note: If the test can not be offered/completed during labor, rapid HIV testing and other STD testing should be offered to women immediately postpartum.

4. Advise the patient that HIV/STD testing will be conducted.

5. If the patient refuses testing, have the patient sign the Objection to HIV/STD testing form or document in the
appropriate medical record.

6. If patient refuses testing for herself, offer her the option of testing her baby immediately after birth, and verify that she understands that if her baby’s test is positive, it means her test is positive.

Note: Pursuant to F.A.C. 64D-3.042, informed consent is no longer required for pregnant women. The woman should be advised that she will receive HIV/STD testing in accordance with Florida law and that she has the right to decline the testing.

7. Enter STAT order for rapid HIV screen and STD testing in Care Vision.
   - For a rapid HIV test obtain specimen following instructions in appropriate test tube or container for venous testing, label specimen per hospital policy/procedure, mark STAT, and send to lab

8. Obtaining result of rapid HIV test
   - Rapid HIV testing should be done as soon as possible
   - If test is done by the lab within one hour of the completion of a rapid HIV test, lab personnel notifies the designated health care professional with the preliminary results.
   *The lab can release preliminary HIV results to a designated individual. This individual should be a labor and delivery RN, nurse midwife, attending obstetrician, or the OB Hospitalist.

*Confirmatory testing will be performed by the lab. No further specimens are required.

9. If the preliminary rapid HIV test is negative, no further action is needed in labor and delivery. Inform woman of negative test results and document results in the appropriate medical record. If clinically indicated, arrange for and document follow up for HIV testing/risk reduction counseling in the postpartum period prior to discharge or at the first postpartum visit.

10. If preliminary rapid HIV test is positive, initiate post-test procedure. It is the provider’s responsibility to inform the patient of any positive preliminary result and the need to confirm results.
    - Provide privacy for confidentiality
    - Discuss the options for short course antiretroviral therapy with the woman. If antiretroviral therapy is acceptable to the woman follow the protocol for treatment of HIV positive women in labor (see attached)
    - Counsel women regarding the benefits/risk of cesarean section (should be done by a physician only).
    - Counsel women to not start breastfeeding while waiting for confirmatory results
Document results and discussion of treatment protocols in appropriate medical record

Treatment should not be delayed while awaiting confirmatory test results

Ensure confidentiality regarding IV and oral medication administration

Place ICM consult in SCM

Offer the assistance of Spiritual Services

11. If the preliminary rapid test is positive, but medication cannot be started before the birth of the infant inform the neonatologist or pediatrician to start antiretroviral treatment for the baby ASAP.

12. Document on the appropriate medical record, medication administration teaching and woman’s response to teaching

REFERENCE:


Centers for Disease Control and prevention (2006). Revised Recommendations for HIV testing of Adolescents, adults and pregnant women in health care settings MMWR 55 (RR14); 1-17. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm


SUPPORTIVE DATA: State of Florida law (Florida Statutes- s.384.31) requires that health care providers conduct routine HIV/STD testing for all pregnant women. The Florida Administrative Code (Ch.64D-3.042) states that HIV/STD testing must be conducted at the initial prenatal care visit and again at 28-32 weeks. It further states that women who appear at delivery or within 30 days [postpartum with no record of HIV/STD testing, or no record of testing after 27 weeks gestation, shall be tested for HIV and STD’s.

According to the American Academy of Pediatrics (2012), Guidelines for Perinatal Care, when care includes scheduled cesarean delivery (before the onset of labor and ruptured membranes) and ziduvudine therapy, the likelihood of vertical transmission has been reduced to approximately 2%. Women with plasma viral loads less than 1,000 copies per milliliter have a low risk of vertical transmission (less than 2%), even without routine use of scheduled delivery.

AUTHOR(S): Debbie Dietz, MSN, RNC-OB, C-EFM, APN, Labor and Delivery  
Dr. Felice Baron, Director, Maternal Fetal Medicine
**APPROVALS:**

Signatures indicate approval of the new or reviewed/revised policy

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**Title:** Pam Beitlich, Director, Women’s and Children’s Services

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**Vice President/Administrative Director (*if applicable*):**

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**Name and Title:** Connie Andersen, Vice President/Chief Nursing Officer
Sarasota Memorial Hospital Protocol

Taking Care of the Pregnant Patient and INFANT who is HIV Positive

**Purpose:** Zidovudine (AZT) is used in pregnancy to reduce vertical transmission to the fetus.

**Antepartum:** Begin after 14 weeks gestation
- Zidovudine 100mg PO 5xday

**Intrapartum:**
- Zidovudine Loading Dose = 2mg/kg IV infused over one-hour via pump piggy backed into main IV line
- Give loading dose 3 hours prior to cesarean section
- Then: an IV infusion of 1 mg/kg/hour until patient delivers and umbilical cord is clamped

**Diluent:** Normal Saline (NS) or D5W. (NS preferred in maternity patients because of the potential metabolic problems with glucose in the mother or baby)

**Preparation:**
- Zidovudine 1 gm in 250ml NS (5 x 10mg/ml, 20ml vials in 250ml NS)

**Final Conc.:** 4mg/ml

**Stability:** 24-hour expiration date once the solution is mixed

**Keypoint:** Cover bag if patient’s family/visitors are unaware of her HIV status