

## BOX 1

### Sample checklist for prepregnancy management of persons with HIV

#### Checklist for Prepregnancy Management of Persons With HIV

*This checklist is a sample and should be modified as needed to fit local circumstances*

- Discuss ways to safely become pregnant.
- Ensure an undetectable HIV viral load prior to attempting pregnancy.
- Ensure combined antiretroviral therapy (cART) agents are appropriate for use during pregnancy.
- Laboratory testing:
  - HIV viral load
  - CD4 T-lymphocyte cell count
  - Antiretroviral drug resistance (genotype) panel
  - G6PD and HLA-B\* 5701
  - Toxoplasmosis immunity
  - Hepatitis B surface antigen, hepatitis B surface antibody
  - Hepatitis A total antibody
  - Hepatitis C antibody
  - Tuberculosis screening (PPD skin test or quantiferon)
- Ensure vaccines are up to date (pneumococcal, hepatitis B, hepatitis A, flu, MMR, varicella, HPV, tDAP). Consult CDC for HIV-specific vaccine recommendations: [cdc.gov/vaccines/adults/rec-vac/health-conditions/hiv.html](https://www.cdc.gov/vaccines/adults/rec-vac/health-conditions/hiv.html)
- Optimize comorbidities (smoking cessation, treatment for opiate use disorders, treatment for viral hepatitis [B or C], management of diabetes, hypertension, cervical HPV).
- Discuss disclosure of patient's HIV status to partner(s).
  - Offer partner(s) testing and referral to infectious disease specialist if indicated.
  - Discuss PrEP.
  - Ensure partner's vaccines are up to date.

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*CD4*, T-lymphocyte cluster of differentiation 4; *CDC*, Centers for Disease Control and Prevention; *G6PD*, glucose-6-phosphate dehydrogenase; *HPV*, human papillomavirus; *MMR*, measles, mumps, rubella vaccine; *PPD*, purified protein derivative; *PrEP*, preexposure prophylaxis; *tDAP*, tetanus, diphtheria, acellular pertussis vaccine.

*Gibson. SMFM Special Statement: Updated checklists for pregnancy management in persons with human immunodeficiency virus. Am J Obstet Gynecol 2020.*

## BOX 2

### Sample checklist for antepartum management of gravidas with HIV

#### Checklist for Antepartum Management of Gravidas With HIV

*This checklist is a sample and should be modified as needed to fit local circumstances.*

##### First Prenatal Visit

- Laboratory testing:
  - Order any tests listed in prepregnancy checklist that are not already completed.
  - Update:
    - HIV viral load
    - CD4 T-lymphocyte cell count
- Begin cART regimen that contains three active medications based on perinatal guidelines recommendations and/or consult with specialist.
  - Do not wait for genotype results to start treatment.
  - If HLA-B\* 5701-positive, do not use abacavir.
  - If G6PD deficiency is present, do not use trimethoprim/sulfamethoxazole for *Pneumocystis jirovecii* prophylaxis or treatment.
- If currently on effective cART, continue the same treatment during pregnancy unless contraindicated.
  - If CD4 T-lymphocyte count <200 copies/mL, begin prophylaxis against opportunistic infections.
  - Consult resources to be sure that medication regimen is up to date and consistent with national guidelines:
    - [aidsinfo.nih.gov](http://aidsinfo.nih.gov) (Perinatal Guidelines)
    - Perinatal HIV hotline: [nccc.ucsf.edu/clinician-consultation](http://nccc.ucsf.edu/clinician-consultation)  
1-888-448-8765
  - Update vaccines as needed per CDC guidance: [cdc.gov/vaccines/adults/rec-vac/health-conditions/hiv.html](http://cdc.gov/vaccines/adults/rec-vac/health-conditions/hiv.html)

##### First and Second Trimesters

- Recheck CD4 T-lymphocyte cell count every 3 months.
  - Every 6 months for patients with undetectable viral load and CD4 count >200 copies/mL
- Recheck viral load monthly until RNA levels are undetectable, then every 1-3 months thereafter.
  - Recheck viral load 2-4 weeks after initiating (or changing) cART.
  - If failure of viral suppression is found:
    - Assess adherence.
    - Consult an HIV treatment expert.
- Assess adherence and tolerance to cART at every patient visit.
- Address nausea or other barriers to adherence.
- Give vaccines if needed (pneumococcal, hepatitis A and B, influenza).
- If on protease inhibitor-based regimen, consider early glucose screening.

##### Third Trimester

- Repeat screening for syphilis, gonorrhea, and chlamydia at 28-34 weeks.
- Reassess viral load at 34-36 weeks for delivery planning.
  - If viral load is not suppressed, assess adherence and viral resistance.
- Make a postpartum plan for cART.
- Determine plan for contraception after delivery.
- Discuss infant plan of care and availability of pediatric infectious disease team for prophylaxis.
- Make delivery plan including whether zidovudine will be used and route of delivery.
  - If viral load is  $\geq 1000$  copies/mL at 37-38 weeks, schedule cesarean delivery at 38 weeks.

Version: September 23, 2020.

cART, combined antiretroviral therapy; CD4 T-lymphocyte, cluster of differentiation 4; CDC, Centers for Disease Control and Prevention; G6PD, glucose-6-phosphate dehydrogenase.

Gibson. SMFM Special Statement: Updated checklists for pregnancy management in persons with HIV. Am J Obstet Gynecol 2020.

### BOX 3

## Sample checklist for intrapartum and postpartum management of persons with HIV

### Checklist for Intrapartum and Postpartum Management of Persons With HIV

*This checklist is a sample and should be modified as needed to fit local circumstances.*

#### Labor or Preoperatively for Cesarean

- Treat with zidovudine (ZDV) for at least 3 hours prior to delivery [1-hour intravenous loading dose (2 mg/kg), followed by continuous infusion (1 mg/kg/hr) until delivery] if viral load  $\geq 1000$  copies/ml (treatment can be considered if viral load is  $< 1000$  copies/ml).
- Avoid scalp electrodes or internal fetal monitors.
- Ensure appropriate staff personal protective equipment is available and worn by all staff.
- Continue cART regimen.

#### Immediately After Delivery

- Establish pathway for neonatal treatment within 12 hours of delivery.
- Avoid use of methergine or other ergotamines with protease inhibitors or cobicistat to avoid exaggerated vasoconstrictive responses.
- Continue cART regimen.

#### Postpartum

- Support formula feeding.
- Support neonatal follow-up medication and testing plan.
- Ensure reliable contraception with condoms.
- Discuss PrEP.
- Continue cART regimen.
- Ensure cervical cytology (Pap test) and HPV screening are up to date; refer to colposcopy if needed.
- Ensure transition to long-term follow-up with infectious disease specialist.
- Ensure transition to long-term follow-up with primary care provider.

Version: September 23, 2020.

cART, combined antiretroviral therapy; HPV, human papillomavirus; Pap, Papanicolaou; PrEP, preexposure prophylaxis; ZDV, zidovudine.

Gibson. SMFM Special Statement: Updated checklists for pregnancy management in persons with HIV. *Am J Obstet Gynecol* 2020.