

Treatment Guide for Preventing Maternal HIV Transmission

Information for Healthcare Providers

Antiretroviral management of HIV-infected pregnant women should be carried out in consultation with an expert. Consult an infectious disease specialist at your nearest hospital. The basic principle is that optimal treatment of a mother's HIV will maximally reduce the likelihood of transmission of HIV to her baby. This is usually achieved by triple antiretroviral therapy. The ideal situation is reduction of viral load to undetectable (<50 copies).

Background

Zidovudine (ZDV, AZT) and Reduction of HIV Transmission

- study published in 1994 (ACTG 076) showed about a 70 percent reduction in transmission of HIV compared to placebo
- shorter course ZDV also reduces transmission but not as much as with the 076 protocol
- concern regarding rare clinical manifestations of mitochondrial toxicity
- no evidence for selection of ZDV resistance in mother's virus in 076 study.

Other antiretrovirals in pregnancy

- Nevirapine, one dose to mother in labour and one dose to the child reduces transmission. No reported toxicity to fetus/infant
- Efavirenz is not recommended due to congenital brain anomalies noted in monkeys
- no data on adverse effects of other antiretrovirals in humans although to date there have been no problems reported.

Current Principles of Therapy

HIV-Infected Women:

1. Already on antiretrovirals

- counsel regarding what is known / not known about antiretrovirals in pregnancy
- recommend stopping antiretrovirals during the first trimester
- if viral load not well controlled (not <50) at the time of delivery, recommend single dose Nevirapine in labour.

2. Not on antiretrovirals

- counsel as above
- optimal antiretroviral treatment recommended, taking into consideration the viral load, CD4 count and clinical status of the woman
- regimen should include ZDV, unless otherwise contraindicated
- if viral load not well controlled (not <50) at the time of delivery, recommend single dose Nevirapine in labour.

3. Refuses antiretrovirals

- counsel as above
- minimum recommendation is ZDV monotherapy.

4. In labour, with or without prior therapy

- recommend IV AZT
- if viral load not well controlled (see above) or no previous antiretrovirals, IV AZT plus po Nevirapine.

Babies:

- po ZDV for 6 weeks, even if mother did not take antiretrovirals
- if mother given Nevirapine in labour (see indications above) or did not receive any antiretrovirals, one dose of Nevirapine po to baby at 48 hours
- if mother is known to have resistant virus, baby should receive most appropriate combination of antiretrovirals.

Caesarian Section:

- Caesarian section has been shown to significantly reduce transmission if a woman is on ZDV alone or ZDV plus Lamivudine. It may also be considered if the viral load is not well controlled or the woman has not been on any antiretroviral therapy. To be effective, Caesarian section must be elective, not during labour.

Breastfeeding:

- breastfeeding is not recommended; HIV is transmitted through breast milk.

For More Information Call:

AIDS and Sexual Health Info Line 1-800-668-2437

TTY 1-800-387-5559

Motherisk HIV Healthline at 1-888-246-5840 or the infectious disease specialist at your nearest hospital.

www.health.gov.on.ca www.HealthyOntario.com

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