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AUDIT OF THE MANAGEMENT OF BABIES BORN TO HIV-POSITIVE MOTHERS

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AIM: To audit the management of babies born to HIV-positive mothers at a single institution.

METHODS: Retrospective case note review of all babies born to HIV-positive mothers between January 2004 and December 2006. Children's HIV association guidelines were taken as the standard for this audit.

RESULTS: 40 babies were included in the audit. There were 38 term and two preterm babies. 17 babies were born by normal vaginal delivery, 18 were delivered by elective caesarean section and five by emergency section. Blood tests were sent in 100% of babies (day 1 – 40/40, 6 weeks – 38/38, 3 months – 33/33 and at 18 months – 14/14). Maternal blood was sent in 57% (23/40) along with babies' blood on day one. 33 babies received monotherapy and seven triple therapy. Treatment was started within 6 h in 75% (28/37, three excluded as drug charts were not available) of cases whereas in the rest treatment was started anywhere from 6½ to 15 h with a median of 8 h. 95% (35/37) babies received the recommended dose, in the remaining 2 dose was corrected within the next 2 days. Duration of treatment was 4 weeks in 90% (36/40). One child was HIV-positive, 16 were HIV-negative and 23 are indeterminate.

DISCUSSION: The current 'gold standard' test for HIV infection in infancy is HIV DNA polymerase chain reaction (PCR) on peripheral blood lymphocytes. In view of the genomic diversity of HIV, and to avoid a false negative result in the infant, a maternal sample should always be amplified with the first infant sample to confirm that the primers used can detect the maternal virus. This audit highlights that we are very much lacking in this important area and need to improve our practice.

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