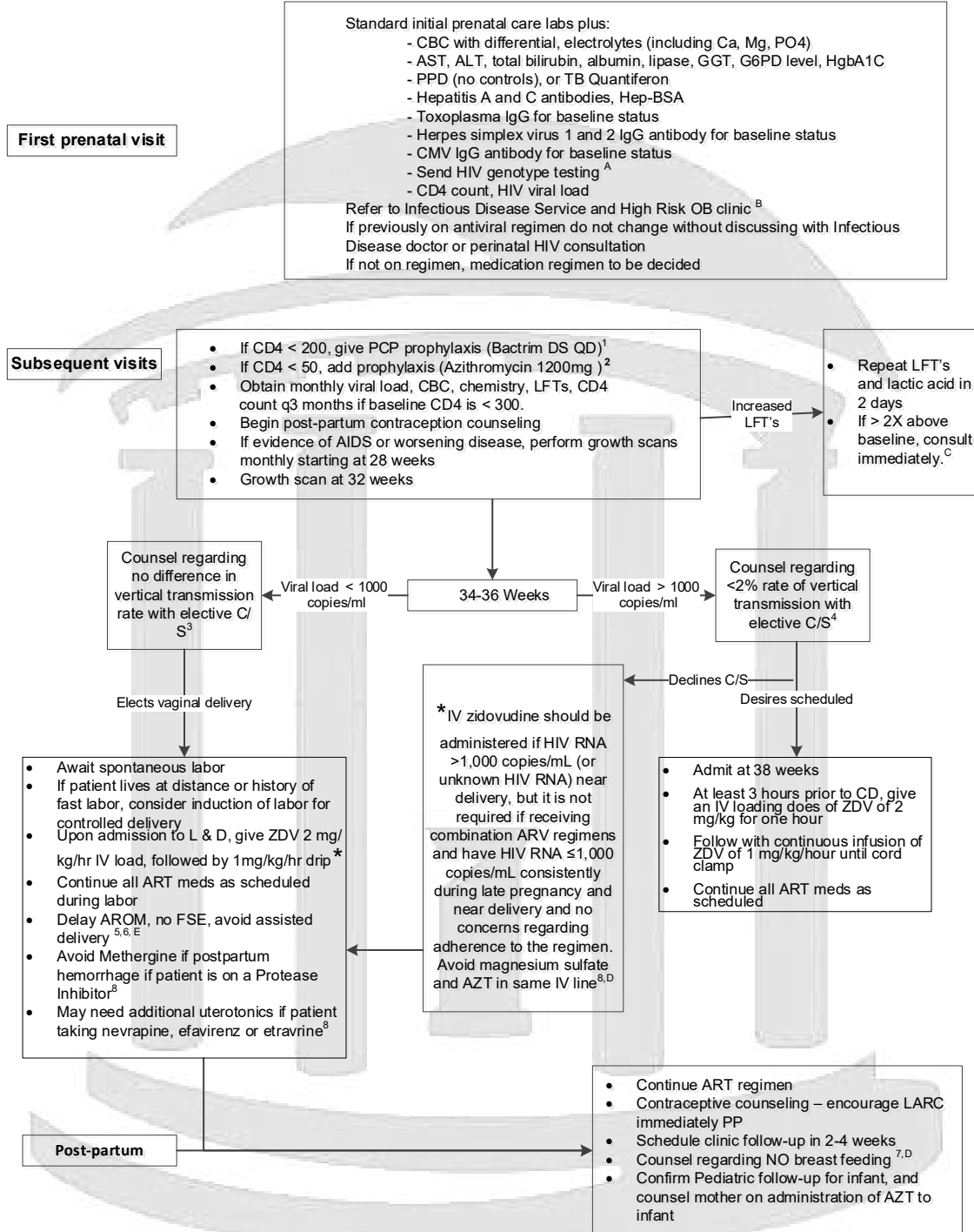


## HIV in Pregnancy



**UNC Notes**

A When ordering a genotype, write in comments "OK by Dr. Farel".  
 B Notify Dr. Rahangdale (pager 919-347-0453) and refer to Clinic (919-966-7199). Schedule in Mon AM MFM Fellows Clinic  
 C Consult Pager 919-216-0626  
 D Contact Dr. Rahangdale if not giving IV AZT or if patient desires breastfeeding  
 E Notify Peds Social Worker and Tom Belhorn at delivery

## References

- 1) CDC, Guidelines for prophylaxis against *Pneumocystis carinii* pneumonia for persons infected with human immunodeficiency virus. **MMWR 1989;38 (S- 5):1-9**. *Adults and adolescents who have HIV infection (including pregnant women and those on HAART) should receive chemoprophylaxis against PCP if they have a CD4+ T-lymphocyte count of less than 200/ $\mu$ L.*
- 2) Masur H and the Public Health Service Task Force on prophylaxis and therapy for *Mycobacterium avium* complex. Recommendations on prophylaxis and therapy for disseminated *Mycobacterium avium* complex disease in patients infected with the human immunodeficiency virus. **N Engl J Med 1993;329:898-904**. *Adults and adolescents who have HIV infection should receive chemoprophylaxis against disseminated MAC disease if they have a CD4+ T-lymphocyte count of less than 50 cells/ $\mu$ L.*
- 3) Mofenson LM, Lambert JS, Stiehm ER, Bethel J, Meyer WA, Whitehouse J et al. Risk factors for perinatal transmission of human immunodeficiency virus type 1 in women treated with zidovudine. Pediatric AIDS Clinical Trials Group Study 185 Team. **N Engl J Med 1999;341:385-393**. *There was no perinatal transmission of HIV-1 among the 84 women who had HIV-1 levels below the limit of detection at base line or the 107 women who had undetectable levels at delivery.*
- 4) The European Mode of Delivery Collaboration. Elective caesarean-section versus vaginal delivery in prevention of vertical HIV-1 transmission: A randomized clinical trial. **Lancet 1999;353:1035-9**. *Three (1.8%) of 170 infants born to women assigned caesarean-section delivery were infected, compared with 21 (10.5%) of 200 born to women assigned vaginal delivery ( $p < 0.001$ ).*
- 5) Minkoff H, Burns DN, Landesman S, et al. The relationship of the duration of ruptured membranes to vertical transmission of human immunodeficiency virus. **Am J Obstet Gynecol 1995;173:585-9**. *Women were significantly more likely to transmit human immunodeficiency virus to their offspring if the duration of rupture of membranes was greater than or equal to 4 hours.*
- 6) Anonymous. Risk factors for mother-to-child transmission of HIV-1. The European collaborative study. **Lancet 1992;339:1007-12**. *The odds-ratio for vertical transmission for breast-fed children was 2.25. Transmission was higher with episiotomy, fetal scalp electrodes, forceps, or vacuum extractors were used.*
- 7) Read JS; the American Academy of Pediatrics Committee on Pediatric AIDS. Human milk, breastfeeding, and transmission of human immunodeficiency virus type 1 in the United States. **Pediatrics 2003; 112:1196-205**. *Complete avoidance of breastfeeding by HIV-1-infected women remains the only means by which prevention of breastfeeding transmission of HIV-1 can be absolutely ensured.*
- 8) Reference: <https://aidsinfo.nih.gov/Guidelines/HTML/3/perinatal-guidelines/0>

Revised: 6/23/2016 LR

Updated 7/25/2022 JJ

### Notification to Users

***These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.***

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