

HIV Risk Reduction

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HIV Positive and Pregnant:

Breakthrough Treatments and Integrated Support Services Deliver Hope

A young woman walks into a medical clinic, her pulse racing with anticipation; she's about to confirm her suspicion that she is pregnant. But after several hours of testing, what should be a time for celebration spirals into shock, denial and fear.

The young woman has learned she is also HIV-positive.

Infecting her baby is an HIV-positive mother's greatest concern, and justifiably so: according to the National Institutes for Health (NIH), between one-fourth and one-half of all *untreated* pregnant women infected with HIV will pass the infection to their babies. HIV infection of newborns is very rare in the United States, however, because women are tested for HIV during pregnancy, and women with HIV infection receive anti-HIV drugs during pregnancy, cesarean delivery if their HIV blood levels are high, and are advised not to breastfeed their infants.

But many HIV-infected pregnant women don't receive early intervention, nor sufficient education, treatment, counseling and support. In addition, a myriad of social, contextual and political factors can hinder successful outcomes.

A look inside the world of a nationally-acclaimed clinic setting the standard for perinatal transmission prevention, as well as an understanding of the issues impacting HIV-positive pregnant women, can help HIV and substance abuse professionals support this population.

One Woman, One Clinic on a Mission to Help Many

One HIV-infected baby is one too many. Reducing - and eventually eliminating - mother-to-baby transmission of HIV is central to the mission of the High Risk OB Clinic at the nationally-acclaimed Grady Health System in Atlanta. Its medical team is delivering breakthrough preven-



*Jeronia Blue, Senior Staff Nurse
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Help HIV+ pregnant clients:

- Get the facts; to learn more, visit www.nih.gov.
- If a client thinks she may be pregnant, encourage her to go to an OB clinic right away. If she is pregnant, the earlier the intervention, the better.
- The desire for a healthy baby is a powerful motivator. Encourage an HIV+ expectant mom to start anti-HIV drugs as soon as possible and to stop using any street drugs.
- Many feel they have nowhere to turn, and are terrified they will die, along with their baby. By reducing their fear you can help them reclaim the power to make healthy choices.

tative treatments, support services, and most importantly, hope for soon-to-be mothers and their babies. At its helm is Jeronia Blue, Senior Staff Nurse, Women's Health, Ambulatory Care Services Department at Grady Health System.

"I'm originally from Miami and always wanted to be a nurse," recalls Blue. When her guidance counselor suggested Grady School of Nursing "to become a great nurse," she applied, and was the first-ever student accepted from her school. After years of work in labor and delivery, she was ready for a change, and moved to the Ambulatory Care Services Department in Women's Health. When its leader, Harriet Williams, took early retirement in 2007, Blue assumed the post.

"That's when I started learning more about HIV," says Blue. And what she learned was an eye-opener. As a member of HIV and perinatal planning councils on the local and state level, Blue and her colleagues discovered insufficient reporting practices about mother-to-child transmission, which is critically important for increased federal funding.

These pressing needs fuel Blue's passion and commitment to her work at Grady's High Risk OB Clinic. The clinic was founded in 1987 by Dr. Michael Lindsay, an award-winning physician practicing fetal and maternal medicine and obstetrics / gynecology and one of the country's leading authorities on HIV-infected pregnant women and infants. He is currently Chief of Service for Emory University for OBGYN at Grady. Dr. Lindsay is also Medical Liaison for Grady patients. Recognized as one of the best in the field by *Black Enterprise America* and *Atlanta Magazine*, Dr. Lindsay's extensive accolades and achievements include *Maternal-Fetal Medicine's* Mentorship Award.

Grady Health System is one of the largest public hospitals

in the U.S, and the only level 1 trauma center within a 100-mile radius of Atlanta. In addition to its nationally-renowned emergency services, Grady provides primary care services and more than 100 subspecialty services, from diabetes to cancer to perinatal. Its Infectious Disease Program was named one of the top three HIV/AIDS outpatient clinics in the country.

Grady's Infectious Disease Clinic offers "one-stop shopping for anybody infected," explains Blue. "But back in 1982, it didn't cover the OB patient." Dr. Lindsay founded the High Risk OB Clinic to bridge that gap. Today, it is among Grady's six high-risk clinics.

In 2009, the High Risk OB clinic treated 71 pregnant HIV-positive women. Of the 71 patients, 64 were African American (90%) two were white (3%) and five were Hispanic (7%). "It's interesting to note," says Blue, "that three of the 71 pregnant patients were born HIV positive themselves and yet were comfortable enough to take the risk of becoming pregnant." Of the 71 patients, 54 delivered in 2009 (some would deliver the next year) and all 54 delivered babies were negative.

For several years, the High Risk OB Clinic has prevented mother-to-infant transmission in 98% of all cases. Its successful track record has made it a magnet for other hospital referrals in Atlanta. And according to Blue, one of the keys to its success is supporting patient compliance through an integrated approach

combining effective treatment with social services.

Straightforward Facts, Complicated Issues

According to the NIH, women can give HIV to their babies



The risk of an HIV+ mother passing the virus to her child, either during pregnancy or delivery, can be dramatically reduced by using anti-HIV drugs in combination with a c-section for women with certain levels of HIV in their blood. So the first and most important step is for pregnant women to learn their status.

during pregnancy, while giving birth, or through breast-feeding. But, there are effective ways to prevent mother-to-infant transmission of HIV:

- Taking anti-HIV drugs during pregnancy - either a drug called zidovudine or AZT alone or in combination with other drugs called highly active antiretroviral therapy (HAART) - a mother can significantly reduce the chances that her baby will get infected with HIV.
- Delivering the baby by cesarean section (also called c-section), and doing so before the mother's uterine membranes rupture naturally (also called water breaking), reduces transmission that may occur during the birth process.
- Avoiding breastfeeding. HIV can be spread to babies through the breast milk of mothers infected with the virus. The American Academy of Pediatrics recommends that HIV-infected women feed their infants commercially available formula instead of breastfeeding.

Use of anti-HIV drugs during pregnancy and delivery, combined with a c-section in women with certain levels of HIV in their blood, can reduce the chance that the baby will be infected to less than 2%. While this is the best practice approach for the most desirable outcome, each patient has unique circumstances and achieving success can be fraught with obstacles.

The first and most important step in transmission prevention is for pregnant women and their doctors to know their status. Many women across the U.S. do not get tested for HIV during pregnancy. According to 2005 data from the Centers for Disease Control, among HIV-infected infants born in the 33 states which report HIV-exposed infants, 31% of the mothers of HIV-infected infants had not been

tested for HIV until after delivery.

At Grady, 20% of women are finding out they are HIV+ when they come for their first pre-natal visit, says Blue. The rest of Grady's pregnant HIV+ patients have previous knowledge of their status and are referred by Grady's infectious disease clinic, AID Atlanta, and private physicians.

The second step in transmission prevention is for a pregnant woman and her doctors to have a well-thought-out plan for delivery based on her unique health situation. While vaginal delivery carries more risk of mother-to-child transmission than a scheduled c-section, it is an option for an HIV+ mother if her viral load is below 1,000 copies/mL at 36 weeks, or she already has ruptured membranes and labor is progressing rapidly. All deliveries have risks and methods are carefully considered on a per-patient basis.

An Integrated Approach to Care

While early intervention is preferred, any intervention can improve the odds for a successful outcome. "If the patient is not on HIV medication, we don't start her on meds until after her first trimester and after conducting resistance testing," says Blue.

Helping their patients stay compliant on HIV medicines and healthy in mind, body and spirit through the course of their pregnancies is job one for Blue and her team. "When we talk to someone who is HIV+ and thinks she is going to die, we have a lot of education to do," says Blue. "We help her to understand that this is a viral

infection and not the end of her world. If she takes care of herself, eats properly, and takes her medications, she can prolong her life and have a great chance of delivering an HIV negative baby. We bond with our patients so they feel good about coming here and offer support every step of the way, along with a lot of love."



HIV can be spread to babies through the breast milk of mothers infected with the virus.

An HIV+ mother can protect her infant by avoiding breastfeeding.

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“What do we do differently here at Grady is provide more comprehensive prenatal care,” she continues. “If the patient needs mental health counseling, we have it. If she needs dental care, we can connect her. We have social workers to help with housing issues. If she needs substance abuse counseling, we can refer her right away.”

Helping HIV+ mothers with substance abuse issues to stay off drugs during their pregnancy is another obstacle faced by Blue and her team. Five percent of the clinic’s patients in 2009 were taking street drugs. “Some HIV+ women don’t seek care for themselves, but when they become pregnant, they seek care to deliver a healthy baby - it’s a big motivator. And that is especially true if they are on drugs.”

“I know of one patient in particular,” the nurse recalls. “She already had two babies with us that she was unable to keep. Her tests revealed both HIV and hard drugs, and we were able to immediately link her to our social worker, Katilia Harden, who visits the clinic every Wednesday, and to extensive treatment. The patient stayed clean throughout her pregnancy and was able to keep her baby when many other patients can’t.”

Coaching patients to stick to their HIV medication regimen is an important part of the Grady approach. “Every time she visits we start again,” says Blue. “We don’t assume just because we taught her how to take her meds that she remembers. We ask her, ‘how many meds did you take? Tell me again, remind me.’ We work as a team with our social worker, and the patients know Dr. Lindsay and our other doctors, so they are consistently seeing the same people every time they visit.”

Approximately 33% of those patients in 2009 were pregnant teenagers. “A lot of teenage girls are scared to tell their families that they are HIV+ and pregnant because they will lose their support,” says Blue, who is particularly close to those patients. “We encourage them to tell not only their family, but the baby’s father as well so he can be tested. We find that when the teen tells her family, they react far more positively than she had imagined.

“Some patients even keep in touch,” says Blue, who recently got “the surprise of my life. I received a birthday card from a patient,” she recalls. “The patient, her mom, and the baby’s father expressed how much they appreciated me.”

Blue sums it up this way: “HIV and substance abuse professionals make a difference. Sometimes we are the only

link patients have to humanity. They are afraid they will be rejected by everyone else. It makes a difference that someone is in their corner.

“It can be hard for us, sometimes. I hear about patients

who go back on street drugs and it is heartbreaking. But we hang in there because the work we are doing is making a difference in people’s lives.”



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