

# Maternal Health and HIV

Presented by:

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Developed by:

Megan Williams, MS, Public Health Initiatives Manager

Sandhya Poudel, IPHCA Intern

World Health Organization (WHO) estimated that around 1.3 million women and girls living with HIV become pregnant each year. In the absence of intervention, the rate of transmission of HIV from a mother living with HIV to her child during pregnancy, labor, delivery, or breastfeeding ranges from 15% to 45% (WHO, n.d.). HIV can be transmitted to a baby during pregnancy, childbirth, and breast/chest feeding, known as perinatal transmission (CDC, 2023).

In 2019, Centers for Disease Control and Prevention (CDC) estimated that out of the 36,801 new HIV diagnoses in the US and dependent areas, <1% (84) were due to perinatal transmission (CDC, 2023). Although mother-to-child transmission of HIV is preventable through antiretroviral treatment during pregnancy and postpartum, there were more than 150,000 new infections in children (0 - 14 years) worldwide in 2019. Mother-to-child HIV transmission can occur during pregnancy, child delivery, or postpartum. For a woman living with HIV, achieving viral load suppression with sustained treatment effectively eliminates the possibility of transmitting HIV to her child (UNAIDS, 2020).

# How can we prevent Perinatal HIV Transmission?

- First, get tested for HIV as soon as possible if you are planning for conception.
- If you have HIV, start the anti-retroviral treatment at the earliest possible for your health and your baby's health.
- If you don't have HIV, but your partner does, ask your health care provider about medicine to prevent HIV, called pre-exposure prophylaxis (PrEP).
- You can also talk to your health care provider about timing sex without a condom to coincide with ovulation to reduce the chances of HIV transmission and increase the likelihood of getting pregnant. (CDC, 2023).

# What can you do if you are pregnant and have HIV?

- Visit your healthcare provider regularly.
- Take HIV treatment (anti-retroviral treatment) as prescribed to stay healthy, protect your partner, and protect your baby. HIV treatment reduces the amount of HIV in the body (viral load) to a very low level. This is called viral suppression or an undetectable viral load. Getting and keeping an undetectable viral load is the best thing you can do to stay healthy and prevent transmission to your baby.
- The risk of transmitting HIV to your baby can be 1% or less if you:
  - Take HIV treatment as prescribed throughout pregnancy and delivery.
  - Give HIV medicines to your baby for 2 to 6 weeks after birth.
- If your HIV viral load is not low enough, a cesarean delivery can help prevent HIV transmission.
- The only option that eliminates risk of postnatal transmission of HIV to the baby is infant formula or pasteurized donor human milk.

# CDC's Recommended Opt-out Approach for HIV Testing in Pregnant Women

CDC recommends HIV testing as part of routine prenatal care. In the 2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, CDC recommended the opt-out approach to testing for all adult and adolescent patients in health-care settings, including pregnant women. According to CDC research, more people take the prenatal HIV test if the opt-out approach is used.

These recommendations emphasize:

- Universal "opt-out" HIV testing for all pregnant women early in every pregnancy;
- A second test in the third trimester in certain geographic areas or for women who are known to be at high risk of becoming infected (e.g., injection-drug users and their sex partners, women who exchange sex for money or drugs, women who are sex partners of HIV-infected persons, and women who have had a new or more than one sex partner during this pregnancy);
- Rapid HIV testing at labor and delivery for women without a prenatal test result; and
- Exploration of reasons that women decline testing. (CDC, 2019)

*Opt-out prenatal HIV testing means that pregnant people are told they will be given an HIV test as part of routine prenatal care unless they opt out—that is, choose not to have the test.* 

# Framework to Eliminate Perinatal HIV Transmission in the United States

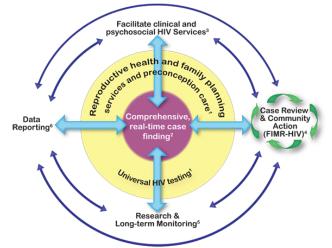


Figure – Framework to Eliminate Perinatal HIV Transmission in the United States

- <sup>1</sup> Reproductive health and family planning services, prepregnancy care, and universal HIV testing are essential components of perinatal HIV prevention and facilitate
- <sup>2</sup> comprehensive real-time case finding of all pregnant women with HIV. Real-time case finding enables:
- <sup>3</sup> comprehensive clinical care and social services for women and infants;
- <sup>4</sup> detailed review of select cases to identify and address missed prevention opportunities and local systems issues through continuous quality improvement;
- <sup>5</sup> research and long-term follow-up to develop and ensure safe, efficacious interventions for perinatal HIV prevention;
- <sup>6</sup> thorough data reporting for HIV surveillance and program evaluation.

#### CDC. (2023). Accessed from: https://www.cdc.gov/hiv/group/gender/pregnantwomen/emct.html

# Perinatal HIV Transmission Prevention Challenges

Some of the challenges that hinder the prevention of perinatal HIV transmission are:

- Lack of knowledge about the ways to prevent HIV or safely plan a pregnancy, or what they can do to keep their baby from getting HIV.
- The pregnant person needs to take HIV treatment as prescribed without interruption throughout pregnancy and childbirth to get the full protective benefit of treatment and provide HIV medicines to the infant in the first weeks of life. However, the pregnant person with HIV may have nausea that can interfere with HIV treatment, or they may not be able to see their HIV medical care provider consistently.
- People may not be able to access healthcare due to socio-economic factors like poverty.
- Pregnant people may face more barriers to accessing health care and staying on treatment if they also inject drugs, use other substances, are experiencing homelessness, or are incarcerated, mentally ill, or uninsured. (CDC, 2022)

## **Additional Resources**

- <u>Preventing Perinatal HIV Transmission</u>
- IPROMOTE-IL | Linktree (State Maternal Health Innovation Program at the University of Illinois Chicago
- HHS Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission
- <u>National Women and Girls HIV Awareness Day</u>
- <u>Mother-to-Child Transmission Resources</u> (AIDS Education and Training Centers)
- STDs and Pregnancy
- <u>HIV and AIDS</u> (womenshealth.gov)
- Pregnancy and HIV, Viral Hepatitis, STD, and TB Prevention
- Breastfeeding and HIV
- Maternal and Child Health Leadership Competencies | MCHB (hrsa.gov)
- Where You Live Matters: Maternity Care in Illinois
- <u>2023 Maternal Morbidity and Mortality Report</u>
- Summary of 2023 Maternal Morbidity and Mortality Report
- <u>2021 Maternal Morbidity and Mortality Report</u>
- Summary of 2021 Maternal Morbidity and Mortality Report
- 2018 Maternal Morbidity and Mortality Report

## **General Resources**

- <u>CDC-INFO</u> 1-800-CDC-INFO (232-4636)
- <u>CDC HIV Website</u>
- <u>CDC Let's Stop HIV Together Campaign</u>
- <u>CDC HIV Risk Reduction Tool</u>
- Find Testing Sites Near You

#### References

UNAIDS. (2020). Global HIV & AIDS Statistics - Factsheet. Accessed from: https://www.unaids.org/en/resources/fact-sheetexternal.icon

World Health Organization. (n.d.). Mother-to-child Transmission of HIV. Accessed from: <u>https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/mother-to-child-transmission-of-hiv</u>

Centers for Disease Control and Prevention. (2021). Prioritizing Maternal and Child Health. Accessed from: https://www.cdc.gov/globalhivtb/what-we-do/briefingbook/briefbook-pmtct.html#Case-Identification

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