HIV TESTING OF BABIES OF UNTESTED MOTHERS

Basic principles

- The best interest of the infant and their family must always be paramount.
- Vertical HIV transmission is markedly reduced by antiretroviral therapy in pregnancy, planned, controlled delivery, postnatal antiretroviral therapy for the baby and no breast feeding.
- If an infant is thought to be at risk of a blood-borne disease and their parents refuse to agree to medical testing and/or treatment, there is a risk of significant harm to that child if the mother is HIV positive. Parents who refuse testing will have usually considered this course of action very carefully. Great care and sensitivity, especially regarding cultural implications, is needed to explain why testing their baby may be indicated despite their objections.

Infants of mothers who did not book, booked late or did not initially have booking bloods

- Mothers should be encouraged to complete all booking bloods including HIV, Hepatitis B, Rubella and Syphilis as soon as possible.
- Infants of these mothers should be tested, with maternal consent, for HIV and Hepatitis B immediately after birth if there has been any delay/difficulty in maternal testing.
- Hepatitis B vaccine +/- immunoglobulin should be given to infants where appropriate (see HBV guideline).
- In daytime hours the HIV test is undertaken in the lab (clotted sample - red top bottle, a 4th generation HIV test). The virology lab must be informed that this is an urgent sample and the GUM (Genitourinary Medicine) SpR must be told that this test has been taken. Out of hours HIV testing is undertaken by the GUM SpR (bleep 8075) - this test is done on the ward on a capillary blood sample and is called the FASTEST. This is a provisional test and should be followed by a lab test especially if there is risk of recent seroconversion. The FASTEST becomes positive 28 days after exposure. The 4th generation test is more sensitive and becomes positive 17 days after exposure.

⇒ If either of these tests is positive the infant must be started on antiretroviral triple therapy (see HIV guideline). Further blood tests should be taken at this time including HIV PCR, FBC, U&Es, LFTs, and Hepatitis C.

⇒ If the FASTEST HIV test is negative, this may mean the mother and infant are HIV negative and no treatment is needed OR that the mother has acquired HIV and not yet produced enough HIV antibodies to be detected by FASTEST.

- The decision to treat the infant in the cases of 'false negative' FASTEST must be made on a case by case basis only after discussion with Neonatology and HIV consultants. This may be guided by whether:
  - the mother has had a 'viral illness' during the last 28 days (seroconversion time frame)
  - there has been high risk behaviour or
  - the background risk of HIV is very high

Mothers who have been seen by the GUM team and have specifically refused HIV testing

- If a women has refused HIV testing at booking then she will have seen a specialist HIV Health Advisor and been informed that the situation will be reviewed regularly in pregnancy and again at delivery and following birth.
- Any mother who refuses HIV testing in pregnancy will also be offered an opportunity to meet a neonatologist and obstetrician to discuss postnatal infant testing and possible therapy.
- She will have received extensive counselling from the HIV Health Advisor (GUM) department regarding the risks of mother to child transmission (MTCT) of HIV and how this risk can be minimised with delivery modalities, no breast feeding and infant anti retroviral therapy.
- If a mother has consistently refused testing in pregnancy and if maternal consent can be obtained postnatally, the infant should be tested for HIV (as above).
- Testing infants against maternal wishes has implications for the mother as she is being tested by proxy and this will have a profound psychosocial impact on the family. Parents' views should be considered fully and every effort made to work in partnership.
- However, if the parents refuse to give consent and their views conflict with the child's health needs, the welfare of the child is paramount. If the child is considered likely to suffer significant harm if a test is not conducted advice should be sought about seeking consent from the Court. In cases where maternal consent cannot be obtained testing may be appropriate without consent **but only after permission from a judge.**
- Children's Services legal teams input is **essential** in the absence of parental consent. If it is thought the child is likely to suffer significant harm if not tested or treated then the local authority may apply for an EPO (emergency protection order) under the Children Act (1989). This provides authority to the Local Authority to give consent to tests or treatment on behalf of the child. However an EPO only lasts for 8 days (+ 7 days if renewed) – so it is only useful for short term intervention. The Local Authority can also apply for a specific issues order, under the Children Act 1989, for HIV testing to be undertaken. A referral should be made to the duty and assessment teams.
- Mothers should be asked to agree not to breast feed, pending test results/judgements but cannot be prevented from doing so unless a judge has ordered this.

Managing conflict of interests

- It is a highly contentious area whether to test these infants against parental wishes as the infant's right to treatment (if necessary) is in direct opposition to a mother's right to privacy and parents' rights to make their *own* decisions regarding their child's medical treatment. Breast feeding is also considered a very difficult area as it is felt that it is a mother's human right to enjoy intimate family life with her baby.
- Judges are very likely to ask for specific information regarding the pregnancy that they are being asked to rule on. This information should include the presence or absence of risk factors.
- The following are known to increase the risk of MTCT of HIV:
  - Obstetric Factors:
    - Gestation of infant less than 34 weeks
    - Prolonged rupture of the membranes > 18 hours in untreated HIV
    - Suspected chorioamnionitis
    - Artificial rupture of the membranes

    - Fetal blood sampling during labour
    - Instrumental delivery
    - Vaginal delivery in untreated HIV
    - Prolonged second stage of labour (> 1 hour pushing)
  - Maternal Co-morbidity:
    - Known Hepatitis B or C, or genital infections such as Herpes simplex type 2, Chlamydia, Gonorrhoea, Candidiasis, Bacterial vaginosis or Syphilis increase the risk of mother to child transmission
    - Mother known IV drug user, this is known to increase risk MTCT, especially when there are co-morbid conditions such as tuberculosis
- Seroprevalence in mother's country of origin:
  - Seroprevalences in the mother's country of origin can be misleading as they are not the same as the seroprevalence in women from these countries who are in the UK. Annual anonymous testing (baby blood spots) from the HPA show that the sub-Saharan African countries with the highest antenatal seroprevalences only have a maximum 3.5% seroprevalence when the mother resides in the UK.
- It is not known exactly how significant each of these individual factors is as they have not been studied on untested and untreated mothers. Each cannot be considered to carry the same risk.

How to contact

- Judge – via medico-legal services dept (x4736/7039), or contactable via switchboard out of hours. If not available, duty Director can contact Capsticks, solicitors, who provide emergency service out of office hours to the Trust. This approach should not be made until all relevant factual information has been gathered as set out in the sections above.
- Children's Services - the team responsible depends on the mother's home address

  <u>In hours</u>

  West Sussex
  0845 075 1007
  East Sussex
  01323 747 373
  Brighton and Hove
  01273 294470

  In hours, if the baby is at **RSCH** you may contact the social work department
  01273 696955 EXT 2547/6

  In hours if the baby is at **PRH** there is a general number for West and Mid Sussex patients, 0845 075 1007

  <u>Out of hours</u>

  West Sussex
  01903 694 422
  East Sussex
  07699391462
  Brighton and Hove
  01273 335905 or 335906