



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. The following recommendations are derived from what is currently known about HIV and represent the key aspects of the CDC recommendations that are applicable to midwifery practice:

- All individuals should be counseled about HIV risk behaviors, risk reduction, and prevention strategies, which should include Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) to individuals with high risk of acquisition and transmission of HIV. Individuals 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.
- Women who are living with HIV 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.
- HIV testing in pregnancy should be a routine part of the prenatal panel of tests 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.
- All women and their partners who are living with HIV should be counseled in a non-directive manner regarding their reproductive choices to include education about PEP, PrEP, treatment as prevention through viral suppression, and the use of condoms. These HIV prevention methods should be a part of counseling for both conception and contraception to both reduce the risk of HIV transmission between HIV serodifferent-couples and meet their family planning needs.
- Pregnant women who are living with HIV should receive prenatal and perinatal care that minimizes the risk of vertical transmission, including anti-retroviral therapy (ART), and be counseled about individual risks and benefits of vaginal birth versus cesarean birth with regard to the risk of vertical transmission. A woman's decision about mode of birth should be respected. Women who are living with HIV and have access to adequate and safe formula supplies should be advised to avoid breastfeeding.

- Certified Nurse-midwives (CNMs) and certified midwives (CMs) 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.
- Public and private policies should assure that individuals who are living with HIV are not 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.

Background

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 the 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 The CDC United States Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States,⁴ also the CDC Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV⁵ recommend that PrEP be considered for people who are HIV-negative and at substantial risk for HIV infection.⁶

ACNM believes that all women and their partners have the right to information about HIV/AIDS that includes their consent to care and that voluntary testing is an important primary prevention strategy. 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 individual declines (opt-out screening). Prevention counseling should not be required for opt-out screening.

A woman without HIV who desires to conceive a child with a man who is living with HIV should be counseled that the safest conception method is in-vitro fertilization. Other methods, including intrauterine insemination, PrEP therapy, viral suppression, sperm washing, and limiting condomless sex to the time of ovulation, greatly reduce the risk of transmission if the partner with HIV has an undetectable viral load. These safer methods do not completely eliminate the risk of transmission.^{6,7} It is not necessary for couples to be counseled to use all methods together to prevent HIV transmission.⁶ Male partners of women living with HIV should be counseled that the safest method of conception is through homologous intrauterine insemination, and all of the above safer methods are also appropriate.⁷

Testing should be done routinely early in pregnancy and repeated during the third trimester if there are additional risk factors. If HIV testing is declined in early pregnancy then the test should be offered again in the third trimester.

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. Evidence to date suggests that for select women with higher viral loads, a cesarean prior to labor will reduce the risk of vertical transmission.

Basic knowledge about HIV prevention, screening, counseling and treatment should be included in all midwifery educational programs. Model comprehensive, multidisciplinary programs that address the complex medical, emotional, and social needs of individuals who are living with HIV infection or who have AIDS should be promoted.

References

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Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB).

Source: Division of Standards and Practice

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