

Checklist for Management of the Untreated HIV Positive Patient Presenting in Labour

On Admission	Inform local paediatric team	
	Inform Brownlee Clinical Nurse Specialist Teams on 0141 211 1086	
	Take maternal blood for HIV viral load, CD4 count and resistance test, contact virology for urgent processing of HIV viral load	
Commence Antiretroviral Therapy	Give STAT dose of Nevirapine 200mg PO	
	If preterm (<37+0 wks) or un-booked pregnancy and suspected preterm, give STAT dose of Tenofovir 490mg	
	Commence IV Zidovudine; A loading dose of 2mg/kg is given over 1hr. This should be followed immediately with a maintenance dose of 1mg/kg/hr until the cord is clamped. If there is a gap of greater than 15mins between the loading and maintenance dose then the loading dose should be repeated	
	Commence oral Combivir 1 tab bd (Zidovudine 300mg and Lamivudine 150mg) and Raltegravir 400mg bd	
Management of Labour	If vaginal delivery is not imminent then deliver by Caesarean section. Instrumental delivery can be performed if indicated. Avoid fetal scalp electrodes and fetal blood sampling.	
At Delivery	Clamp the cord immediately at delivery	
	Baby should have eyes cleaned immediately at birth and should be bathed in the delivery room	
	Inform paediatricians of time of delivery so that baby can commence triple post-exposure prophylaxis as soon as possible	
	Vitamin K is not contraindicated	
	IV zidovudine can be discontinued once cord clamped	

For further details please refer to [HIV in Pregnancy and the Prevention of Vertical Transmission](#)

Greater Glasgow and Clyde

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