8.6 Place of birth

8.6.1	All women living with HIV are recommended to give birth in a facility that has direct access to paediatric care (i.e. a co-located birth centre or obstetric unit).	1D

Given that infants born to women living with HIV will require PEP as soon as possible after birth and within 4 hours (see section 9) and a blood test, the writing group recommends that all women living with HIV give birth in a facility that has direct access to paediatric care (i.e. a co-located birth centre or obstetric unit).

8.7 Water birth

8.7.1	There is scant safety evidence to support water births in women living with HIV; however, women who choose a water birth should be supported to achieve this where the viral load is <50 HIV RNA copies/mL.	1D

A Cochrane review published in 2018 examined obstetric outcomes following immersion during the first and second stages of labour (15 trials included). Outcomes related to HIV were not specifically reviewed. Overall, there was little or no difference in spontaneous vaginal birth, instrumental birth or CS with water immersion in the first stage (moderate- to low-quality evidence), but immersion in the first stage may reduce the use of regional anaesthesia (moderate-quality evidence). For women immersed in the second stage, there was little or no difference between groups for spontaneous vaginal birth. The quality of evidence was very low for the outcomes instrumental birth, CS or neonatal intensive care unit admissions therefore it remains uncertain whether water birth makes any difference. There was no evidence on the incidence of third- or fourth-degree tears, blood loss or neonatal infection. When immersion in water during the second stage of labour and birth was compared to no immersion, there was one reported death in the immersion group in one trial. The infant was born alive to a woman with HIV who was treated 2 weeks prior to birth for vaginal infection. The infant died at 2.5 hours after birth. After investigation the cause of death was determined to be intrauterine infection [55]. The writing group recommends that the lack of safety evidence should be discussed with women living with HIV who are considering a water birth. Women who choose to give birth in water should be supported to do so where the viral load is <50 HIV RNA copies/mL.

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9. Neonatal management

9.1 Infant PEP

Infant PEP should be started within 4 hours of delivery (see Figure 9.1 and Appendix 3).

9.1.1	VERY LOW RISK	1C
	Two weeks of zidovudine monotherapy is recommended if all the following criteria are met: • The woman has been on cART for longer than 10 weeks; AND • Two documented maternal HIV viral loads <50 HIV RNA copies/mL during pregnancy at least 4 weeks apart; AND • Maternal HIV viral load <50 HIV RNA copies/mL at or after 36 weeks.	
9.1.2	LOW RISK	1C
	Extend to 4 weeks of zidovudine monotherapy: • If the criteria in 9.1.1 are not all fulfilled but maternal HIV viral load is <50 HIV RNA copies/mL at or after 36 weeks; • If the infant is born prematurely (<34 weeks) but most recent maternal HIV viral load is <50 HIV RNA copies/mL.	
9.1.3	HIGH RISK	1C
	Use combination PEP if maternal birth HIV viral load is known to be or likely to be >50 HIV RNA copies/mL on day of birth, if uncertainty about recent maternal adherence or if viral load is not known.	
9.1.4	Neonatal PEP should be commenced as soon as possible after birth, and at least within 4 hours.	1D
9.1.5	In the context of known maternal resistance to zidovudine with VERY LOW or LOW RISK, zidovudine monotherapy is still recommended for infant PEP.	1D
9.1.6	If HIGH RISK (combination PEP indicated) and there is a history of documented maternal zidovudine and/or nevirapine resistance, seek expert advice. If advice is not immediately available, commence standard three-drug PEP (zidovudine, lamivudine and nevirapine) until guidance is provided.	1D

As critical decisions relating to categorisation of risk relate directly to the maternal viral load at the time of delivery, the writing group recommends that this result should be available as early as possible and certainly within 72 hours of delivery.