

10.4 Mental health assessment and support

10.4.1	Women should have their mental health needs assessed postpartum and those assessed as having mental health issues should be referred to appropriate services in the Trust, community and/or voluntary groups without delay.	1D
--------	---	----

As discussed in section 4, mental health issues are common in the context of HIV and pregnancy. All women should be assessed as recommended in section 4.2. If there are concerns about postnatal depression, women should be linked to Trust community hub perinatal mental health services or referred to HIV liaison/community psychiatry for further assessment. Peer mentoring should be offered as additional support.

10.5 Contraception

10.5.1	Contraceptive needs should be discussed with all women, and ART may be changed to optimise a woman's contraception choice as long as the ART prescribed is fully active against the viral genotype.	1D
--------	---	----

Ovulation usually resumes at 6 weeks postpartum but may occur earlier in non-breastfeeding women. A plan for contraception postnatally should have been discussed in advance of delivery (see section 5.1.5) and revisited in the early postpartum period and at the 4- to 6-week follow-up. Women should be advised that it is possible to conceive before the first postnatal menses and therefore to use condoms if necessary until the postnatal review [11]. It is important to try to accommodate both the contraceptive and ART wishes of each woman. There are multiple ART agents available which do not interact with systemic oestrogens and/or progestogens such as all NRTIs, raltegravir, dolutegravir, rilpivirine and maraviroc. ART may be changed to optimise a woman's contraception choice as long as the ART prescribed is fully active against the viral genotype. A full guide to drug-drug interactions between ART and hormonal contraceptives is available at www.hiv-druginteractions.org.

10.6 Cervical cytology

10.6.1	Cytology should be scheduled 3 months post-delivery as per the Guidelines for the NHS Cervical Screening Programme 2016.	1C
--------	--	----

As discussed in section 5, cervical screening is not routinely recommended in pregnancy but can be resumed, as per the Guidelines for the NHS Cervical Screening Programme 2016, 3 months postpartum [12,13].

10.7 Testing of partner and/or older children

10.7.1	For the woman newly diagnosed with HIV in pregnancy, testing of her partner and/or other children should be completed.	1D
--------	--	----

Postpartum follow-up may be an opportune time to revisit testing of partners and/or older children. A woman newly diagnosed in pregnancy should be counselled and supported regarding testing of her other children and partner, if appropriate and there are no other concerns (such as risk of intimate partner violence, see section 4). She should be informed that as well as significantly reducing her risk of vertical transmission of HIV [14], being on cART will also reduce her risk of sexual transmission. When her viral load is undetectable for 6 months or more she will not transmit HIV sexually; however, she should be advised to use condoms with her untested or HIV-negative partner until that time [15].

10.8 References

1. Lundgren JD, Babiker AG, Gordin F *et al*. Initiation of antiretroviral therapy in early asymptomatic HIV infection. *N Engl J Med* 2015; **373**: 795–807.

2. Danel C, Moh R, Gabillard D *et al.* A trial of early antiretrovirals and isoniazid preventive therapy in Africa. *N Engl J Med* 2015; **373**: 808–822.
3. Cahn P, Fourie J, Grinsztejn B *et al.* Week 48 analysis of once-daily vs. twice-daily darunavir/ritonavir in treatment-experienced HIV-1-infected patients. *AIDS* 2011; **25**: 929–939.
4. Huntington S, Thorne C, Newell ML *et al.* The risk of viral rebound in the year after delivery in women remaining on antiretroviral therapy. *AIDS* 2015; **29**: 2269–2278.
5. Adams JW, Brady KA, Michael YL *et al.* Postpartum engagement in HIV care: an important predictor of long-term retention in care and viral suppression. *Clin Infect Dis* 2015; **61**: 1880–1887.
6. Gill MM, Umutoni A, Hoffman HJ *et al.* Understanding antiretroviral treatment adherence among HIV-positive women at four postpartum time intervals: qualitative results from the Kabeho Study in Rwanda. *AIDS Patient Care STDS* 2017; **31**: 153–166.
7. Myer L, Phillips TK. Beyond ‘Option B+’: understanding antiretroviral therapy (ART) adherence, retention in care and engagement in ART services among pregnant and postpartum women initiating therapy in sub-Saharan Africa. *J Acquir Immune Defic Syndr* 2017; **75 Suppl 2**: S115–s122.
8. Aebi-Popp K, Kouyos R, Bertisch B *et al.* Postnatal retention in HIV care: insight from the Swiss HIV Cohort Study over a 15-year observational period. *HIV Med* 2016; **17**: 280–288.
9. Howarth A, Apea V, Michie S *et al.* *Health Services and Delivery Research. REACH: a mixed-methods study to investigate the measurement, prediction and improvement of retention and engagement in outpatient HIV care.* Southampton, UK: NIHR Journals Library; 2017. Available at: www.ncbi.nlm.nih.gov/pubmed/28368560 (accessed October 2018).
10. Tariq S, Elford J, Chau C *et al.* Loss to follow-up after pregnancy among sub-Saharan Africa-born women living with human immunodeficiency virus in England, Wales and Northern Ireland: results from a large national cohort. *Sex Transm Dis* 2016; **43**: 283–289.
11. Dow A, Dube Q, Pence BW, Van Rie A. Postpartum depression and HIV infection among women in Malawi. *J Acquir Immune Defic Syndr* 2014; **65**: 359–365.
12. NHS Choices. *Cervical screening*. 2015. Available at: www.nhs.uk/conditions/cervical-screening (accessed October 2018).
13. Fakoya A, Lamba H, Mackie N *et al.* British HIV Association, British Association of Sexual Health and HIV and Faculty of Sexual and Reproductive Health guidelines for the management of the sexual and reproductive health of people living with HIV infection 2008. *HIV Med* 2008; **9**: 681–720.
14. Cohen MS, Chen YQ, McCauley M *et al.* Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011; **365**: 493–505.
15. Rodger AJ, Cambiano V, Bruun T *et al.* Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *JAMA* 2016; **316**: 171–181.

11. List of abbreviations

3TC	Lamivudine
ABC	Abacavir
ALT	Alanine transaminase
APR	Antiretroviral Pregnancy Registry
APRI	Aspartate aminotransferase-to-platelet ratio index
ART	Antiretroviral therapy
AST	Aspartate transaminase
AUC	Area under the curve
AZT	Zidovudine
BASHH	British Association for Sexual Health and HIV
BCG	Bacillus Calmette–Guérin
bd	Twice daily
BHIVA	British HIV Association
BV	Bacterial vaginosis
cART	Combination antiretroviral therapy
CHINN	Children’s HIV National Network
CHIPS	Collaborative HIV Paediatric Study
CHIVA	Children’s HIV Association
CI	Confidence interval
CIN	Cervical intraepithelial neoplasia
CME	Continuing medical education
CS	Caesarean section
DAA	Directly acting antiviral
EPPICC	European Pregnancy and Paediatric Cohort Collaboration
FDA	Food and Drug Administration
FDC	Fixed-dose combination
FIB-4	Fibrosis-4 index
FSRH	Faculty of Sexual and Reproductive Healthcare of the RCOG
GMC	General Medical Council
GP	General practitioner
HAV	Hepatitis A virus
HBeAg	Hepatitis B-e antigen
HBIG	Hepatitis B immunoglobulin
HBsAg	Hepatitis B surface antigen

HBV	Hepatitis B virus
HCG	Human chorionic gonadotrophin
HCV	Hepatitis C virus
HDV	Hepatitis D virus
HSV-2	Herpes simplex virus type 2
IFN	Interferon
Ig	Immunoglobulin
INR	International normalised ratio
INSTI	Integrase strand transfer inhibitor
IRIS	Immune reconstitution inflammatory syndrome
LFT	Liver function test
MDT	Multidisciplinary team
NEC	Necrotising enterocolitis
NICE	National Institute for Care and Health Excellence
NIPT	Non-invasive prenatal testing
NNRTI	Non-nucleoside reverse transcriptase inhibitor
NRTI	Nucleoside reverse transcriptase inhibitor
NSHPC	National Study of HIV in Pregnancy and Childhood
NVP	Nevirapine
od	Once daily
OR	Odds ratio
PAPP-A	Pregnancy-associated plasma protein A
PCP	Pneumocystis pneumonia
PCR	Polymerase chain reaction
Penta	Paediatric European Network for Treatment of AIDS
PEP	Post-exposure prophylaxis
PI	Protease inhibitor
PLCS	Pre-labour caesarean section
PND	Postnatal depression
POCT	Point-of-care test
PrEP	Pre-exposure prophylaxis
PTD	Preterm delivery
r	Ritonavir
RAL	Raltegravir
RCOG	Royal College of Obstetricians and Gynaecologists
RCT	Randomised controlled trial
RR	Relative risk

SR	Systematic review
SROM	Spontaneous rupture of the membranes
STI	Sexually transmitted infection
T-20	Enfuvirtide
TD	Tenofovir disoproxil salt
TDF	Tenofovir disoproxil fumarate
TDM	Therapeutic drug monitoring
TTN	Tachypnoea of the newborn
VBAC	Vaginal birth after caesarean section
VL	Viral load
WHO	World Health Organization
ZDV	Zidovudine