Hotline Helps Providers Navigate Perinatal HIV

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The national Perinatal HIV Hotline has fielded hundreds of calls for advice over the past 2 years. Its directors anticipate getting much busier as more and more people begin offering rapid HIV testing.

There’s no nationwide mandate for universal prenatal HIV testing, but it’s very strongly recommended by the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, and the Institutes of Medicine.

“The burden is on the provider to offer it. I can tell you that there are plenty of providers who still do not offer routine HIV testing, even though it’s been found to be cost effective,” said Dr. Deborah Cohran, an obstetrician at San Francisco General Hospital and codirector of the hotline.

“We know that only offering HIV testing to so-called high-risk patients misses a lot of HIV-infected women.”

In 2000, more than a third of HIV-positive neonates in the United States were born to women who did not know their HIV status until after delivery. “That’s totally unacceptable,” she said.

An every pregnant woman would get prenatal care including HIV testing. At her institution, though, 12% of women in labor had no prenatal care, making rapid HIV testing the last resort for HIV management before delivery. Dr. Cohran looks forward to more clinicians offering rapid HIV testing and calling the Perinatal Hotline for help in interpreting the result or making management decisions.

Officials at the National Perinatal HIV Consultation and Referral Service, the hotline started taking calls on Labor Day of 2004.

More than half of calls to the Perinatal HIV Hotline relate to peripartum pregnant women and are fairly evenly divided among the trimesters, records from a 15-month period suggest. Around 5% of calls involve women in labor. Advice includes counseling on HIV treatment of the neonate and postpartum maternal HIV treatment. The hotline also offers advice related to contraception or preconception counseling for HIV-positive women or HIV-negative women whose sexual partners have HIV.

More than half of callers have MD or DO degrees and are almost evenly represented by obstetricians, family physicians, and infectious disease specialists. Internists, pediatricians, and nurses each make up about 8%–13% of callers.

The hotline’s referral service, run by social worker Shannon Weber, maintains a list of clinicians in every state with experience managing HIV patients who are willing to accept or comanage infected pregnant patients.

One patient, for example, had started antiretroviral therapy in her third trimester to comanage infected pregnant patients. “They’ve taken basically every antiretroviral ever produced, and they have very complex virus to help manage,” she added.

Dr. Cohran expects to soon get more calls like a recent one she fielded regarding a woman who was 36 weeks pregnant with severe, worsening preclampsia. For some reason, she hadn’t been tested for HIV until late in pregnancy, even though her partner had HIV.

Her obstetricians had ordered the standard HIV diagnostic tests, an enzyme-linked immunosorbent assay (ELISA), which came back positive, and a Western blot, with results still pending, leaving her diagnosis unconfirmed. Now they needed to deliver her immediately because of the preclampsia.

“The question was, what to do for this woman who likely had HIV but no confirmatory diagnosis, which is kind of analogous to getting a positive rapid HIV test,” Dr. Cohran said.

Luckily, the hotline was there to help, as it will be when more providers begin using rapid HIV tests.

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