HIV Exposure, Acquisition and Diagnosis in the Antenatal Period

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Background:
HIV exposure and diagnosis occurring during the antenatal period generates additional complexity.

Methods:
We report the case series of three women with HIV exposure, acquisition or diagnosis in the antenatal period and discuss implications for testing, post-exposure prophylaxis (PEP), antiretroviral therapy (ART) choice and timing, along with strategies to improve and maintain linkage to care. Cases presented with consent.

Results:
Case 1: 26-year-old referred when her male partner disclosed his HIV status post her positive pregnancy test. Her partner had difficulties with sustaining viral suppression with a HIV viral load >100,000c/mL when they met (4 months ago), which had reduced to 36c/mL at their last sexual intercourse (5 weeks prior). 8 weeks prior she developed a non-specific febrile illness that warranted presentation to hospital. The timing and types of HIV diagnostics and the value in PEP or empiric ART in this setting will be discussed.

Case 2: 29-year-old and her husband diagnosed with HIV when their 6-month-old presented with Pneumocystis jirovecii pneumonia. She had a negative HIV test during antenatal care. In the second trimester, she developed a febrile illness associated with thrombocytopenia and Bell's Palsy but was not retested for HIV. Recommendations and indications for repeat HIV testing during pregnancy will be discussed.

Case 3: 31-year-old diagnosed with HIV when she presented with vaginal bleeding while 16 weeks pregnant. She had been HIV negative with two previous children but had suffered a febrile illness with myalgias and lymphadenopathy 5 months prior to this presentation. Difficulties with engagement to care, and the role for multidisciplinary input and communication to assist the mother through the diagnosis and minimize the risk of vertical transmission will be discussed.

Conclusion:
Getting HIV diagnosis and prevention right in the antenatal period is critical to ensure the mother's health and stop preventable vertical transmissions.

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