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## An OB-Gyn from urban America:

31 yo G2P1 @ 32 wks; no prior prenatal care, reported crack use presents to L&D today with confirmed PPRROM for at least 2 days.

Contracting painfully q 2-3 mins.

Pt has had dose of steroids.

Rapid HIV test sent on admission just came back positive.

# What should the clinician do?



# **A pediatric NP calls from rural America:**

8wk old girl admitted to hospital with pneumonia.

Mom HIV+, on HAART during pregnancy; infant not receive AZT postpartum.

Infant HIV EIA positive now.

What should the clinician do?



**What if you don't know?**



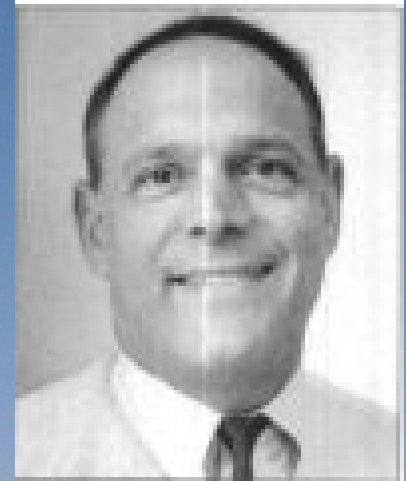
Who you gonna  
call....*Ghostbusters?*



**GH****STBUSTERS**

For professional paranormal investigation and eliminations

Ronald Goldschmidt, MD  
Dept of Family Medicine  
UCSF School of Medicine  
**(Perinatal Hotline PI)**



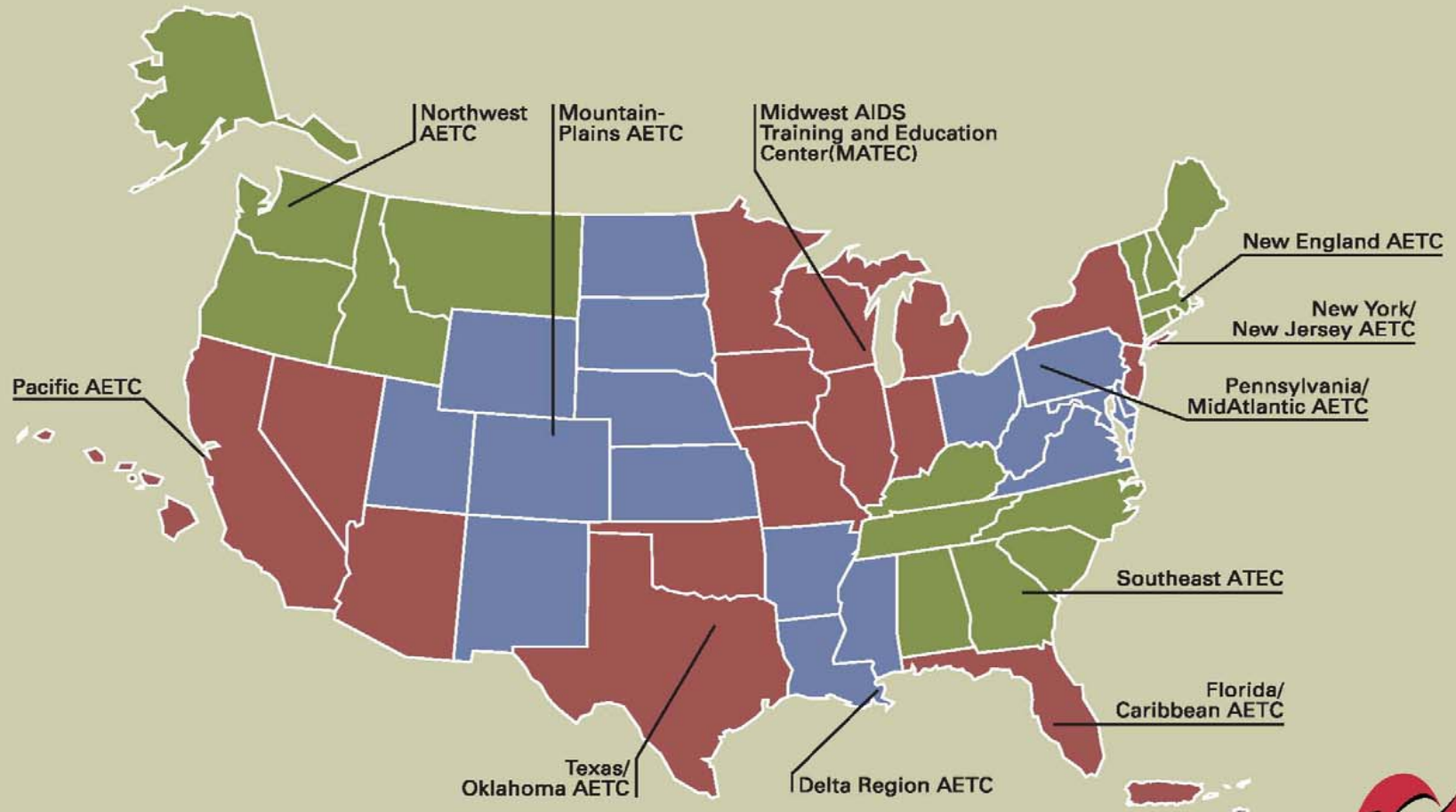
**Call this guy!**  
**(& his colleagues)**



# **National Perinatal HIV Consultation and Referral Service**

**Perinatal Hotline  
Perinatal Clinicians'  
Network**

# AIDS Education and Training Centers



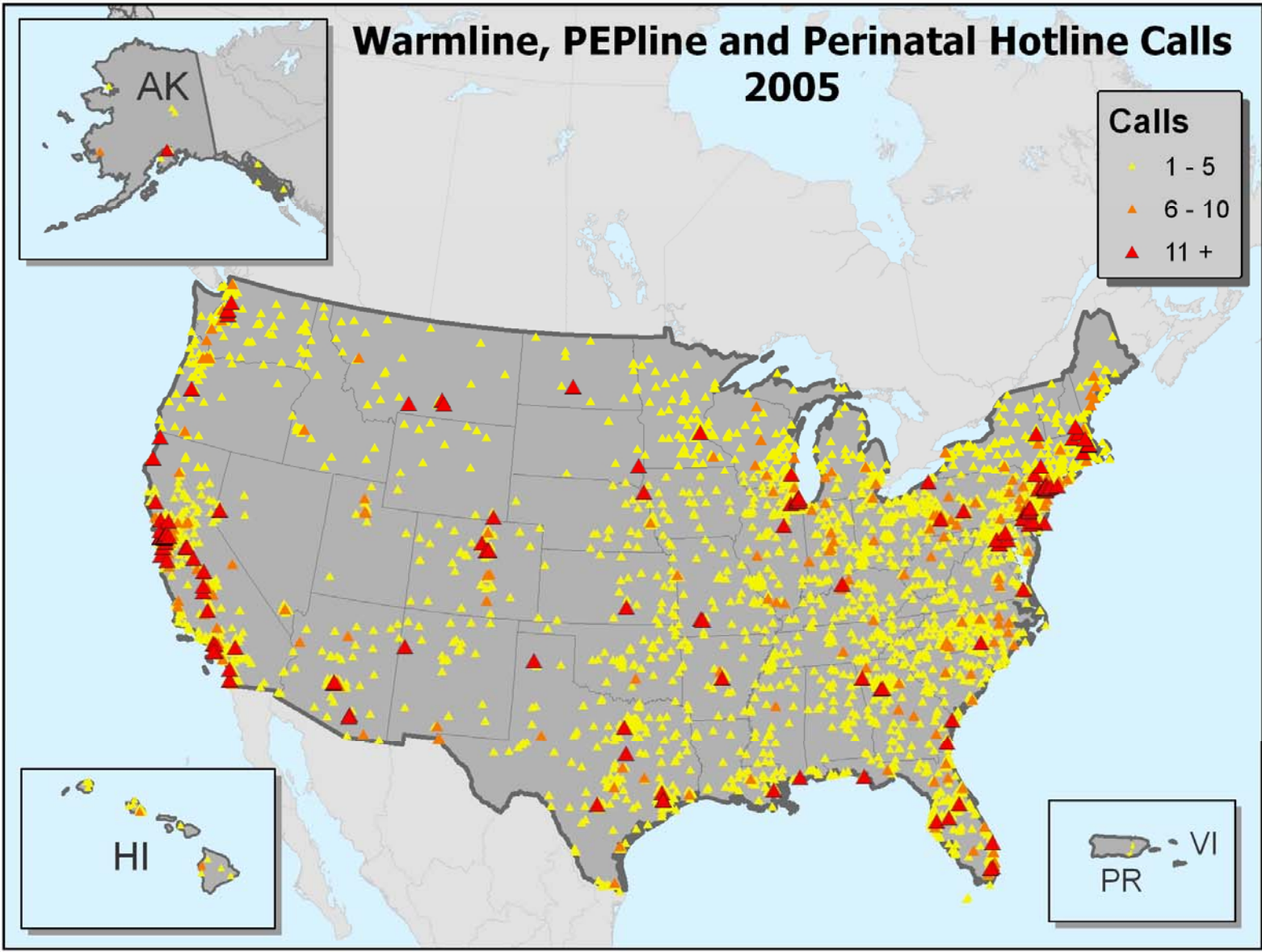
## NATIONAL

AETC National Resource Center  
National HIV/AIDS Clinicians' Consultation Center

National Evaluation AETC  
National Minority AETC



# Warmline, PEPLINE and Perinatal Hotline Calls 2005



## National Perinatal HIV Consultation and Referral Service

**Perinatal Hotline:** 24-hour telephone consultation to assist clinicians in caring for HIV-infected women and their exposed infants.

**Perinatal HIV Clinicians' Network:** a service to help clinicians connect their patients with HIV-experienced providers.

## Perinatal Hotline

**(888) 448-8765**

24-hour, real-time consultation:

- Regular business hours
  - Full staff available
- After hours/weekends/holidays
  - On-call clinician takes calls via answering service

## Perinatal Hotline (888) 448-8765

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Currently receives about 30 calls per month

Calls about rapid testing are fewer than expected.

Consultation Group provides feedback on difficult  
Perinatal Hotline calls...

# Perinatal Hotline Call Topics

<u>Topics</u>	<u>Percentage</u>
Contraception	1.8%
Pre-conception	3.8%
HIV Care in Pregnancy	11.4%
Testing	23.6%
Labor and Delivery	20.6%
Infant Care	22.8%
Seeking Information	16.0%
<b>Total</b>	<b>100%</b>

# Perinatal Hotline Caller Profession

<u>Profession</u>	<u>Percentage</u>
MD/DO	57.0%
<i>Family Medicine</i>	13.0%
<i>Infectious Disease</i>	16.2%
<i>Obstetrician/Gynecology</i>	10.9%
<i>Other MD/DO</i>	16.9%
NP/PA	12.0%
RN/LVN	12.0%
Other	19.0%
<b>Total</b>	<b>100%</b>

# Perinatal Hotline Facility Type

<u>Facility</u>	<u>Percentage</u>
Community Clinic/Migrant Health Center	27.8%
Private Practice/Ambulatory	15.5%
Other Medical	7.7%
Hospital, Labor and Delivery	8.5%
Hospital, Other	17.6%
Public Health Department	6.0%
Non-Medical (e.g. police, fire)	2.1%
Other	14.8%
<b>Total</b>	<b>100%</b>

## Perinatal Clinicians Network

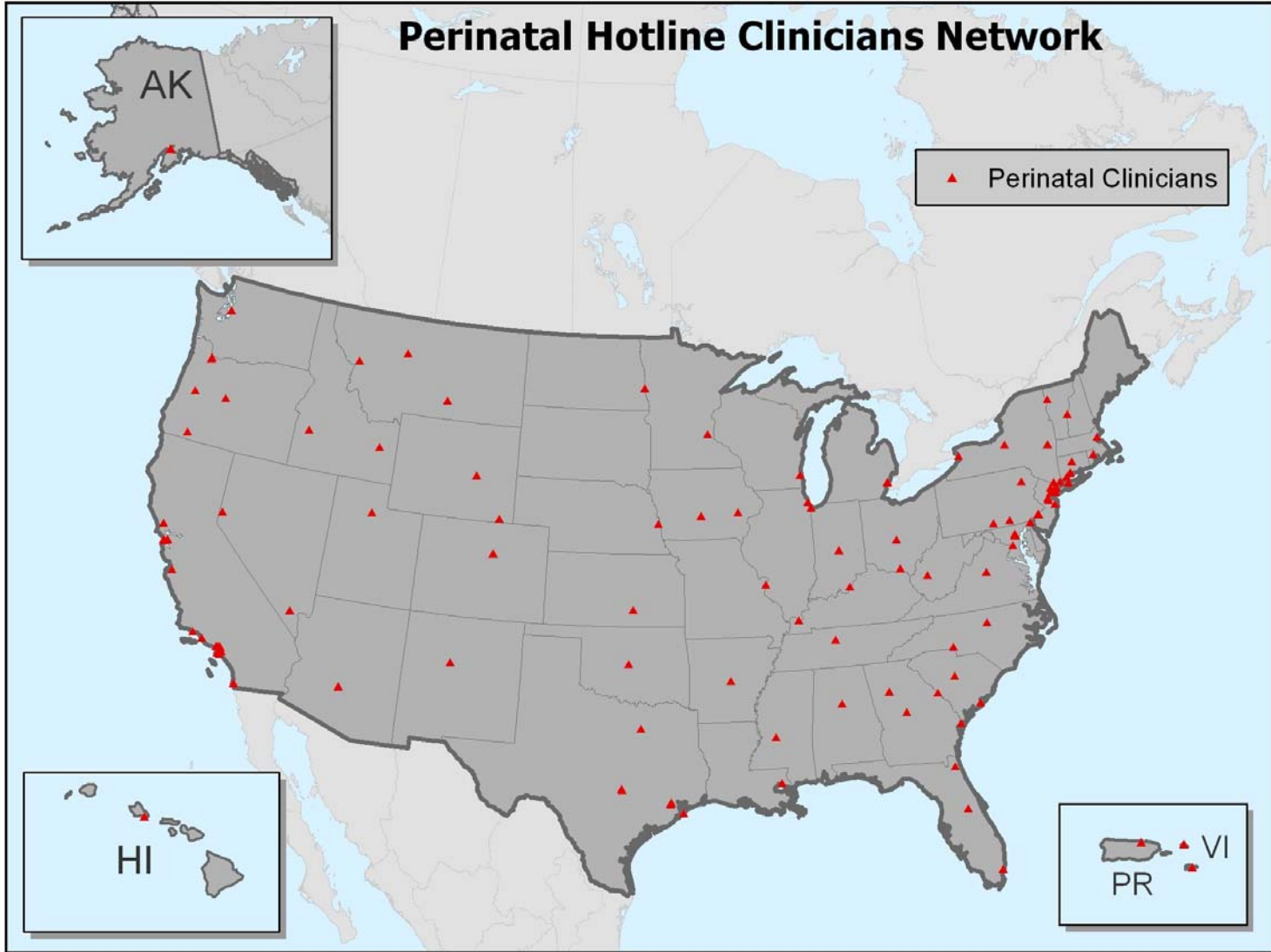
Perinatal Hotline callers are linked with local clinicians for support, consultation, co-management or transfer of care, and other resources for their patients.

Currently 170 HIV-experienced clinicians in network, including OBs, Nurse Midwives, Pediatricians and FPs.

Coordinator: Shannon Weber, MSW.

[sweber@nccc.ucsf.edu](mailto:sweber@nccc.ucsf.edu)

# Perinatal Hotline Clinicians Network



Use the  
**Perinatal Hotline**

**(888) 448-8765**

[www.aidsetc.org](http://www.aidsetc.org)

**FIN**

## Sample Call 1

Perinatal call #10290

31 yo G2P1 at 32 weeks with no prior prenatal care and reported crack use presents to L&D today with confirmed PPRM for at least 2 days. Contracting painfully every 2-3 minutes. Patient has had a dose of steroids. A rapid HIV test was sent on admission which just came back positive.

What are your recommendations?

## Sample Call 1

Answer:

Consider this a true positive and send confirmatory WB

Start IV AZT, oral 3TC and give a dose of NVP

Give AZT/3TC post-partum to decrease risk of  
maternal NVP resistance

Begin aggressive pitocin augmentation

Avoid scalp electrodes, instrumented delivery

Start oral AZT on the infant.

- Because of prematurity, cannot use NVP or 3TC (no dosing).

## Sample Call 2

Perinatal Call #3853

A two year old born to HIV + mother who was on ART.  
Baby received AZT for first 2 months.

The only test baby had was a HIV-1 VL at birth, which  
was <50.

Baby is healthy and doing well, but caller wants to make  
sure baby is HIV negative.

Should this 2 year old girl have any HIV testing done  
and if so, which test?

## Sample Call 2

### Answer:

Generally, a DNA PCR is done at 48 hours (capture 40%), 4 weeks (capture 95%) and 4 months (capture 99.9%). Since mother's antibody can persist for up to 18 months in babies, no point in checking antibody before then. Since this baby is now 24 months, one would expect not to have mother's antibody so a standard HIV ELISA test is OK. If the test is negative, baby is HIV negative. Avoid VL because of potential for false positive (4% if <5000).