No. 185, December 2006

This guideline was peer-reviewed by the SOGC's Infectious Disease Committee in March 2015, and has been reaffirmed for continued use until further notice.

No.185-HIV Screening in Pregnancy

This guideline has been reviewed by the Maternal Fetal Medicine Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

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Key Words: HIV, AIDS, pregnancy, perinatal, screening, counselling

J Obstet Gynaecol Can 2017;39(7):e54–e58

https://doi.org/10.1016/j.jogc.2017.04.009

Abstract

Objective: The purpose of this guideline is to provide recommendations to obstetric health care providers and to minimize practice variations for HIV screening, while taking provincial and territorial recommendations into account.

Outcomes: The risk of transmission of HIV from mother to fetus is significant if the mother is not treated. The primary outcome of screening for and treating HIV in pregnancy is a marked decrease in the rate of vertical transmission of HIV from mother to fetus. Secondary outcomes include confirmation of HIV infection in the woman, which allows optimization of her health and long-term management.

Evidence: The Cochrane Library and Medline were searched for English-language articles published related to HIV screening and pregnancy. Additional articles were identified through the references of these articles. All study types were reviewed.

Recommendations

1. All pregnant women should be offered HIV screening with appropriate counselling. This testing must be voluntary. Screening should be considered a standard of care, although women must be informed of the policy, its risks and benefits, and the right of refusal. Women must not be tested without their knowledge (II-2 B).
2. Pre-test counselling and the patient's decision about testing should be documented in the patient's chart (III-B).
3. Women who decline screening should still have concerns discussed and should continue to receive optimum antenatal care (III-C).
4. Women should be offered HIV screening at their first prenatal visit (I-A).
5. Women who test negative for HIV and continue to engage in high-risk behaviour should be retested in each trimester (II-3 B).

Table. Criteria for quality of evidence assessment and classification of recommendations

Level of evidence*	Classification of recommendations†
I: Evidence obtained from at least one properly designed randomized controlled trial.	A. There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
II-1: Evidence from well-designed controlled trials without randomization.	B. There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination
II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group.	C. There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination.
II-3: Evidence from comparisons between times or places with or without the intervention. Dramatic results from uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.	D. There is fair evidence to support the recommendation that the condition not be considered in a periodic health examination.
III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.	E. There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

*The quality of evidence reported in these guidelines has been adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on the Periodic Health Exam.[13]

†Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on the Periodic Health Exam.[13]

6. Women with no prenatal care and unknown HIV status should be offered testing when admitted to hospital for labour and delivery. Women at high risk for HIV and with unknown status should be offered HIV prophylaxis in labour, and HIV prophylaxis should be given to the infant post partum (III-B).
7. Women who test positive for HIV should be followed by practitioners who are knowledgeable in the care of HIV-positive women (III-C).