

HIV Infection and Pregnant Women

POSITION STATEMENT

Approved by the Board of Trustees, December 2004

Approved by the Assembly, November 2004

"Policy documents are approved by the APA Assembly and Board of Trustees...These are ... position statements that define APA official policy on specific subjects..." -- *APA Operations Manual*.

Background

In the United States, transmission of human immunodeficiency virus (HIV) from an infected mother to her baby, also known as vertical transmission, is responsible for the vast majority of AIDS cases in children. Such transmission can now be significantly reduced by using preventive strategies during pregnancy, at the time of delivery, and in the post-partum period (e.g., the use of antiretrovirals, choice of cesarean sections, and avoidance of breastfeeding). Moreover, early diagnosis of infected newborns allows for lifesaving interventions for these children. Due to these important advances, the American Academy of Pediatrics and the American College of Obstetrics and Gynecology have recommended universal voluntary HIV testing for all pregnant women. Many pregnant women at risk for HIV do not know their serostatus, but the vast majority are receptive to voluntary testing. These strategies reduce the risk of mothers transmitting HIV to their babies from 25–30 percent to as low as one percent. In their role as physicians to childbearing women who are being treated for mental disorders, psychiatrists have an opportunity to participate in the primary prevention of HIV and to reduce any adverse

emotional sequelae associated with learning of infection. Psychiatrists should also be aware that HIV-positive women are at increased risk for domestic violence as a consequence of partner notification.

Specific Recommendations

1. A comprehensive psychiatric evaluation for women of reproductive age at risk for HIV should include a sexual history which may include the following: coerced and consensual acts; HIV-related risk behavior; reproductive plans; condom usage (male and female); histories of prior sexually transmitted diseases (STDs) and HIV testing; assessment of risk for current STDs and HIV; and alcohol/drug use behaviors including injection drug use and the sharing of paraphernalia for such purposes.
2. Psychiatrists should encourage all their pregnant patients (and those who are contemplating becoming pregnant) to undergo voluntary HIV testing; urge them to participate in pre- and post-test counseling to the extent appropriate to the patient's needs and in collaboration with obstetricians and other medical providers; and assist their patients in notifying partners and adhering to strategies for preventing HIV acquisition or transmission.
3. Psychiatrists have a special obligation to insure that women of reproductive age who have severe and persistent mental illness or are psychiatrically hospitalized or committed to forensic services have access to HIV testing, pre- and post-test counseling, HIV education and prevention services, family planning services, and, when pregnant, adequate obstetrical care, including access to anti-retroviral treatment if they are HIV-infected.