



POSITION STATEMENT

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)

The American College of Nurse-Midwives (ACNM) supports efforts to prevent and treat human immunodeficiency disease (HIV) and acquired immunodeficiency syndrome (AIDS) through prevention strategies, screening, early diagnosis, and treatment that should be accessible to all who request or require them.

ACNM maintains the following:

- All women and men should be counseled about HIV risk behaviors and risk reduction strategies. Prevention counseling should not be required for screening.
- All women and men aged 13 to 64 should be offered voluntary HIV testing as a routine part of health care following informed consent that addresses the purpose, benefit and risks of testing. A specific or separate signed consent for HIV testing should not be required. The general consent for health care should be sufficient for consent for HIV testing.

Screening should be done after notification that an HIV test will be performed unless the woman (or man) declines (opt-out screening).

- HIV testing in pregnant women should be routine and voluntary on an opt-out basis. Women should be notified that HIV screening is recommended for all pregnant women and that it is a routine part of the prenatal panel of tests.
- Testing should be done early in pregnancy and repeated during the third trimester
 - if there is elevated incidence of HIV in the population;
 - if 1/1000 pregnant women are infected in the practice;
 - if the woman is at high risk for acquiring HIV;
 - if the woman has signs and symptoms of infection.
- Rapid, voluntary HIV testing should be done during labor if the woman's HIV status is unknown.
- HIV testing of infants whose mothers were not tested during pregnancy is encouraged..
- Alternative and varied testing options, including rapid testing, should be available to reduce barriers to HIV screening and testing.
- CNurse-midwives and certified midwives should be knowledgeable about state laws and/or national regulations that require compliance regarding HIV testing, procedures for informed

consent, privacy, and confidentiality of testing results.

- All women who are HIV positive should be counseled in a non-directive manner regarding their reproductive choices.
- All women who are HIV positive should be counseled about the risks and benefits of antiretroviral therapy during the prenatal, perinatal, and neonatal periods and be offered an appropriate treatment regimen.
- All women who are HIV positive should receive prenatal and perinatal care that minimizes the risk of vertical transmission.
- All women who are HIV positive should be counseled about individual risks and benefits of vaginal birth versus cesarean birth with regard to the risk of vertical transmission. Evidence to date suggests that for select women with higher viral loads, a cesarean prior to labor will reduce the risk of vertical transmission. A woman's decision about mode of birth should be respected.
- All women who are HIV positive and have access to adequate and safe formula supplies should be advised to avoid breastfeeding.
- Public and private policies should assure that individuals who are HIV positive are not be denied access to health care, medications, life insurance, and/or employment based on their HIV status.
- States should adopt comprehensive legislation that provides access to voluntary testing options, including same day results, that give health officials and providers adequate mechanisms for tracking the epidemic and that provide access to health care for all HIV/AIDS infected individuals.
- Basic knowledge about HIV prevention, screening, counseling and treatment should be incorporated in all health care professional education programs.
- Model comprehensive, multidisciplinary programs that address the complex medical, emotional, and social needs of women who are HIV positive or who have AIDS should be promoted.

Despite ongoing efforts aimed at prevention, women continue to make up approximately one fourth of HIV cases. Heterosexual transmission is the primary source of infection, and women of color are disproportionately affected [1].

ACNM endorses in principle the 2006 Centers for Disease Control (CDC) Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.[2] and the United States Preventive Services Task Force recommendations for universal screening for HIV [3]. ACNM believes that all women have the right to information about HIV/AIDS that includes their consent to care and that voluntary testing is an important primary prevention strategy. The recommendations above are derived from what is now known about HIV and represent the key aspects of the CDC 2006 recommendations that are applicable to midwifery practice and the care of childbearing women and women outside the reproductive process [2].

References

[1] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2011*; vol. 23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed March 13, 2013.[2] CDC. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR* 2006;55[No. RR-14]:1—17

[3] Moyer, V. on behalf of the U/S Preventive Services Task Force. Screening for HIV: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med*. Published online 30 April 2013 doi:10.7326/0003-4819-159-1-201307020-00645

Replaces: Statement on HIV/AIDS, 2003

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