CME OUTFITTERS

CRITICAL CONVERSATIONS AND CLINICAL INSIGHTS

A Toolkit for Addressing HIV in the OB/GYN Setting

This CMEO toolkit provides clinicians with resources for discussing HIV with patients in obstetrics/gynecology (OB/GYN) settings, testing, linkage to care, and a brief overview of most recent updates and highlights from the Department of Health and Human Services (DHHS) Perinatal HIV Guidelines. Please note, this toolkit is for informational purposes only and is not exhaustive. For detailed guidelines, refer to DHHS and the American College of Obstetricians and Gynecologists (ACOG) resources, references, and links.

Critical Clinical Tips:

Normalize HIV Testing!

HIV testing should be a routine part of care for all women, both pre-pregnancy and early in pregnancy. The opt-out approach is recommended.

> Resource: **gettested.cdc.gov**

Remind Patients About U=U (Undetectable = Untransmittable)!

People with HIV who maintain an undetectable viral load through adherence to ART (Antiretroviral Therapy) cannot transmit HIV sexually or through breastfeeding, including those who are pregnant. ART reduces perinatal transmission to negligible levels.

> Resource: **CDC - U=U**

Next Steps for Patients Who Test Positive:

1. Key Counseling Points:

- Stress the importance of protecting the baby during pregnancy.
- Ensure consistent prenatal care and encourage discussions about delivery and potential need for Cesarean birth.
- Ensure the baby receives ART after birth.

2. Linkage to Care: Connecting patients with care early is crucial for optimal health outcomes and minimizing perinatal transmission risk.

- Address barriers such as stigma, healthcare access, and socioeconomic disparities.
- Early ART initiation is essential to prevent HIV progression and improve maternal and infant health.

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3. Provide Peer Support

- Connect pregnant women with HIV to others who have similar experiences who can provide vital emotional and social support.

Strategies for Improving Support and Care

Multi-Disciplinary Team (MDT) Approach

Collaborative care is critical. OB/GYNs should work with HIV specialists, pediatricians, lactation consultants, and other healthcare providers to ensure comprehensive care for both the mother and infant.

Point-of-Care Resources

Ensure that patients have access to lactation support, neonatal intensive care unit (NICU) care, and other nursing resources during pregnancy, birth, and postpartum.

Emphasize ART Benefits

Reinforce that ART's benefits in preventing HIV transmission far outweigh any risks, which remain minimal.

Additional Patient Education Resources

ACOG Patient Education on HIV and Pregnancy

Hear Her Campaign

Black Mamas Matter

Ryan White HIV/AIDS Program

Additional Provider Resources

- What is New in the Perinatal HIV Clinical Guidelines
- Further questions: Clinicians are encouraged to consult the National Perinatal HIV/AIDS Hotline (1-888-448-8765) with questions

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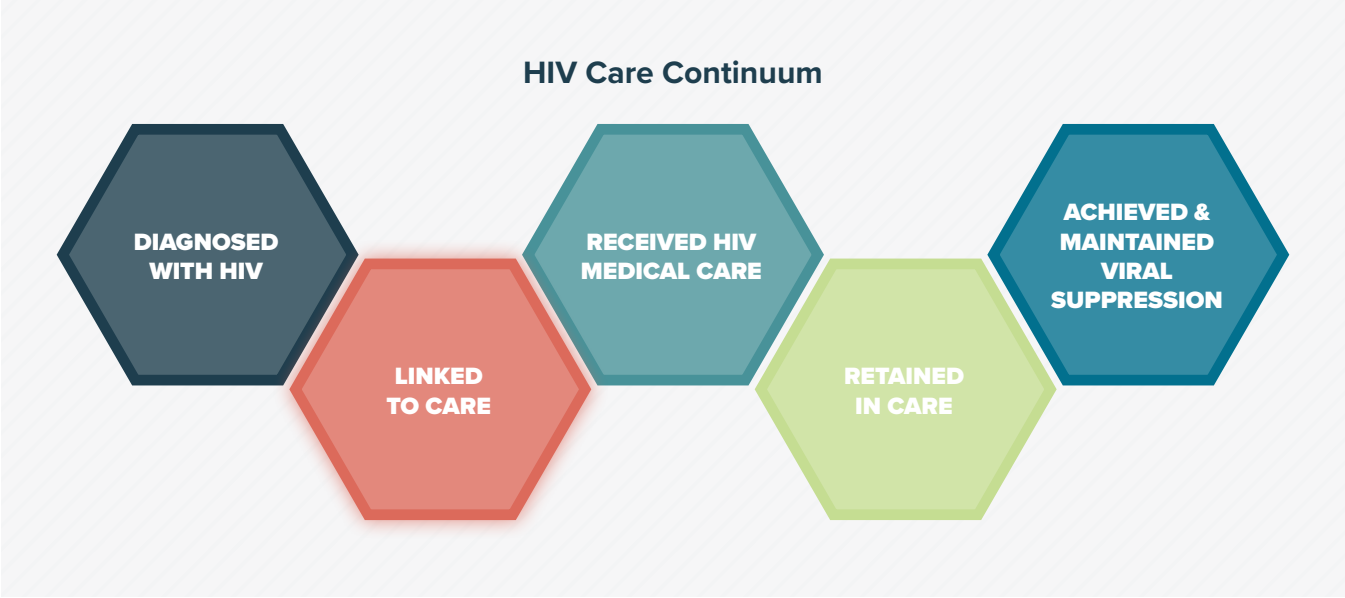
Clinicians: Review ACOG Prenatal and Perinatal Human Immunodeficiency Virus Testing

Resource: Prenatal and Perinatal Human Immunodeficiency Virus Testing



Introduction to Perinatal HIV Care Guidelines

The DHHS guidelines for perinatal HIV care provide OB/GYNs and other clinicians with essential tools to ensure optimal maternal and infant health. These updates (as of February 2025) offer evidence-based practices to reduce perinatal HIV transmission and enhance maternal care.

Key Updates and Highlights of the DHHS Perinatal HIV Guidelines

1. Universal HIV Screening and Testing

- First Prenatal Visit: Routine HIV screening is recommended at the first prenatal visit for all pregnant individuals.
- Third Trimester Testing: Repeat HIV testing is advised during the third trimester for those at increased risk.
- Prevention Through PrEP: HIV pre-exposure prophylaxis (PrEP) should be discussed with all individuals at risk for HIV, including those trying to conceive, pregnant, or breastfeeding.

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2. Antiretroviral Therapy (ART) for Pregnant Individuals with HIV

Time is of the essence!

- ART should be initiated as soon as possible after an HIV diagnosis in pregnancy. The goal is viral suppression to reduce perinatal transmission risk to near zero.
- Recommended ART Regimen: One of the following regimens is recommended for pregnant people with early infection without a history of prior use of long-acting cabotegravir (CAB-LA) as pre-exposure prophylaxis (PrEP):
  - **Preferred Regimen:**
    - Dolutegravir (DTG) + tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) with emtricitabine (FTC) or lamivudine (3TC)
  - **Alternative Regimens:**
    - Bictegravir (BIC) + TAF + FTC
    - Ritonavir-boosted darunavir (DRV/r) + (TDF or TAF) with (FTC or 3TC)
- For pregnant people with early infection with a history of prior use of CAB-LA as PrEP, genotype testing done before the start of ART should include screening for integrase strand transfer inhibitor–resistance mutations.
  - **Preferred ART regimen** (pending genotype testing results): DRV/r with (TDF or TAF) plus (FTC or 3TC)
- For individuals diagnosed with early HIV infection during the postpartum period, one of the following ART regimens is recommended:
  - BIC/TAF/FTC
  - DTG with (TAF or TDF) plus (FTC or 3TC)
  - DRV/r with (TAF or TDF) plus (FTC or 3TC)

3. Mode of Delivery Based on Maternal Viral Load

- **Viral Load < 1,000 copies/mL:** Vaginal delivery is recommended.
- **Viral Load > 1,000 copies/mL:** Cesarean delivery (C-section) is recommended to minimize the risk of HIV transmission.

4. Infant HIV Exposure and Prophylaxis

- All newborns with in utero (antepartum) or intrapartum exposure to HIV should receive antiretroviral prophylaxis within 6 hours of birth, typically continuing for 4-6 weeks, to reduce transmission risk.

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5. Infant Feeding for Individuals and HIV

- Breastfeeding/Chestfeeding Considerations:
  - With sustained viral suppression on ART, the risk of HIV transmission via breastfeeding is less than 1%, though not zero. Support individuals in making informed choices about breastfeeding, formula feeding, or using donor milk.

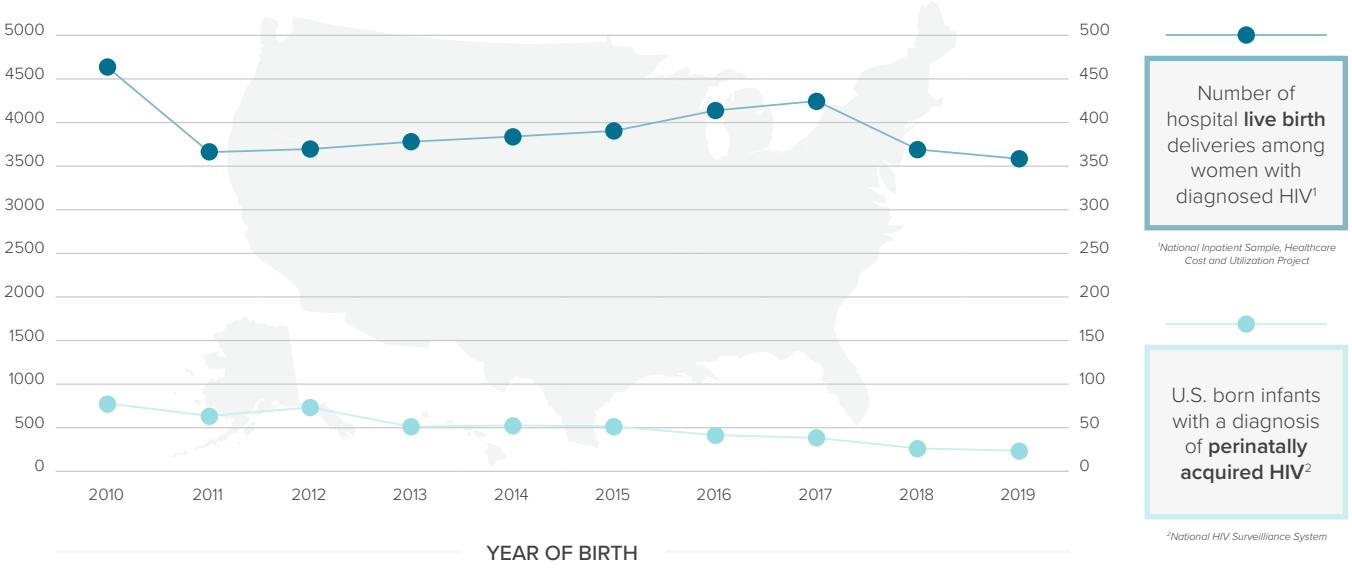
Resource: **The Well Project**

Closing Note:

This toolkit serves as an overview and practical guide. Clinicians are encouraged to consult the full DHHS guidelines and other resources for comprehensive information and to address specific patient needs.

Addendum:

Since the start of the HIV epidemic, nearly 10 million cases of perinatal transmission have occurred globally. With the advent of highly effective antiretroviral therapy (ART), U.S. perinatal transmission rates have significantly declined. The estimated number of live births to women with diagnosed HIV dropped from 4,587 in 2010 to 3,525 in 2019, and the number of U.S.-born infants with perinatally acquired HIV decreased from 74 in 2010 to 32 in 2019. With your help and commitment, we can **break the stigma and get to zero** new HIV infections.



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