

Facts about Perinatal HIV

The perinatal HIV transmission rate is **less than 2 percent** when:

- 1) There is consistent prenatal care.
- 2) Patients are offered HIV testing.
- 3) Patients are tested in the first and third trimesters of their pregnancy.

In June 2008, New Jersey legislature passed "Codey's Law," which states that all pregnant women in New Jersey must be offered HIV testing in both the first and third trimesters of their pregnancy. If the woman declines to have these tests performed, her newborn will be tested.

Since the mid-1990s, HIV testing and preventive interventions have resulted in more than a 90 percent decline in the number of children perinatally infected with HIV in the United States, according to the CDC.

About Robert Wood Johnson AIDS Program

The Robert Wood Johnson AIDS Program (RWJAP) is a network site of the New Jersey Statewide Family Centered HIV Care Network. It provides care for infants, children, youth, and women infected and affected by human immunodeficiency virus (HIV), including HIV-positive pregnant women and HIV-exposed infants.

A joint program of Rutgers Robert Wood Johnson Medical School and Robert Wood Johnson University Hospital, RWJAP has a Perinatal HIV Collaborative Project on-site at The Bristol-Myers Squibb Children's Hospital's Regional Perinatal Center in New Brunswick, N.J.

Pre-delivery visits are available to pregnant women in Middlesex, Somerset, Hunterdon, Mercer, and Union counties.

RWJAP receives Health Resources and Services Administration Ryan White Treatment Modernization Act Part A and Part D funding.

Robert Wood Johnson AIDS Program

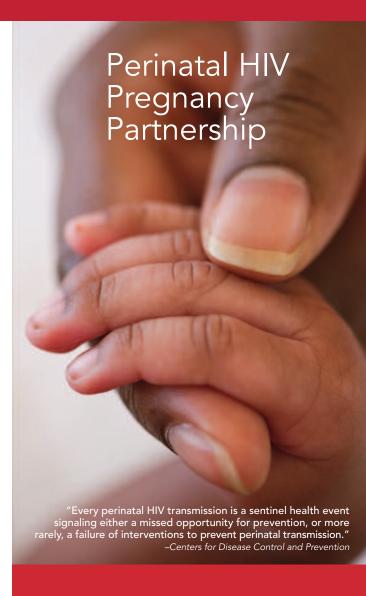
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Robert Wood Johnson Medical School

A Robert Wood Johnson AIDS Program initiative

The Perinatal HIV Pregnancy Partnership is a program of the Robert Wood Johnson AIDS Program, one of seven sites in New Jersey's Statewide Family Centered HIV Care Network, which has helped reduce the perinatal HIV transmission rate to less than 2 percent statewide.

Our Goals:

- Provide pre-delivery perinatal HIV nurse consultation and medical care coordination for HIV-positive pregnant women
- Collaborate with prenatal providers to enhance services for HIV-positive and at-risk women
- Ensure HIV-positive women have access to antiretroviral medications
- Ensure HIV-exposed infants receive antiretroviral prophylaxis
- Partner with community-based organizations to educate at-risk women about the importance of HIV testing for women and men

We Provide Special Care for Your HIV-exposed Infant:

- Blood test to determine HIV status
- HIV education and family assessment and follow-up
- Examinations for your child, in adherence to guidelines for care, at the following ages: 2 weeks, 6 weeks, 4 months, 6 months, 12 months, and 18 months.



What to Expect at the Clinic Visit:

- Your first visit is usually the longest.
- Your infant's height, weight, and head size will be measured.
- A complete physical exam will be done by the physician or nurse practitioner.
- The physician or nurse practitioner will review all medication. The amount of medication your infant gets will increase as he or she gets older.
- Your infant will have blood work done at almost every visit. (The blood work draw can be difficult.)
- The team of nurse practitioner and family case manager will meet with you to complete a detailed assessment of your family history and needs.

Things to Take to All Visits:

- All medications that your infant is taking, including vitamins
- The infant's immunization card
- Insurance information/card
- Referral, if needed by your insurance

Medication to Know

AZT: interferes with virus production. Treatment begins at birth and continues for six weeks.

Bactrim: antibiotic used to decrease the chance of getting pneumocystis pneumonia. Treatment begins at 6 weeks old.

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