HIV-Positive Women Are Not Getting Pregnancy Counseling

June 3, 2010

More than half of HIV-positive women who wish to have children have not received adequate pregnancy counseling from their health care providers, according to a study published in the May 20 issue of AIDS Patient Care and STDs.

Now that safer methods for conceiving and delivering a baby are available, it's vital that clinicians discuss HIV and pregnancy with their HIV-positive female patients. A lack of counseling can negatively women of childbearing years, along with their sexual partners and children, should they decide to conceive or go forward with an unintended pregnancy.

Adequate counseling involves spelling out HIV transmission risks during conception, pregnancy and delivery. Women who have undetectable viral loads are significantly less likely to pass their virus on to their HIV-negative sex partners, either during sexual intercourse or in conjunction with assistive reproductive technologies, such as "sperm washing" and in vitro fertilization. Moreover, women who intend to become pregnant can make informed choices about antiretroviral (ARV) therapy before and after conception and during delivery.

To determine whether these kinds of conversations were taking place among HIV-positive women and their providers, Sarah Finocchario-Kessler, PhD, MPH, from the Johns Hopkins Bloomberg School of Public Health in Baltimore and her colleagues conducted computer-assisted interviews with 191 HIV-positive women being seen at one of two Baltimore HIV clinics. Most of the women were African American, and their average age was 32. Only 28 percent reported consistently using condoms with their sex partners, either to prevent HIV transmission or prevent pregnancy. Most of the women—66 percent—reported that they intended to have a child in the future.

Finocchario-Kessler and her colleagues found that among women who intended to have a child, 56 percent had not had a personalized discussion about pregnancy with their health care provider. Of those who had done so, most initiated the conversation themselves. Younger women were much more likely to have had personalized discussions with their provider about pregnancy.

Though the authors concede that their findings can't be generalized to all women or all HIV care settings, they point out that their patients were attending a top urban HIV specialty clinic, which is more likely to represent a best-case scenario.

The authors make the point that there may be discomfort discussing the topic, both among providers and their patients. Though the authors suggest that HIV specialists are more likely to feel comfortable discussing sex with their patients than the average physician, many still may be

uncomfortable with the topic of planned pregnancies. HIV-positive women who wish to have children might also have a hard time broaching the topic.

“Given the stigma HIV-infected women may experience when considering childbearing, they may have a heightened fear of disapproval from their HIV provider,” the authors state. “If communication is not initiated by the provider, it may only occur after pregnancy.”

Given that only 39 percent of the women in this study had an undetectable viral load at the time of the interview, failure to communicate about pregnancy plans could put their HIV-negative sex partners at risk of infection—and ultimately increase the chance of passing on the virus to their infants.

“Universal communication about future reproductive desires and intentions,” the authors conclude, “can reduce missed opportunities to offer guidance to those with childbearing interests, help reduce stigma by normalizing childbearing among women living with HIV, and assist women to avoid unintended pregnancies.”

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/hiv-pregnancy-counseling-18505-5877