

**Family Health Center Family HIV Clinic, HIVE & SFGH Labor & Delivery
Breastfeeding Protocol for HIV-negative Mothers if Male partner is HIV-positive**

Mother's Name: _____ Mother's MRN: _____
 Male partner's name (if known): _____
 Male partner's MRN (if known): _____
 Male partner's primary provider: Ward 86 Family HIV Clinic Other _____ Contacted? Y N
 Notes: _____ EDD: ___/___/___ Date

A. Antenatal Management: <input type="checkbox"/> PrEP <input type="checkbox"/> Condoms <input type="checkbox"/> Partner monitoring <input type="checkbox"/> Other _____ <input type="checkbox"/> Postpartum breastfeeding plan discussed: date _____	B. Maternal Monitoring <input type="checkbox"/> Maternal 1st trimester HIV AB _____ VL _____ date: _____ GA _____ <input type="checkbox"/> Maternal 2nd trimester HIV AB _____ VL _____ date: _____ GA _____ <input type="checkbox"/> Maternal 3rd trimester HIV AB _____ VL _____ date: _____ GA _____ OR <input type="checkbox"/> Maternal HIV AB and VL monthly monitoring: _____ last
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C. Partner Monitoring <input type="checkbox"/> Baseline viral load prior to conception _____ date: _____ <input type="checkbox"/> Monthly partner viral load during breastfeeding <input type="checkbox"/> Last documented HIV viral load: _____ date: _____	D: Labor & Delivery Management <input type="checkbox"/> Maternal rapid HIV AB at L&D admission <input type="checkbox"/> Maternal HIV VL at L&D admission
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E. Antenatal Family HIV Clinic Risk Assessment:

Disclaimer — there is no standardized protocol, every case and family is considered on a case by case basis in consultation with HIV experts and an informed discussion with patients and partners.

For questions please contact HIVE/Family HIV Clinic provider Monica Hahn, MD (M-F 8am to 5pm) at 415.813.1873

Elevated risk (if >=1 of the following): Partner with known viremia No barrier method + no partner monitoring
 Unknown maternal monitoring per section B

Low risk (check all that apply): Partner with confirmed undetectable VL Barrier method Maternal PrEP

F. L&D Breastfeeding Plan (choose one) *Note: breastfeeding is contraindicated on the basis of maternal HIV infection, not partner HIV+ status*

Establish breastfeeding immediately postpartum

Do not breastfeed (high risk of maternal acute HIV infection, or uncertain follow-up plan)

G. Post L&D Discharge Follow-up Plan

Schedule for postpartum maternal visit with Family HIV Clinic, preferably including baby and partner

Breastfeeding (low maternal HIV infection risk): Encourage barrier method use Encourage maternal GC/CT, RPR screening q6--12mo Maternal HIV AB, VL monitoring monthly while breastfeeding continue PrEP if desired

Monthly male partner HIV VL monitoring while breastfeeding

OR

Breastfeeding (elevated maternal HIV infection risk): *Discussion with perinatal HIV specialist encouraged*

Continue PrEP Monitor GFR, Cr, UA q3-6mo while on TDF-3TC (Truvada) Continue barrier method

Encourage maternal GC/CT, RPR screening q6-12mo Maternal & paternal monitoring: VL monthly for both, HIV Ab/Ag maternal monthly Monthly to q2mo clinic appointment in Family HIV Clinic