

# Contemporary Management of Human Immunodeficiency Virus Infection During Pregnancy

## AMA/CME Test 224

(Test valid through July 31, 2003)

### CONTINUING MEDICAL EDUCATION

#### Goal

To promote application of the latest epidemiologic, pharmacologic, and obstetric findings to minimize the risk of ante-, intra-, and post-partum transmission of human immunodeficiency virus (HIV).

#### Objectives

1. To discuss the risk of mother-to-infant HIV transmission in the context of timing during pregnancy and delivery, maternal viral load, and extent of prenatal care.
2. To assess the safety and efficacy of pre- and perinatal antiretroviral regimens.
3. To identify those obstetric practices that will help to prevent perinatal HIV transmission.

#### Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Albert Einstein College of Medicine and Quadrant HealthCom Inc. Albert Einstein College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity has been peer reviewed and approved by Brian Cohen, MD, professor of clinical OB/GYN, Albert Einstein College of Medicine. Review date: June 2002. It is designed for OB/GYNs.

The Albert Einstein College of Medicine designates this educational activity for a maximum of 1 hour in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she spent in the educational activity. Participants who answer 70% or more of the questions correctly will obtain credit.

To earn credit, see the instructions on page 43 and mail your answers according to the instructions on page 44.

#### DISCLOSURE

The Faculty Disclosure Policy of the College of Medicine requires that faculty participating in a CME activity disclose to the audience any relationship with a pharmaceutical or equipment company that might pose a potential, apparent, or real conflict of interest with regard to their contribution to the activity. This disclosure also applies to any discussion of unlabeled or investigational use of any commercial product or device not yet approved in the United States. Drs Hill and Lindsay reports no conflict of interest. Dr Brian Cohen reports no conflict of interest.

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This activity has been planned and produced in accordance with ACCME Essentials. The estimated time to complete this activity is 1 hour.

Instructions: Read the article beginning on page 10 and select the best answer for each of the following questions. Test form and mailing instructions are on the next page.

1. The significant decline in perinatal transmission of human immunodeficiency virus (HIV) between 1994 and 1997 is due to all of these factors except:
  - a. an improved insight into perinatal infection.
  - b. increased prenatal testing.
  - c. a decline in HIV prevalence among American women of childbearing age.
  - d. more aggressive use of antiretroviral therapy during pregnancy and delivery and into the postpartum period.
2. Compared with women who receive prenatal care, how likely are women who receive no prenatal care to be HIV-positive?
  - a. 50% to 75% as likely
  - b. 100% to 150% as likely
  - c. 200% to 300% as likely
  - d. 500% to 750% as likely
3. The best predictor of perinatal transmission is:
  - a. the interval between rupture of the membranes to birth.
  - b. the maternal viral load.
  - c. the maternal CD4+ cell count.
  - d. whether birth occurs before 30 weeks' gestation.
4. The abbreviated ACTG 076 protocol should be offered to women who:
  - a. are found to be HIV-positive postpartum.
  - b. present late for prenatal care.
  - c. present in active labor with no prenatal care.
  - d. meet any of the above criteria.
5. Due to the potential for teratogenicity, which drug do the authors recommend reserving as a last resort for use during pregnancy?
  - a. efavirenz
  - b. lamivudine (3TC)
  - c. didanosine
  - d. stavudine
6. HIV-infected pregnant women with low CD4+ cell counts should:
  - a. not receive sulfamethoxazole/trimethoprim prophylaxis.
  - b. not receive azithromycin prophylaxis.
  - c. not receive preventive antibiotics unless the CD4+ cell count drops below 25/mm<sup>3</sup>.
  - d. be offered appropriate antibiotic prophylaxis with little risk to the fetus.
7. One of the most effective obstetric strategies for preventing intrapartum HIV transmission involves:
  - a. cesarean delivery within 4 hours of rupture of the membranes.
  - b. cesarean delivery if there is failure to progress after a brief trial of labor.
  - c. cesarean delivery prior to rupture of the membranes.
  - d. cesarean delivery in women with clotting disorders.
8. In pregnant women with HIV who refuse cesarean section, the use of forceps or vacuum extraction:
  - a. should depend on obstetric indications.
  - b. should be avoided due to the risk of vaginal injury.
  - c. should be avoided due to the risk of undetected fetal anomalies.
  - d. is encouraged as a means of expediting the birth process.
9. Maternal blood and secretions should be removed from the infant's skin:
  - a. in the neonatal intensive care unit to minimize risk to the obstetric staff.
  - b. by a neonatal nurse specially trained in preserving samples for testing.
  - c. only after administering antibiotic prophylaxis.
  - d. immediately after birth using soap and water.
10. Postpartum care of the HIV-infected mother should emphasize:
  - a. surgical sterilization before discharge from the hospital.
  - b. long-term medical and social support.
  - c. training in safe breast-feeding.
  - d. instruction in measures to prevent sudden infant death syndrome.

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Washington Clark Hill, MD; Michael K. Lindsay, MD, MPH

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Record your answers here by circling the appropriate letter:

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Name \_\_\_\_\_

(Please print) Last First Initial

Degree \_\_\_\_\_ Specialty \_\_\_\_\_

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I have read this article and completed this activity in \_\_\_\_\_ hours.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For you to obtain credit, 70% or more of your answers must be correct. To cover costs of processing, please enclose a check for \$10, which is tax-deductible, payable to the Division of Continuing Medical Education (TFP), and mail with this answer sheet to:

TFP-CME BOX #2  
 QUADRANT HEALTHCOM INC.  
 26 Main St., Chatham, NJ 07928-2402

Participants will receive certification for their records in approximately 10 to 12 weeks.

## Course Evaluation

Albert Einstein College of Medicine would like to have your opinion. Your evaluation will help us to plan future CME tests for *The Female Patient*<sup>®</sup>. We urge you to complete this questionnaire and mail it back to us with your completed test. Thank you for your cooperation.

1. How do you rate the information in this article?  
 Superior     Satisfactory     Unsatisfactory
2. Will the materials presented influence the way you treat your patients?     Yes     No
3. Did this activity meet its objectives?     Yes     No
4. What recommendations do you have to improve this activity?  
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 \_\_\_\_\_  
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5. Were any portions of this activity unsatisfactory or inappropriate? If so, which ones?  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Do you find the information presented in this activity to be fair, objective, and balanced?     Yes     No

7. What subjects would you include in future activities?  
 \_\_\_\_\_  
 \_\_\_\_\_

8. In your opinion, were the authors biased in their discussion of any commercial product or service?     Yes     No

Comments \_\_\_\_\_  
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