

GENERAL RECOMMENDATIONS FOR MANAGEMENT OF THE HIV-INFECTED MOTHER DURING LABOUR AND DELIVERY

During labour, universal precautions should be followed. Gowns, gloves, boots, and protective eyewear should be worn during the delivery of all patients. Additional strategies to reduce the risk of MTCT as well as the risk of HIV exposure to personnel assisting with the delivery include:

- Avoid unnecessary invasive procedures
- Avoid episiotomy unless otherwise indicated
- Avoid artificial rupturing of the membranes
- Avoid prolonged rupture of membranes, as rupture of membranes for more than four hours is associated with an increased risk of HIV transmission to the infant
- Avoid the use of straight suture needles if possible, to reduce the risk of needle stick injury
- Clamp and cut the umbilical cord immediately after delivery, and, if possible, avoid the use of a scalpel to cut the umbilical cord
- Exercise special care in handling the placenta
- Handle the infant with gloves until bathing, and bathe the infant as soon as possible with soap and water
- Clean the infant's eyes with sterile swabs
- Perform routine post-delivery care, including the weighing and measuring of the infant
- Ensure that the infant receives antiretroviral prophylaxis as outlined above
- Ensure the examination of the infant by a paediatrician as soon as possible.