



Howard University College of Medicine Capitol Region Telehealth Project (HU CRTP)

HU CRTP Case Study for: November 19th Webinar:

“Guidelines on Incorporating HIV Prevention into Medical Care” - Part 2

Case Study #3

- Baby Girl Doe was born at 38.5 wks gestational age to a 26 yr old G2 now P2002 mother who was diagnosed with HIV in her third trimester of pregnancy
- Maternal viral load at the time of diagnosis was 106,000 copies/ml :she was linked to care and started on anti-retroviral treatment which she claimed she was fully adherent to; 4 days prior to delivery her viral load was 1001 copies/ml. Hep B Sag was negative. Hep C testing results were not noted. RPR/GC/Chlamydia testing was negative. Group B strep testing was positive.
- Baby Girl Doe was delivered via uncomplicated CSection and her mother received an intrapartum loading dose of AZT. The infant was not breast fed. Due to the high risk of intrapartum exposure the infant was placed on started on a presumptive treatment protocol in conjunction with a perinatal HIV specialist (The National Perinatal HIV Hotline 1-888-448-8765).

From Case Study Author Dr. Swati Jain-Goel



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- The mother was on refugee/asylee status from Central African Republic and had limited support. She slept on a couch in an acquaintance's home, was exposed to tobacco smoke and was unemployed. Her family and the father of the baby were not involved in her life. The infant was linked to care via the pediatrician's office and additional resources.
- The infant was discharged home with the mother on day of life #3 (routine length of stay for an uncomplicated C-Section delivery) Obtaining the medication for the infant as an outpatient was not possible; none of the outpatient pharmacies in the District of Columbia carried the neonatal preparation. No resources were available to the hospital team to track the mother-infant dyad as an outpatient but the mother remained compliant and brought the infant back for all scheduled appointments.

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