SOGC
CLINICAL PRACTICE GUIDELINES

POLICY STATEMENT

No. 62, June 1997

HIV TESTING IN PREGNANCY

This document has been prepared by the Maternal/ Fetal Medicine Committee of the Society of Obstetricians and Gynaecologists of Canada and was approved by its Council in March 1997. It supersedes the Policy Statement published in the February 1996 issue of the Journal SOGC and distributed to SOGC Membership under the Obstetrical Policy Statement No. 17 in December 1995.

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INTRODUCTION
The increasing rates of HIV infection in women, the potentially devastating effect on the neonate of vertical transmission from the mother, and the proven efficacy of AZT in reducing vertical transmission, lend support to the concept of offering HIV testing to every pregnant woman during pregnancy. Such a recommendation has been made by the Infectious Diseases and Immunisation Committee of the Canadian Paediatric Society, the College of Family Physicians of Canada, the Canadian Medical Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynaecologists.

RATIONALE
The prevalence of HIV seropositivity in women of childbearing age varies throughout Canada (1.13/10,000 in Nova Scotia, 15.2/10,000 in Montreal). Such variation will affect the acceptability and the cost effectiveness of universal testing. Nevertheless, the absence of known risk factors among a significant proportion of those women who are subsequently found to have transmitted the virus to the fetus/neonate during pregnancy or the neonatal period, the growing public awareness of the problem, and the increasing rates of seropositivity amongst pregnant women all lend support to the concept of offering universal testing.

RECOMMENDATIONS
In the light of the above, the Maternal/Fetal Medicine Committee of the SOGC makes the following recommendations:

a) Providers of prenatal care should:
   i. Be aware of the efficacy of AZT in reducing vertical transmission to the offspring of pregnant women who are HIV positive.
   ii. Provide basic information about HIV testing, including the risks and benefits of finding a positive result, and stressing the success of treatment in reducing vertical transmission
   iii. Offer HIV testing for all pregnant women
   iv. Carry out testing with the agreement of the woman and with due regard to confidentiality;
   v. Refusal of all HIV testing should be documented on the patient’s chart.

b) Women so tested and found to be positive should be referred to an expert with special training in this area.

c) Pregnant women testing HIV positive should be offered treatment with AZT as currently recommended.

d) Further research on the applicability and cost effectiveness of universal testing in Canada is warranted.
e) A review of existing recommendations on pretest counselling with respect to HIV testing is warranted to bring such testing in line with other forms of prenatal testing.

REFERENCES