

Position Statement on HIV Infection and Pregnant Women

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Prepared by Steering Committee on HIV Psychiatry.

Issue

All HIV-infected pregnant women should receive thorough education and counseling about perinatal transmission risks, strategies to reduce those risks, and potential effects of HIV infection or HIV treatment on the course or outcomes of pregnancy.

Background

In the United States, HIV transmission from an infected mother to her baby, known as vertical transmission, was responsible for the vast majority of HIV infections in children. Vertical transmission has been significantly reduced from 25% to less than 2% by using preventive strategies during pregnancy, at the time of delivery, and in the post-partum period (e.g., using antiretrovirals, choosing cesarean sections, and avoiding breastfeeding).

The Centers for Disease Control and Prevention recommends including HIV testing in the routine panel of prenatal screening tests for all pregnant women after they are notified that testing will be performed unless they decline (opt-out screening). CDC recommends that separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing. It also recommends repeat screening in the third trimester in certain jurisdictions with elevated rates of HIV infection among pregnant women. (1)

For this reason the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists echo the CDC's recommendations of routine HIV antibody testing for all pregnant women in the United States after the patient has been informed and unless she declines testing ("opt-out" consent or right of refusal). (2-3) ACOG further recommends repeat testing in the third trimester, or rapid HIV testing at labor and delivery as additional strategies to further reduce the rate of perinatal HIV transmission.

If a pregnant woman is found or known to have HIV infection, the CDC offers guidelines for prescribing anti-retroviral medications during pregnancy.

CDC recommends that infants born to HIV-positive women who have not received antepartum antiretroviral drugs should receive prophylaxis with a combination anti-retroviral drug regimen as soon after birth as possible. (4)

In addition, early diagnosis of infected newborns allows lifesaving interventions for these children.

In their role as physicians to childbearing women who are being treated for mental disorders, psychiatrists have an opportunity to participate in the primary prevention of HIV and to reduce any adverse emotional sequelae associated with learning of infection. Psychiatrists should also be aware that HIV-positive women are at increased risk for domestic violence as a consequence of partner notification.

Recommendations

1. A comprehensive psychiatric evaluation for women of reproductive age at risk for HIV should include a sexual history which may include the following: coerced and consensual acts; HIV-related risk behavior; reproductive plans; condom usage (male and female); histories of prior sexually transmitted diseases (STDs) and HIV testing; assessment of risk for current STDs and HIV; and alcohol/drug use behaviors including injection drug use and the sharing of paraphernalia for such purposes.

2. Psychiatrists should encourage all their pregnant patients (and those who are contemplating becoming pregnant) to undergo voluntary HIV testing; urge them to participate in pre- and post-test counseling to the extent appropriate to the patient's needs and in collaboration with obstetricians and other medical providers; and assist their patients in notifying partners and adhering to strategies for preventing HIV acquisition or transmission.

3. Psychiatrists have a special obligation to insure that women of reproductive age who have severe and persistent mental illness or are psychiatrically hospitalized or committed to forensic services have access to HIV testing, pre- and post-test counseling, HIV education and prevention services, family planning services, and, when pregnant, adequate obstetrical care, including access to anti-retroviral treatment if they are HIV-infected.

References

1. Centers for Disease Control and Prevention, Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. Sep. 14, 2011; pp. 1-207. Available at <http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>
2. American Academy of Pediatrics. Committee on Pediatric AIDS. Policy Statement: HIV testing and prophylaxis to prevent mother-to-child transmission in the United States. *Pediatrics* 5 November 2008; 122(5): 1127-1134 (doi:10.1542/peds.2008-2175)
3. American College of Obstetricians and Gynecologists. Prenatal and perinatal human immunodeficiency virus testing: expanded recommendations. ACOG Committee Opinion No 418. *Obstetrics & Gynecology* 2008; 112:739-42 (reaffirmed 2011)
4. Centers for Disease Control, op cit.