

## Management of Babies born to HIV Positive Mothers - Summary Paediatric Clinical Guideline – Joint Derby and Burton

Reference No: NIC IN 16

1.	<b>RISK STRATIFICATION</b>
1.1	<b>VERY LOW RISK</b>
	<p><u>Two weeks</u> of zidovudine <u>monotherapy</u> (4mg/kg 12 hourly orally) is recommended if all the following criteria are met:</p> <ul style="list-style-type: none"> <li>• The woman has been on cART for longer than 10 weeks; <b>AND</b></li> <li>• Two documented maternal HIV viral loads &lt;50 HIV RNA copies/mL during pregnancy at least 4 weeks apart; <b>AND</b></li> <li>• Maternal HIV viral load &lt;50 HIV RNA copies/mL at or after 36 weeks.</li> </ul>
1.2	<b>LOW RISK</b>
	<p>Extend to <u>4 weeks</u> of zidovudine <u>monotherapy</u> (4mg/kg 12 hourly orally):</p> <ul style="list-style-type: none"> <li>• If the criteria in 1.1 are not all fulfilled but maternal HIV viral load is &lt;50 HIV RNA copies/mL at or after 36 weeks;</li> <li>• If the infant is born prematurely (&lt;34 weeks) but most recent maternal HIV viral load is &lt;50 HIV RNA copies/mL.</li> </ul>
1.3	<b>HIGH RISK</b>
	<p>Use combination PEP, <u>Triple therapy</u> for <u>4 weeks</u></p> <ul style="list-style-type: none"> <li>• If maternal birth HIV viral load is known to be or likely to be &gt;50 HIV RNA copies/mL on day of birth,</li> <li>• If uncertainty about recent maternal adherence or if viral load is not known.</li> </ul> <p>Triple Therapy:</p> <ol style="list-style-type: none"> <li>1. Zidovudine 4mg/kg 12 hourly orally for 4 weeks (If baby is NBM, Zidovudine 1.5mg/kg IV 6 hourly infused over 30 minutes)</li> <li>2. Lamivudine 2mg/kg BD orally for 4 weeks</li> <li>3. Nevirapine 2mg/kg OD orally 1st week, then 4 mg/kg OD 2nd week and stop.</li> </ol>
1.4	Neonatal PEP should be commenced as soon as possible after birth, and at least within 4 hours
1.5	In the context of known maternal resistance to zidovudine with VERY LOW or LOW RISK, zidovudine monotherapy is still recommended for infant PEP.
1.6	If HIGH RISK (combination PEP indicated) and there is a history of documented maternal zidovudine and/or nevirapine resistance, seek expert advice. If advice is not immediately available, commence standard three-drug PEP (zidovudine, lamivudine and nevirapine) until guidance is provided.

2	<p><b>Blood tests &amp; Follow up:</b></p> <p>HIV DNA PCR &amp; HIV RNA PCR ( In 2 purple EDTA bottles)- At birth, 6 weeks and 3 monthsHIV antibody – 2 years</p> <p>Inform Dr Bala Subramaniam, Paediatrician (<a href="mailto:bala.subramaniam1@nhs.net">bala.subramaniam1@nhs.net</a>) and Susan Kitson, Specialist midwife (<a href="mailto:susan.kitson@nhs.net">susan.kitson@nhs.net</a>) for arranging follow up (VPBAH clinic)</p>
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