



Checklist for HIV Testing and Prophylaxis During Labor and in Newborns

From the New York State Department of Health AIDS Institute guideline *HIV Testing During Pregnancy, at Delivery, and Postpartum*.
www.hivguidelines.org. September 2022

□ Repeat HIV Testing

- For patients in labor who do not have documented third-trimester HIV test results, have been diagnosed with a sexually transmitted infection during pregnancy, or report exposure risk for themselves or sex partners, perform expedited HIV testing with consent and discuss the use of antiretroviral (ARV) prophylaxis for the patient and the newborn.

□ Provide Counseling and Education About ARV Prophylaxis

- Counsel regarding the use of ARV prophylaxis in the birth parent and the infant.
- Provide education about the benefits of ARV prophylaxis for any patient with HIV who declines it for themselves or their newborn.

□ Manage a Reactive HIV Screening Test Result

- Obtain HIV diagnostic testing according to the standard HIV laboratory testing algorithm.
- Initiate maternal ARV prophylaxis; immediate initiation is recommended.
- Administer newborn prophylaxis as soon as possible after birth. See U.S. Department of Health and Human Services *Management of Infants Born to People with HIV Infection*.
- Discuss the meaning of a preliminary positive HIV test result.
- Do not delay prophylaxis while awaiting results of confirmatory serologic testing.
- Inform the birth parent that HIV can be transmitted through breast milk and that breastfeeding is not recommended until they are confirmed to be HIV negative.

□ Manage a Confirmed HIV Diagnosis in the Parent

- If supplemental diagnostic testing confirms that a patient in labor has HIV, ensure an HIV diagnostic test of the infant is obtained within 48 hours of birth. Send the infant's specimen to the Pediatric HIV Testing Service at the Wadsworth Center for nucleic acid testing to detect HIV-1 RNA or DNA.
- Make arrangements for the patient with newly diagnosed HIV to see an experienced HIV care provider and, if indicated, provide referrals for case management and support services.
- Ensure that the HIV-exposed infant is discharged from care with ARV medications in hand, not just a prescription.
- Make arrangements for the infant's medical follow-up with an experienced pediatric HIV care provider.

□ Resources

- Wadsworth Center Order Desk to Obtain a Pediatric HIV Test Kit: 518-474-4175
- Clinical Education Initiative (CEI) Line: 866-637-2342
- NYSDOH AI Clinical Guidelines Program: www.hivguidelines.org

NEW YORK STATE LAW

- Clinicians in prenatal care settings must provide HIV-related information and recommend HIV testing for all pregnant patients, including those who present in labor if their HIV status is not documented.
- Immediately arrange an expedited HIV test, with consent, for patients in labor when no HIV test result is documented for the current pregnancy, with results available as soon as possible.
- If a patient who presents in labor declines an HIV test, the infant is required to have an expedited HIV antibody screen at birth, with or without consent, with results available as soon as possible but no later than 12 hours after birth.
- If the infant's HIV test is reactive for HIV antibodies, a plasma sample should be collected from the infant for HIV-1 nucleic acid testing. (See *New York Codes, Rules and Regulations [NYCRR] Title 10, Section 69-1.3.*)
- The hospital shall determine the need for, and ensure provision of, HIV prophylaxis and/or treatment per standard of care to prevent transmission to the infant, and shall record such in both the birth parent's and newborn's health records. (See *NYCRR Title 10, Section 405.21.*)