

New born post-natal prophylaxis

This leaflet is designed to give you a general idea of the most important things you need to know about the new medicine(s) prescribed for your baby. It is not supposed to replace the manufacturer's leaflet that comes with the medicine but is intended to be read alongside it. After reading this leaflet if you have any questions please ask your clinic team.

Clinic contact details:

What is new born post-natal prophylaxis (PNP)?

When a baby is born to mother/birthing parent living with HIV, there is a risk of transmission to the baby, known as vertical transmission. PNP is a course of medicine(s) given to a new born baby to reduce the risk of the baby acquiring HIV. The anti-HIV medicines are known as antiretrovirals. The course of antiretrovirals prescribed will depend on the risk of vertical transmission. Important risk factors include the amount of virus in the mother/birthing parent's blood prior to and at the time of delivery, the length of time the mother/birthing parent has been taking antiretroviral medicines and level of engagement with maternity, antenatal and HIV services. Depending on these risk factors, babies will be classified as low risk or high risk of vertical transmission.

What medicines will be prescribed for my baby?

Depending on your baby's level of risk, the following medicines will be prescribed:

Risk Category	Low Risk	High Risk
Medicine	Zidovudine	Combination of antiretrovirals
Duration	2 weeks	4 weeks

The most common antiretroviral medicine prescribed for newborn PNP is zidovudine (ZDV) (Retrovir®), also known as azidothymidine (AZT). Zidovudine belongs to a class of medicines called nucleoside reverse transcriptase inhibitors (NRTIs). If your baby is at high risk of acquiring HIV, they will be prescribed a combination of antiretroviral medicines decided by your clinic. Please speak to your clinic doctor or pharmacist if you would like more information on how these medicines work.

How should I administer zidovudine?

- Zidovudine liquid is supplied with an oral dosing syringe and a plastic adaptor. Sometimes more than one syringe will be supplied so that you can measure the dose accurately. Please ensure you know how to use these to give your baby their medicine. It is important to give the whole dose each time. Do not mix the medicine(s) with feed. Please speak to your clinic doctor, pharmacist or nurse if you have any concerns.
- The dose will depend on the weight of your baby. This will be printed on the label of the medicine bottle. Please speak to your midwife, nurse or clinic if you are unsure of what dose to give and how

often to administer the zidovudine or any other antiretroviral medicines your baby may be started on.

- Zidovudine is usually given twice a day, once in the morning and once in the evening. Ideally, these times are 12 hours apart, for example 7am and 7pm. You can give zidovudine before, with or after a feed. It is important that the amount of zidovudine in your baby's blood remains steady, so try to spread the doses as evenly apart as you can.
- If your baby starts taking the medicine in the middle of the night whilst you are in hospital then, before you go home, talk to your doctor, pharmacist, midwife or nurse about how to change the timing of the medicine.

What do I do if I forget to give my baby their zidovudine dose?

Occasionally you may forget to administer a dose. Do not worry if this happens, please follow the guidance below and speak with your clinic as soon as possible for advice.



- You can give the missed dose as soon as you remember but not within 2 hours of your baby's next dose.
- If you remember within 2 hours of the next dose, just skip the dose you missed and give the next dose at the usual time. Then continue your baby's treatment as before.
- Never give a double dose to make up for the missed one.

If you are having problems remembering to give your baby their medicine, speak to your doctor now and they may be able to help you.

For advice on missed doses of other antiretroviral medicines, speak to your clinic for further advice.

What do I do if my baby is sick (vomits) after giving their zidovudine dose?

- If your baby is sick less than 30 minutes after having a dose of zidovudine, give them the dose again.
- If your baby is sick more than 30 minutes after having a dose of zidovudine you do not need to give them another dose. Wait until the next normal dose.

If your baby is sick again or is vomiting on other antiretroviral medicines, seek advice from your nurse or clinic.

What are the common side effects with zidovudine?

Zidovudine is generally very well tolerated. The most common side effect in new born babies is the development of mild anaemia. This is generally not clinically significant and resolves after the course of zidovudine has been completed. Occasionally some babies will get mild nausea or sickness or diarrhoea when they first start the medicine but this goes away after a few days.

It can be difficult to assess side-effects in a new born baby. If something feels out of the ordinary with your baby then contact your doctor. For more information on zidovudine please refer to the manufacturer's leaflet that comes with the medicine. If your baby is taking other antiretroviral medicines and you would like more information on the possible side effects, please contact your clinic.

Side-effects you must do something about:

- If your baby appears unwell or has problems with breathing, vomiting (being sick), take them to your doctor or hospital straight away.
- If your baby looks like they are in pain (prolonged crying, fussy, tense, drawing of knees into the tummy, arching of their back, is very sleepy, appears less hungry or has jaundice (their skin or eyes look yellow), take them to your doctor or hospital straight away.

- Very rarely, zidovudine can cause seizures (convulsions or fits). If your baby has a seizure, call an ambulance and put them in safe position.

Please monitor your baby for any rashes, should they develop, please speak to your clinic doctor about it straight away.

HIV and infant feeding

Exclusive formula feeding removes all risk of postpartum HIV transmission to infants, therefore in the UK we recommend that women/birthing parents feed their babies with formula milk exclusively to ensure that the risk of HIV transmission to their infants postpartum is zero. If you are considering breast/chestfeeding your baby, please speak to your doctor before you start. By informing your clinic team, they can support you to ensure breast/chestfeeding is as safe as possible for your baby.

Can other medicines be given at the same time as zidovudine?

Check with your doctor or pharmacist before giving any other medicines to your baby. This includes prescription medicines, herbal or complementary supplements and vitamins.