Perinatal Antiretroviral Guidelines Part II

I. Jean Davis, PhD, PA, AAHIVS
Howard University College of Medicine

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CME Disclosures: Planning Committee and Speaker

AETC-Capitol Region Telehealth Project
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Howard University CME Accreditation Requirements for Internet Viewers

Intended Audience: Low volume clinicians (i.e. those with fewer than 25 patients in their case load who are HIV positive): Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists

Webinar Requirements: A computer with Internet accessibility and a telephone line

- Your presence on the call must be acknowledged at the start of each session. **Please announce your name loud and clear,** as well as sign in on the computer for the attendance list
- You will *not be able* to receive CME credit if you leave the call early

- At the end of the Webinar, please send an email to : mdouglas@howard.edu and the Training Coordinator will send you the CME Evaluation Survey to fill in.

- You must fill out the emailed survey at the end of each session in order to receive CME credit. It can be scanned and emailed back to mdouglas@howard.edu , or it can be faxed to: AETC-Capitol Region Telehealth Project (***FAX#: 202.667.1382***)
- ATTN: Training Coordinator

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Objectives

At the end of this webinar the participating providers will have an enhanced ability to:

- Explain the need for Preconception Counseling and Care for women of childbearing age who are infected with HIV
- Provide an Antepartum Care Evaluation
- Discuss Perinatal Transmission of HIV and Maternal HIV RNA Copy Number

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Clinical Case Study #1

Ms Jones a 45 year old Black female presents to the clinic 3 months pregnant with a diagnosis of HIV during her prenatal evaluation. Both the pregnancy and HIV diagnosis was a surprise to Ms Jones.

Ms Jones has a MBA and owns a business consultant company.

She is divorced and has a son age 20 and a daughter age 17.

She admits to 2-3 sexual partners over the past year. She admits to not practicing safe sex with sexual partners and non-monogamous sexual activity including oral, vaginal and anal sex.

Her past medical history is not significant for STI or co-morbidities.

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Clinical Case Study #2

Mrs. Gomez a 35 year old Latina presents to the clinic 4 months pregnant with a diagnosis of HIV during her prenatal evaluation. The pregnancy was planned but she was unaware of her HIV status.

Mrs. Gomez is an attorney and works at a community law firm.

She has been married for 2 years. Her husband works in the entertainment Industry as a contract negotiator. Mr. Gomez is 37 and met his wife in law school but he has not past the bar.

She admits to 3 sexual partners over her life time. She admits to not practicing safe sex with her husband. She has never had a HIV test. She has practiced serial monogamy including oral, vaginal and anal sex.

Her past medical history is not significant for STI or co-morbidities.

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Overview

- All pregnant women should be counseled about HIV transmission
- All pregnant women infected with HIV should be counseled on the paramount importance of perinatal transmission prevention
- All pregnant women infected with HIV should be counseled about the benefits of antiretroviral medication during and after pregnancy
- All pregnant women infected with HIV should be offered antiretroviral medications regardless of their HIV RNA levels or CD4 count

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Antepartum Care

- The initial evaluation of an infected pregnant woman must include assessment of HIV disease status and recommendations regarding initiation of antiretroviral medication and/or the need for any modification if she is currently receiving antiretroviral therapy
- The National Perinatal HIV Hotline (1-888-448-8765) provides free clinical consultation on all aspects of perinatal HIV care

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Antepartum Care

- Regardless of plasma HIV RNA copy number or CD4 T-lymphocyte count, all pregnant women infected with HIV should receive a combination ARV drug regimen antepartum to prevent perinatal transmission

- A combination regimen is recommended both for women who require therapy for their own health and for prevention of perinatal transmission in those who do not yet require therapy

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Antepartum Care

- The known benefits and potential risks of ARV use during pregnancy should be discussed with all women
- ARV drug-resistance studies should be performed before starting or modifying ARV drug regimens in women whose HIV RNA levels are above the threshold for resistance testing (that is, >500 to 1,000 copies/mL)
- When HIV is diagnosed later in pregnancy, ART or combination ARV prophylaxis should be initiated promptly without waiting for results of resistance testing

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Antepartum Counseling & Care

- In counseling patients, the importance of adherence to their ARV regimens should be emphasized
- Considerations regarding continuing the ARV regimen for maternal treatment after delivery are the same as in non-pregnant individuals.
- The pros and cons of continuing versus discontinuing ARV drugs postpartum should be discussed with women so they can make informed decisions about postpartum ARV use before delivery

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Collaborative Care

- Those decisions should be made in consultation with the provider who will assume responsibility for the women's HIV care after delivery

- Coordination of services among prenatal care providers, primary care and HIV specialty care providers, mental health and drug abuse treatment services, and public assistance programs is essential to ensure that infected women adhere to their ARV drug regimens

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eRounds : Case Study Discussions

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Clinical Case Study: #1 and #2

Compare and Contrast

- Childbearing Care
- Educational Status
- Sexual History
- Counseling
- Partner Notification
- Treatment Plan

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Questions?

Resources

- www.aetcnmc.org
- www.capitolregiontelehealth.org

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At the end of the Webinar, please email Ms. Marjorie Douglas-Johnson at mdouglas@howard.edu and she will send you the CME Evaluation Survey to fill in.

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