



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, which is accessible to all who request or require it.

Despite ongoing efforts aimed at prevention, HIV infection continues to be a leading cause of death in the United States. One fourth of newly diagnosed cases occur among women.⁴ Heterosexual transmission is the primary factor, and women of color are disproportionately affected.

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. We believe 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 following recommendations 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.

It is the position of ACNM that:

- All women and men 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, be offered voluntary HIV testing as a routine part of health care, on the same voluntary basis as other diagnostic and screening tests, following informed consent that reviews the purpose and risks of testing.
- Screening be done after notification that an HIV test will be performed unless the woman declines (opt-out screening). A specific signed consent for HIV testing should not be required. The general consent for health care should be sufficient for consent for HIV testing.
- HIV testing in pregnant women be routine and remain 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 3rd 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 be done during labor if the woman's HIV status is unknown.
- HIV testing of infants whose mothers were not tested during pregnancy be encouraged on a voluntary basis.
- Alternative and varied testing options, including rapid testing, be available to decrease barriers to HIV screening and testing.
- Nurse-midwives and certified midwives 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 be counseled in a non-directive manner regarding their reproductive choices.
- All women who are HIV positive 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 receive prenatal and perinatal care that minimizes the risk of vertical transmission.
- All women who are HIV positive 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 delivery prior to labor will reduce the risk of vertical transmission. A woman's decision about mode of delivery should be respected.
- All women who are HIV positive and have access to adequate and safe formula supplies be advised to avoid breastfeeding.
- Public and private policies assure that individuals who are HIV positive are not denied access to health care, medications, life insurance and/or employment based on their HIV status.
- States adopt comprehensive legislation that provides access to voluntary testing options including same day results, that gives health officials and providers adequate mechanisms for tracking the epidemic, and that provides access to health care for all HIV/AIDS infected individuals.

- Basic knowledge about HIV prevention, screening, counseling and treatment 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 be promoted.

References:

Human Immunodeficiency Virus (HIV) And Acquired Immunodeficiency Syndrome (AIDS), ACNM, 2003.

Centers for Disease Control and Prevention. HIV and Aids in the United States, 1981-2000. MMWR 50(21):430-4. [Internet], [cited May 20, 2003].

Available from:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a2.htm>

Centers for Disease Control and Prevention. Advancing HIV Prevention: New Strategies for a Changing Epidemic – United States, 2003. MMWR 2003; 52:329 - 332. [Internet], [cited May 20, 2003]

Available from: <http://www.cdc.gov/mmwr/PDF/wk/mm5215.pdf>

Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006; 55(No. RR-14). [Internet], [cited October 9, 2006].

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

Replaces: Statement on HIV/AIDS, 2003
Source: Division of Standards and Practice
Approved: March 2007
Reviewed: April 2007