



## A Research Conducted on Care of Hiv Infected Pregnant Mother

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### INTRODUCTION

HIV is considered as taboo in the society. It is considered as death for the individual, but "NO" it is curable. HIV if treated before it becomes AIDS the person can survive. The reduction in mother-to-child transmission of human immunodeficiency virus (HIV) is regarded as one of the most effective public health initiatives. Before the current treatment era, approximately 2000 babies were infected with HIV each year in the United States alone. Despite increasing HIV prevalence, that figure now stands at approximately 300 infants per year. Human immunodeficiency virus (HIV) is a lentivirus (slowly replicating retrovirus) that causes acquired immunodeficiency syndrome (AIDS),[1][2] a condition in humans in which progressive failure of the immune system allows life threatening opportunistic infections and cancers to thrive. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells.

### What are the risk factors for transmitting HIV during pregnancy?

If a woman is infected with HIV, her risk of transmitting the virus to her baby is reduced if she stays as healthy as possible. According to the March of Dimes, new treatments can reduce the risk of a treated mother passing HIV to her baby to a 2 percent or less chance.

### Factors which increase the risk of transmission include:

- Smoking
- Substance abuse
- Vitamin A deficiency
- Malnutrition
- Infections such as STD's
- Clinical stage of HIV, including viral load (quantity of HIV virus in the blood)
- Factors related to labor and childbirth
- Breastfeeding

### How can HIV affect my pregnancy and my baby's health?

Being HIV-positive puts you at a higher risk for complications such as preterm birth, intrauterine growth restriction, and stillbirth, although these outcomes are more common in developing countries. The risk of complications is higher for

women with more advanced cases whose immune systems are compromised.

You can also pass the virus to your baby during pregnancy, birth, or breastfeeding. Without treatment, your baby has a 25 percent chance of becoming infected.

However, you can reduce your baby's risk to less than 1 percent if you get appropriate treatment for yourself during your pregnancy. This includes monitoring your viral load, taking appropriate medications, avoiding certain pregnancy procedures, having a c-section if your viral load is too high, and not breastfeeding.

### Treatment

Treatment of women infected with HIV should not be withheld because of pregnancy. Although the decision regarding starting or maintaining current antiretroviral therapy is based on the same criteria as in nonpregnant patients, several considerations must be taken into account because of potential effects on the fetus.

The use of the 3-part ZDV prophylaxis regimen, alone or in combination with other antiretroviral medications, should be discussed and offered to all pregnant women because ZDV was the first agent to show significant decrease in the mother-to-child transmission of HIV.[2] The regimen chosen should also take into account prior therapy and response to that regimen, as well as resistance testing. Gestational age and potential fetal and neonatal toxicity must also be taken into account when selecting a regimen.

The mechanism of action with which these drugs reduce perinatal transmission includes lowering maternal viral load; however, as these drugs cross the placenta, there appears to be prenatal prophylaxis as well. The third component, prophylaxis of the newborn, further decreases the risk of perinatal transmission.

### REFERENCES

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