



HIV Resources for Providers

All pregnant women should be screened for HIV at onset of prenatal care. Women with risk factors for infection, including recent injection drug history, a partner who uses injection drugs, or are incarcerated, should also be screened in the third trimester. Because it is difficult to be sure who has ongoing risk, NNEPQIN recommends that all women with opioid use disorder should be re-screened for HIV towards the end of pregnancy. Screening at the time of delivery is acceptable if expedited results are obtainable within one hour at the delivery hospital, although earlier screening is preferred as it allows time to confirm results, initiate antiretroviral therapy during pregnancy, and develop a follow up plan for the newborn (<https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/0>).

Women testing positive for HIV should be referred to an infectious disease specialist experienced in the treatment of HIV during pregnancy, and consent to disclose information to their infants' pediatric providers should be incorporated in the care plan to ensure appropriate follow up. Maternal Fetal Medicine consultation should be obtained and/or care transferred.

- **AIDSinfo** is the U.S. Department of Health and Human Services site, a comprehensive resource for clinical guidelines, factsheets, and infographics to facilitate evidence-based care for people living with HIV: <https://aidsinfo.nih.gov/>
- The NIH perinatal treatment guidelines can be accessed through: <https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/0>
- Information for patients is available at: <https://aidsinfo.nih.gov/understanding-hiv-aids>

Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis helps people avoid infection with HIV and should be offered to anyone at risk, including people who use injection drugs or exposed through sexual contact with an HIV positive partner. PrEP consists of HIV medication taken daily to proactively lower risk of infection. When taken daily, PrEP reduces the risk of HIV transmission through sexual contact by greater than 90%, and from injection drug use by greater than 70% (<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>).

PrEP must be prescribed, and is covered by many insurance plans. A medication assistance program is available if PrEP is not covered by a specific insurance plan (<http://www.gilead.com/responsibility/us-patient-access/truvada%20for%20prep%20medication%20assistance%20program>)

Other resources for providers

- CDC Information About PrEP
<https://www.cdc.gov/hiv/basics/prep.html>
- Provider education on HIV and pregnancy from CDC
<https://www.cdc.gov/hiv/group/gender/pregnantwomen/>
- Medication Assistance Program for PrEP
<http://www.gilead.com/responsibility/us-patient-access/truvada%20for%20prep%20medication%20assistance%20program>

Additional resources for patients

- HIV Treatment Guidelines for Pregnant Women (Rutgers)
http://womenandhiv.org/sites/default/files/pdf/WhatWomenKnow_En_Booklet_2013_FXB.pdf
- Patient education on HIV and pregnancy from CDC:
<https://www.cdc.gov/hiv/basics/index.html>
- ACOG FAQs about HIV and Pregnancy
<http://www.acog.org/Patients/FAQs/HIV-and-Pregnancy>
- What Women Need to Know about Pregnancy and HIV Treatment (ACOG)
http://womenandhiv.org/sites/default/files/pdf/WhatWomenKnow_En_Booklet_2013_FXB.pdf
<https://www.cdc.gov/breastfeeding/disease/>
- CDC Information About PrEP
<https://www.cdc.gov/hiv/basics/prep.html>