Antenatal Screening for HIV
Information for Health Professionals.

Advances in limiting mother to child transmission (MTCT) of HIV appear to be driving a change in HIV practices and calls for universal antenatal screening. A major breakthrough in controlling the spread of HIV has been in reducing the MTCT. The use of antiretroviral treatments can reduce the rate of perinatal HIV transmission by up to 70%. The risk may be further reduced by certain labour management techniques and by avoiding breastfeeding to a transmission risk of around 1% or less (link).

Antenatal testing is particularly useful for low HIV prevalence countries such as Australia, in which many women do not identify themselves as engaging in high-risk behaviours and are not tested for HIV. Pregnancy is a time when women are in contact with clinicians, offering an opportunity to identify a range of pre-existing unidentified infections which can be treated, with major benefits for mother and infant.

The policy of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists states that HIV testing of pregnant women is the standard of care. All pregnant women are recommended to have HIV screening at the first antenatal visit, after informed consent and discussion (Link).

Risks of mother-to-child transmission in untreated women.
The risk of mother to child transmission of HIV is between 15% and 20% in non-breastfeeding women in resource rich countries and increasing to between 25% and 40% in breastfeeding populations. In untreated women, the risk of transmission is determined by maternal health, infant feeding and obstetric factors. The obstetric factors that have consistently been associated with risk of transmission are mode of delivery, duration of membrane rupture and delivery before 32 weeks of gestation. Breastfeeding doubles the risk of mother to child transmission.

Risk of mother-to-child transmission in treated women.
Transmission rates of less than 1% have been reported in studies from resource rich countries in recent years, owing to effective highly active antiretroviral therapy (HAART), appropriate management of delivery, avoidance of breastfeeding and antiretroviral prophylaxis for the baby for 4 weeks. Benefits of antiretroviral drugs (ARV’s) in contexts other then pregnancy are beyond the scope of this document.

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*the additional benefit of caesarean section in women on ARV therapy with an undetectable maternal viral load is unknown.
Legal Requirements.
To be eligible for testing under the Medicare benefits Scheme the practitioner ordering an HIV test must ensure:
- Informed consent is obtained
- Pre test information is provided
- Patient understands the need for discussion in person of the test result (Link)

Confidentiality.
Women should be reassured that their confidentiality will be maintained. Care should be taken to avoid inadvertent disclosure to a woman’s family members, as they may be unaware of her HIV diagnosis, even though they may attend antenatal visits and be present at the delivery. (Link)

Follow up care.
Management should be by a multidisciplinary team, including an HIV physician, Obstetrician, specialist Midwife, Paediatric HIV Specialist and a Paediatrician. All women who are newly diagnosed as HIV positive should have an early assessment of their psychosocial circumstances.

Where to go for help / selected websites.
Australasian Society for HIV Medicine (ASHM)
Paediatric HIV Service
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal Australian College of General Practitioners.
Family planning NSW
Australian Federation of AIDS Organisations
British HIV Association
Paediatric European Network for the Treatment of AIDS
Women, Children and HIV, USA