

PRACTITIONER ORDER SET

Site/Facility _____

HIV POSITIVE INDIVIDUALS IN LABOUR INITIAL Medication and Care Orders



Allergies: ☐ See Regional Allergy / Intolerance Record OR:

Patient weight on admission

Kg

To complete the order form, fill in required blanks and check the appropriate boxes (☐).

Pre-checked boxes (☒) are initiated automatically. To delete orders, draw one line through the item and initial.

Date/Time
Initials

Consider transfer via SFCC to a site with cesarean section availability. For imminent deliveries where antepartum transfer has been deemed unfeasible, order set to be applied in all sites with Obstetrical Services.

*Orders to be completed by Most Responsible Practitioner when patient is admitted for delivery.
Refer to [SHA-0150 Recommendations from Maternal/Parental HIV Provider to Obstetrics and Pediatrics](#)
if received from Maternal/Parental HIV Provider in advance of labour.*

☒ **Continue** pre-admission HIV medications as ordered on Pre-Admission Medication List (PIP)

- **Do NOT** discontinue/hold HIV medications when IV zidovudine is initiated

☐ **Cesarean Delivery**

- **Viral Load at 34 to 36 weeks is greater than 1,000 copies/mL or unknown; mother / birthing parent did not receive antepartum HIV medication; possible lack of adherence since last viral load:** Recommend scheduled elective or emergent cesarean section before onset of labour and rupture of membranes
- **For rupture of membranes greater than 4 hours OR Viral load at 34 to 36 weeks is less than 1,000 copies/mL:** Use standard obstetrical indications for cesarean delivery

Medication

- ☒ zidovudine loading dose 2 mg/kg = _____ mg IV given over 1 hour, followed by
zidovudine continuous IV infusion 1 mg/kg/hr = _____ mg/hr until umbilical cord is clamped
- ☐ Elective Cesarean Section: Initiate zidovudine 3 hours prior to procedure
- ☐ Emergent Cesarean Section: Initiate zidovudine immediately

☐ **Vaginal Delivery**

Intrapartum Management Considerations

In the absence of obstetrical indications, the following procedures **should be avoided** due to potential for increased risk of transmission:

- Fetal scalp electrodes or fetal scalp sampling (such as PH or lactate)
- Use of forceps or vacuum extractor (**low force/suction** may be considered)
- Early** artificial rupture of membranes in women who have an HIV viral load greater than 50 copies/mL

Orders Continue on next page

*****Only delivering practitioner signature required to activate orders.*****

Maternal / Parental HIV Provider PRINTED NAME		Maternal / Parental HIV Provider SIGNATURE	DATE/TIME
Practitioner:	PRINTED NAME	SIGNATURE	DATE/TIME

Approved by: Departments of Obstetrics & Gynecology and Pediatrics August 2021

Approved for use by: Provincial Order Set Committee April 2022

CS-OS-1801 April 26, 2022

Inquiries about this order set can be sent to clinicalstandards@saskhealthauthority.ca

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HIV POSITIVE INDIVIDUALS IN LABOUR INITIAL Medication and Care Orders			
To complete the order form, fill in required blanks and check the appropriate boxes (☐). Pre-checked boxes (☒) are initiated automatically. To delete orders, draw one line through the item and initial.			Date/Time Initials
Intrapartum Medication <input checked="" type="checkbox"/> zidovudine loading dose 2 mg/kg = _____ mg IV given over 1 hour, followed by zidovudine continuous IV infusion 1 mg/kg/hr = _____ mg/hr until umbilical cord is clamped <input checked="" type="checkbox"/> Initiate at onset of labour; if labour stops and the infusion is discontinued for greater than 6 hours, repeat loading dose and resume continuous infusion once labour recommences.			
Consults **The following orders apply to both Cesarean and Vaginal deliveries.** ID must be notified of patient's admission: <input checked="" type="checkbox"/> For Regina & Integrated Rural Health, page Infectious Diseases (ID) On-Call , call 306-766-4444 immediately if urgent questions, otherwise during daytime hours <input checked="" type="checkbox"/> For Saskatoon & Integrated Northern Health North, page RUH Adult ID On-Call , call 306-655-1000 immediately if urgent questions, otherwise during daytime hours <input checked="" type="checkbox"/> Call local HIV care program at delivery (leave message if needed): * Saskatoon and area: Positive Living Program 306-655-1783 * Regina and Integrated Rural Health: Infectious Diseases Clinic 306-766-3502 * Prince Albert and Integrated Northern Health: Positive Care Program 306-765-6544			
Lab Investigations <input checked="" type="checkbox"/> HIV Viral Load (only for those with viral load greater than 1,000 copies/mL or unknown, or possible lack of adherence since last viral load) Roy Romanow Provincial Lab (RRPL) send STAT <input checked="" type="checkbox"/> Call appropriate lab contact for site to obtain approval and arrange STAT shipping <input checked="" type="checkbox"/> Inform RRPL Microbiologist on call about STAT HIV Viral Load by calling 306-798-1234			
Postpartum Orders ***Breast/chestfeeding not recommended, if further information required contact Peds ID*** <input type="checkbox"/> cabergoline 1 mg PO once on Postpartum Day 1 <input checked="" type="checkbox"/> cabergoline for lactation suppression; assess & discuss with patient. Review drug interactions. Contraindications include: hypertension (including gestational), cardiac valvular disorders, Child-Pugh C, or current use of antipsychotics. <input checked="" type="checkbox"/> Counsel regarding breast/chest care and assess pain management <input checked="" type="checkbox"/> Counsel regarding infant feeding and access to SK Formula Program <input checked="" type="checkbox"/> Review birth control options and ensure medication interaction review completed <input checked="" type="checkbox"/> If patient on methadone/Suboxone®, notify prescribing physician regarding delivery <input checked="" type="checkbox"/> Pre-admission HIV Medications to be continued at discharge unless changes are specifically ordered <input checked="" type="checkbox"/> If changes have been made, obtain new prescription(s) from approved antiretroviral prescriber <input checked="" type="checkbox"/> Routine Postpartum Orders as per local order set or as prescribed on Practitioner's Orders form ***Recommendations in these orders have been modified from DHHS Guidelines, December 29, 2020.***			
Only delivering practitioner signature required to activate orders.			
_____ Maternal / Parental HIV Provider PRINTED NAME		_____ Maternal / Parental HIV Provider SIGNATURE	
_____ DATE/TIME		_____ DATE/TIME	
Practitioner:	_____ PRINTED NAME	_____ SIGNATURE	_____ DATE/TIME