AIDS and Pregnancy

AIDS (*Acquired Immunodeficiency Syndrome*) is the advanced stage of HIV infection. This infection is caused by the human immunodeficiency virus (HIV). It is a life threatening disease that prevents the body from making antibodies that fight infections and it increases the chance of getting cancer. It is important to know if the virus is present in a pregnant woman because this virus may cross the placenta at the time of delivery. It can infect the fetus if not treated with antiviral, HIV or medications. The pregnant mother should begin treatment as soon as the diagnosis is made and continue throughout the pregnancy, labor and delivery. Then, the newborn baby should begin treatment right after delivery.

CAUSE

The cause is the HIV virus, but there are risk factors and ways it is spread to others. These ways include:

- Blood.
- Semen including artificial insemination.
- Vaginal secretions.
- Breast milk.
- Sexual contact including oral sex.
- Sharing needles with infected people.
- Blood transfusions (very rare in the USA).
- Organ transplants.
- Accidental needle sticks or cuts from an infected person.

SYMPTOMS OF HIV:

- Fever.
- Headache.
- Sore throat.
- Severe tiredness.
- Weight loss.
- Yeast/fungus infections of the mouth or vagina.
- Repeated herpes infection of the mouth or genital area.

SYMPTOMS AND OPPORTUNISTIC INFECTIONS WITH AIDS:

- Severe cough.
- Convulsions.
- Shortness of breath.
- Loss of vision.
- Pneumonia.
- Severe nausea, vomiting and diarrhea.
- Purple skin blotches.
- Severe headaches.
- Confusion.

DIAGNOSIS

The diagnosis is made by suspicion and a positive ELISA assay blood test. This is confirmed by a Western blot test (types of lab tests). If you have not been tested for HIV, it is a good idea to do so. Especially if you are planning to get pregnant, have been exposed to or taken part in high risk behavior. This would include use of intravenous drugs, exposure to multiple sex partners, having had a sexually transmitted disease or having a relationship with a person involved in high risk behavior. Approximately 25-35% of mothers who carry the human immunodeficiency virus will pass this infection on to their baby if not treated.

TREATMENT

It is advised that women should be tested for HIV before getting pregnant. The following is also recommended:

- All pregnant women should know that they are being tested for HIV when the routine blood tests are taken on their first prenatal visit. If a woman refuses to be tested for HIV, it should be documented in her medical record and be signed by her and the caregiver.
- The test should be repeated in the third trimester in women who are at high risk for HIV.
- The HIV viral counts in the blood should be repeated every three months and if the antiviral medications change.
- If a pregnant woman is tested positive for HIV, she should take antiviral HIV medications during the pregnancy, labor and delivery (vaginal delivery or Cesarean Section). The baby needs to be treated right away because it can lower the risk of the baby being infected with HIV infection from 25% to 2%.

- Pregnant women with high viral counts should have a Cesarean Section delivery at 38 to 39 weeks of the pregnancy before labor begins or the membranes rupture.

EFFECTS ON PREGNANCY

HIV does not significantly affect the pregnancy. The birth weights, gestational age at delivery, and abortion rates are about the same as a pregnancy which has not been infected. However, if the pregnant woman is not treated during labor and delivery and the baby is not treated right after delivery, the baby can get HIV. The baby can get what is called opportunistic infections. These types of infections can include pneumonia, intestinal problems and convulsions. Also, if HIV progresses to AIDS in a pregnant woman and more serious problems develop, the baby can be affected. If AIDS with its serious problems occur during the pregnancy, then the baby can have problems including growth retardation, prematurity, premature rupture of the membranes with early delivery and other problems.

DELIVERY

The use of fetal scalp electrodes and fetal scalp blood sampling during labor should be avoided. This decreases the chances of passing infected blood from the mother to the baby. Breastfeeding should be avoided following delivery. You may discuss all this information with your caregiver.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicine for pain, discomfort or fever as directed by your caregiver.
- **Do not** take aspirin. It can cause bleeding.
- Take your antiviral HIV medications as directed.
- Consider joining a HIV support group or counseling.
- Get rest and sleep.
- Eat a balanced diet.
- Take your prenatal vitamins and any other supplements as directed.
- Get vaccinated against Hepatitis A and B, influenza, pneumococcal pneumonia, tetanus, polio, measles, mumps, whooping cough and other diseases that you may be more likely to get if you did not get these vaccinations.
- **Do not** smoke, take illegal drugs or drink alcohol.
- Inform all your sexual contacts that you have been diagnosed with HIV.

SEEK MEDICAL CARE IF:

- You think you have or been exposed to HIV.
- You develop dizziness.
- You have a lingering sore throat with or without fever.
- You develop ulcers in your mouth or on your genital area.
- You develop an uncontrollable cough.
- You have severe headaches not controlled with recommended medicine.
- You become confused or depressed.

SEEK IMMEDIATE MEDICAL CARE IF:

- You faint or pass out.
- You have a temperature of 100º F (37.8º C) or higher.
- You have a convulsion.
- You a have problem breathing.
- You cough up blood.
- You have uncontrolled vomiting or diarrhea.
- You develop abdominal pain.
- You have leakage of fluid or blood from the vagina.

- You develop uterine contractions.
- You develop visual problems.
- You develop purple or blue skin blotches.

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