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MCHB/DHSPS

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Healthy Mom, Healthy Baby
Routine and Rapid HIV Testing in
Healthy Start

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Healthy Mom, Healthy Baby Routine and Rapid HIV Testing in Healthy Start

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Objectives

- Discuss factors that influence perinatal HIV transmission
- Review national recommendations for HIV testing in pregnancy
- Describe issues regarding routine and rapid HIV testing as they apply to various Healthy Start communities
- Discuss HIV testing with clients served by Healthy Start
- Apply information about routine or rapid HIV testing and the giving of results though the use of case discussions/role plays

What We Know about Reducing Perinatal HIV Transmission

Healthy Start and
Perinatal HIV Prevention

Special thanks to the following Healthy Start members for their help in developing the role plays/case discussions

Glynis DeRoche
Lajuan Gorman
Erica Hamilton
Ebony Johnson
Gloria Jones
Tina Shawno

Perinatal HIV Transmission

- Without antiretroviral (ARV) drugs during pregnancy, risk of transmission from mother to infant was 1 in 4
- Today, risk of perinatal transmission can be less than 2% (1 in 50) with:
  - highly effective ARV therapy
  - elective cesarean section (C/S) as appropriate
  - formula feeding

Timing of Perinatal HIV Transmission

- Intrauterine - 25%–40% of cases
- Intrapartum - 60%–75% of cases
- Breastfeeding – increases risk 14-29%
- Most transmission occurs close to or during labor and delivery (L&D)

Factors Influencing Perinatal Transmission

- Maternal Factors
  - HIV-1 RNA levels (viral load [VL])
  - Low $CD4^+$ lymphocyte count ("T-cells")
  - Co-infections: Hepatitis C, CMV, BV
  - Maternal injection drug use
  - No antiretroviral therapy or prophylaxis

Factors Influencing Perinatal Transmission

- Obstetrical Factors
  - Length of ruptured membranes and/or chorioamnionitis
  - Vaginal delivery (if VL >1000)
  - Invasive procedures
- Infant Factors
  - Prematurity
  - Breastfeeding

Breastfeeding and HIV Infection

- Women with HIV infection in the US should not breastfeed
- Women considering breastfeeding should know their HIV status
- Cultural norms should be considered in supporting the non-breastfeeding woman with HIV infection

HIV Infection in Pregnancy

Antiretroviral Therapy and
Other Strategies

Goals of ARV Therapy

- Suppress HIV to below the limits of detection or as low as possible, for as long as possible
- Prolong life and improve quality of life
- Preserve or restore immune function
- Reduce risk of perinatal transmission

Care Guidelines for All Pregnant Women with HIV Infection

- Evaluate HIV disease, degree of immunodeficiency ($CD4^+$ count) and need for ARV treatment
- Monitor viral load for treatment and to plan for method of delivery
- Develop strategy for long-term follow-up and management of mother and infant

Elective Cesarean Section

- May reduce risk of HIV transmission during labor and delivery for women with VL ≥1000 and with unknown VL and not on ARV
- Scheduled at 38 weeks before labor and rupture of membranes
- Complications of C/S slightly more frequent in women with HIV infection
- Discuss potential risks and benefits of scheduled C/S
- Respect patient's decision about method of delivery

Vaginal Delivery

- Vaginal delivery if viral load <1000
  - Minimize duration of ruptured membranes
  - Educate women not to delay when labor starts
  - Avoid use of scalp electrodes, other invasive procedures

HIV Testing in Pregnancy

Educating Women about
Routine and Rapid HIV Testing

National Recommendations for HIV Testing of Pregnant Women CDC (USPHS) and ACOG

- Prenatal: routine, universal HIV screening with the right to decline
- 3rd trimester: repeat if at risk, in area of high prevalence, or previous refusal
- L&D: routine rapid testing for women with unknown HIV status
- Postnatal: rapid testing for infants whose mother's status is unknown
- State regulations, laws, policies about HIV screening of pregnant women vary

Why aren't all pregnant women tested in prenatal care?

- Language barriers,
- Late entry or no prenatal care
- Patient "not at risk"
- Provider does not strongly recommend testing to all women
- Women's reasons for not being tested
  - Do not think they are at risk
  - Have been tested "recently"
  - Test not offered or recommended
- Adverse consequences rarely mentioned

Routine HIV Testing in Pregnancy

- Advantages
  - Normalizes HIV testing as part of routine prenatal tests
  - Easier and quicker for provider
  - More women likely to be tested means fewer infected infants
- Disadvantages
  - Patient education may be inadequate
  - Women could be tested without their knowledge; might not know they can decline
  - Provider may not be prepared to counsel and refer if test results are positive

Why Rapid HIV Testing for Pregnant Women?

- An opportunity for HIV testing for women
  - who are hard to reach/not in prenatal care
  - who present late in the pregnancy
  - who are unlikely to return for HIV results
- Priority referral for care/treatment for woman and to reduce transmission to baby

Formula for HIV Rapid Testing for Prenatal Outreach

C^3	R^3
Comfort	Reasons to test
Confidentiality	Results
Consent/Assent	Referral and Rx

Comfort

- Comfort:
  - Is this the best time?
  - Building trust and a relationship
  - What does she know about HIV and her HIV status?
  - How can you help the client be ready for the test?
  - Is the client anxious about receiving results?
  - Use your judgment

Confidentiality

- Confidentiality
  - Who is in the room? Is it safe for this discussion?
  - How can you assure confidentiality during history taking, testing, giving results?

Consent

- Consent/consenting process
  - How much information is needed?
  - Does the client understand the test procedures and the reasons for the test?
  - Do you have the proper documentation for consent ?

Prenatal Messages about HIV Testing

- HIV is the virus that causes AIDS. A woman could be at risk for HIV and not know it
- HIV testing is recommended for all pregnant women.
- A rapid HIV screening test gives us results quickly
- We always do a 2nd test to confirm a positive screening test
- If a mother has HIV, medicine can reduce the risk of passing HIV to her baby from 1 chance in 4 to about 1 chances in 50

Prenatal Messages (continued)

- Women who decline testing won't be denied care
- If a woman is HIV negative, she can learn ways to keep from getting the HIV in future
- Services are available for women with HIV
- All information about HIV testing and results are confidential. Results may be reportable in your state
- Federal and state laws protect women with HIV from discrimination.

Reasons to Test

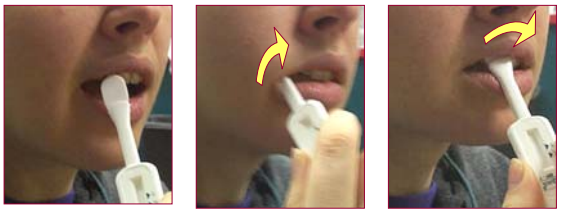
- If a woman is HIV+, medicines can reduce the risk of HIV transmission to her baby
- If she is HIV +, a woman can get treatment to keep her healthy and services for her and her family
- If she is HIV -, risk reduction counseling can help to keep her from getting HIV

Rapid HIV Tests

- 6 tests FDA approved for blood/serum
- 4 point-of-care tests (CLIA waived)
- 1 test available for oral fluid
- All are very specific and sensitive

OraQuick Advance HIV-1/2

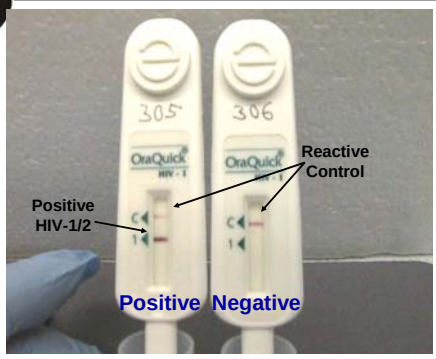
- CLIA-waived for finger stick, whole blood, oral fluid; moderate complexity with plasma
- Store at room temperature
- Screens for HIV-1 and 2
- Results in 20 minutes



Collect oral fluid specimens by swabbing gums with test device.

Reduce hazards, facilitate testing in field settings

Insert device; test develops in 20 minutes



Read results

Results of Rapid Testing

- Provide results immediately and clearly
- Message:
  - It is a screening test
  - If negative, no further testing is necessary at this time
  - If positive, results are "preliminary"
  - We always will do a second confirmatory test

Counseling a Woman with a Negative Rapid HIV Test Result

- Meaning of a negative test: "Your HIV test was negative…You're not infected with HIV…the test may not detect recent infection."
- Discuss risk reduction strategies and "safer sex" to help her continue to be HIV negative
- Refer women at high risk for further counseling and interventions
- Repeat testing in 3rd trimester for women in areas of high HIV numbers in women or at risk

Counseling the Pregnant Woman with a Positive Rapid HIV Test

- Meaning of a positive test result:
  "Your screening (preliminary) test was positive. This means you *may* have HIV. We won't know for sure until we get the results of your confirmatory test."
- Focus on client's feelings, immediate support system
  "Do you have someone you can talk to about this?"

Preliminary Positive Rapid HIV Results (continued)

- Schedule and ensure confirmatory testing
- Counsel on safer sex practices, other transmission risks
- Reinforce that if she has HIV, there is treatment for her and for reducing the risk for her baby
- Begin discussion of disclosure of diagnosis

Confirmatory Results

- A preliminary positive rapid HIV test must <u>always</u> be confirmed
- OraQuick should be confirmed with a Western Blot or IFA
- Note that "OraQuick was positive" on confirmatory test request slip.
- A second EIA (Elisa) is not necessary

Referrals and Follow-up

- Goal: to get the client into prenatal and HIV care as soon as possible
- Know the resources for HIV care in your community
- Whenever possible, offer to facilitate the process
- Recognize the need for social as well as medical follow-up services

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Time for Group Work

Case Discussions/Role Plays

Visit www.mchcom.com to download the case discussions/role plays

Group Exercise: Choose One

- **Case Discussion/Role Play 1**
  Young Latina: little English, pregnant (does not know it), history of STIs, at risk for but very little knowledge about HIV
- **Case Discussion/Role Play 2**
  Young runaway, pregnant, very risky behavior – sex for money, physical abuse, not in care, does not keep appointments

Group Exercise: (choices cont.)

- **Case Discussion/Role Play 3**
  Urban home visit, chaotic environment, 2nd pregnancy, no prenatal care, many health problems
- **Case Discussion/Role Play 4**
  Outreach visit, small rural town, young mom, 3rd baby in 5 years, not feeling well. HIV test in past but no results so "must be negative," new partner

Group Exercise: (choices cont.)

- **Case Discussion/Role Play 5**
  Outreach visit, young Native American, pregnant, not yet in care, risky behavior (changing boyfriends), history of STDs but "HIV is not here." Mom and Auntie in next room.
- **Case Discussion/Role Play 6**
  Family outreach/education home visit, very rural area, 3 pregnant women, very involved - extended family, men travel for work, religious beliefs against contraception/safer sex

Questions & Answers

Thank you for attending this event.

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