HIV (human immunodeficiency virus) screening in pregnancy

Who must comply with this procedure?
Doctors and midwives.

This procedure applies in the following setting:
All pregnant women booked for maternity care at Southern Health.

Precautions and contraindications
HIV testing must be voluntary and based on informed consent (see pre-test discussion below). Women with a first language other than English should be offered discussion through an interpreter.

Equipment
1. Pathology request slip.
2. A guide to tests and investigations for uncomplicated pregnancies
3. HIV patient information fact sheets (either ASHM fact sheet, and/or Melbourne Sexual Health).

All women should be offered screening for HIV early in pregnancy to enable appropriate interventions to women diagnosed HIV positive, to reduce risk of transmission to the baby.

1. Pre test discussion
Aims of discussion are to provide information about the implications of a positive or negative result, to enable informed decision making about testing, to communicate the health benefits of testing, to educate about modes of transmission and risk reduction measures, and to prepare for a possible positive result.

Issues to be discussed

1. Offer assurance of confidentiality and privacy during consultation. Advise that notes will be taken and these remain confidential in the medical record. Positive HIV results are however subject to mandatory reporting to the Department of Health (DoH). The Infectious Disease Unit will also be notified to arrange urgent follow up.

2. Explain HIV is a recommended test. Refer page 12 of the tests and investigations booklet. Enquire if any previous HIV testing?

3. What do you know about HIV? If unclear - brief explanation should be provided.

4. Transmission modes.

5. Risk assessment. Have you any...... piercing, tattoos, transfusions, IV drug use, sexual partner with these risk factors?.

6. Prepare for the result: So from what you are telling me the chance of your having HIV infection is: a possibility - unlikely.

7. Explain the window period (3 months from date of last risk, although detectable levels of antibodies usually present within 6 weeks). Explain indeterminate result (neither – or +) and possibility of retesting.
8. Obtain Consent. Ask whether happy for test to be ordered?

   
   **If results are negative** that is good and no additional follow up required.
   
   **If results are positive**, we will ask that you come back and meet with specialist medical staff
to discuss what this means with care and treatment. You will also be offered retesting to
confirm the positive result.

2. **Obtaining results**

   Victorian legislation requires people involved in the testing of HIV to have appropriate systems in place
for protecting the privacy of persons tested for HIV.¹

   Southern Health doctors and midwives have appropriate clinical privileges to view results of HIV
   serology performed by Southern Cross Pathology. The persons / unit ordering any pathology tests are
   responsible for following up results.

   2.1 **Negative results** may be reported with other pathology test results. Results may be accessed from
   the Southern Health intranet [http://intranet/scpath/default.htm](http://intranet/scpath/default.htm)

   2.2 **Positive results** are not initially transferred electronically to ensure patient privacy. Initial results are
   communicated to the named lead care provider for the treating unit by internal mail.

3. **Post-test discussion occurs when HIV test results are given to the patient.**

   3.1 **HIV negative results**: should be given by a midwife or doctor at the next visit.

   3.2 **HIV-positive test results**: Must be given in person by a medical practitioner or accredited ASHM
   post -test counsellor. Consideration should be given to the environment and length of consultation
   time. Ensure the woman is given the opportunity to bring a support person with her.

   **The National HIV Testing Policy¹** state post test counselling with positive results should include:

   - immediate needs and support
   - safe behaviours: education, information and support
   - whom the person should tell and how, including information around the person’s rights regarding
disclosure
   - managing or understanding strong emotions, feelings, reactions and changes, including ways to
deal with loss and grief, depression, anger and anxiety
   - options in drug treatments and medical management
   - ongoing counselling or therapy if required
   - complementary and alternative management options
4. **Management of HIV positive women**

If not booked at MMC Clayton, care to be transferred to MMC Clayton for ongoing care within the tertiary Maternal Fetal Medicine clinic.

Refer separate pharmacy guideline *HIV – Preventing Mother to Child Transmission During Pregnancy & Birth Guideline* (PH-DT67) Policies and procedures, Pharmacy.

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**Useful resources**


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**Keywords or tags**

- HIV (human immunodeficiency virus) screening in pregnancy
- Evidence based clinical care
- Maternity executive committee
- Midwifery Coordinator [Facilitator Maternity Guideline Development Group].