



**MODULE 2**

FLORIDA DEPARTMENT OF HEALTH

**STUDY GUIDE**

**HIV/AIDS: 101**

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# CONSIDERATIONS FOR PREGNANT WOMEN

Not all babies born to HIV-positive mothers will acquire HIV. An infected woman may pass HIV to her unborn baby in utero or during the birth process as the fetus passes through the birth canal or after birth through breastfeeding. Without any preventive measures being taken, approximately 25 percent of all babies born to infected mothers in the United States will also be infected.

## THE FACTS

**Treatment is key:** Studies have shown that if an infected woman takes anti-HIV medications during pregnancy and delivery, and if the newborn also receives treatment for the first six weeks of life, the chances of HIV transmission are reduced to less than 2%.

**Reducing viral loads:** Combination antiretroviral therapy is recommended for use during pregnancy regardless of the mother's viral load. Using combination therapy between 14 and 34 weeks into pregnancy can reduce the viral load, which in turn helps reduce the risk of transmission to the fetus.

**Delivery methods:** Cesarean delivery rather than a vaginal one may further reduce the mother's chances of infecting her child. Deciding a delivery method may be based on the mother's viral load. If the mother's viral load is less than 1,000 at the time of delivery, a cesarean delivery is not recommended, as there's no evidence showing that an elective cesarean section at that point will further reduce the risk of perinatal HIV transmission.

**The baby's status:** Virtually all infants born to HIV-infected mothers will test positive for antibodies to HIV. These are maternal antibodies that crossed the placenta and will disappear by the age of 18 months in uninfected infants. Direct viral testing using polymerase chain reaction (PCR) or a viral culture can clarify the baby's HIV status usually within one month of birth.

**Breastfeeding:** There's a risk of HIV transmission from mother to child during breast-feeding due to the high number of T-cells in breast milk. Without treatment, an estimated 1 of every 7 infants breastfed by an HIV-positive mother becomes infected. If the mother doesn't want to feed formula to her baby, another option is locating a milk bank—an organization that collects donated breast milk and distributes it. For more information, contact the Human Milk Banking Association of North America (<https://www.hmbana.org/>).

Florida law requires health care providers who attend pregnant women to advise the women that they will receive an HIV test when they do routine blood tests associated with initiating prenatal care. If a woman objects to HIV testing, she must sign a written statement of objection, which will be placed in her medical record. The client should be informed that knowing her HIV status could enable her to protect her unborn baby if she is found to be HIV infected. The knowledge that certain anti-HIV drugs could substantially lower the risk of transmission of HIV from infected females to their babies often motivates women to agree to HIV testing.

Should she decline to accept the HIV test, documentation should be made in her medical record. (An example of such documentation, the DH 3161 Statement of Objection Form is found in Section E: Resources. This form is required in Department of Health prenatal clinics). If testing is declined, the client should be encouraged to allow her baby to be tested after birth.

## PERINATAL INITIATIVES

Perinatal initiatives include: 1) Targeted Outreach for Pregnant Women Act (TOPWA), 2) Mama Bear, 3) Baby Rexpress, and 4) University of South Florida programs.

### **TOPWA**

The Targeted Outreach for Pregnant Women Act (TOPWA) ultimately helps under-served women access prenatal care and other services that lower their risk for HIV infection or substance abuse.

Women enrolled in TOPWA receive HIV prevention education, condoms, assistance in getting prenatal care, Medicaid coverage, and referrals for family planning services.

Pregnant women living with HIV receive added support, encouraging them to take medications to prevent transmission of the virus to their baby. Due to medical advances, if a woman follows all the doctor's instructions, the baby will be free of HIV over 98% of the time. Women enrolled in the program receive assistance accessing prenatal care and other services that lower their risk for HIV infection.

### **Baby Rexpress**

The goal of this effort is for the mother to leave the hospital with the infant's medicine in hand.

The Baby Rexpress Program provides Retrovir (AZT) for HIV-exposed newborns at no cost to the family when the family can't afford the medication. Baby Rexpress is the payer of last resort to provide AZT for the babies quickly, when families don't have insurance, money to pay for the medicine, and/or a ride to the drug store.

### **University of South Florida**

The goal of this program is to deliver innovative training methods to healthcare providers, community-based organizations, hospital labor and delivery units, and perinatal organizations on the importance of HIV testing early in pregnancy and the most up-to-date treatment options for reducing perinatal HIV transmission.

The Florida Department of Health contracts with the University of South Florida Center for HIV Education and Research to educate healthcare providers who care for pregnant women about HIV testing and treatment guidelines.