

RECOMMENDATIONS FOR MANAGEMENT OF MOTHERS WITH HIV INFECTION DURING LABOUR AND DELIVERY

The following specific interventions are recommended to reduce the risk of MTCT as well as the risk of HIV exposure to personnel assisting with the delivery:

- Universal precautions should be followed (e.g. gowns, gloves, boots, and protective eyewear should be worn during the deliveries of all patients).
- Unnecessary invasive procedures should be avoided.
- Episiotomies should be avoided unless clearly indicated.
- Artificial rupturing of the membranes should be avoided.
- Prolonged rupturing of membranes should be avoided, since rupture of membranes for more than four hours is associated with an increased risk of HIV transmission to the infant.
- The use of straight suture needles should be avoided, if possible, to reduce the risk of needle-stick injury.
- Umbilical cords should be clamped and cut immediately after delivery, and, if possible, the use of a scalpel to cut umbilical cords should be avoided.
- Special care in handling placentas should be exercised.
- Infants should be handled with gloves until bathing, and infants should be bathed as soon as possible with soap and water.
- Infants' eyes should be cleaned with sterile swabs.
- Routine post-delivery care should be performed, including weighing and measuring of infants.
- Infants should receive antiretroviral (ARV) prophylaxis as outlined below.
- Examinations of infants by a paediatrician should be performed as soon as possible.

Specific recommendations regarding the administration of antiretroviral therapy (ART) to mothers to reduce the risk of HIV transmission to infants are reviewed in *Chapter VII: Antiretroviral Therapy in Pregnant Women and Prevention of Mother-to-Child Transmission of HIV*. Evidence from clinical trials that forms the basis of these recommendations is summarised in *Appendix D* of this chapter.