



# MidAtlantic AIDS Education and Training Center Women - HIV Case Finding and Prevention

*CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. For those with specific risk factors, CDC recommends getting tested at least once a year.*



## **MESSAGE FOR PATIENTS OF CHILDBEARING CAPACITY: TAKE CARE OF YOURSELF AND YOUR PARTNER(S). KNOW YOUR STATUS.**

- Adult and adolescent women may not recognize that they are at risk for HIV infection and as a result, do not seek HIV testing. Sometimes, lack of knowledge of risk factors can contribute. In addition, stigma remains a major factor for all persons in seeking HIV testing and care.
- Minority women are disproportionately affected by HIV due to a range of factors including social determinants of health.
- For women in general, heterosexual sexual encounters are the most frequent risk behavior resulting in HIV acquisition; injection drug use is also an important risk factor.
- Health professionals must advocate for patient interactions and services that put women at ease and engender trust and comfort. They must also model best practices in delivering person-centered care.
- Health professionals should follow current HIV testing recommendations for women that focus on maintaining the health of women, their partners, and their children.
- Consider offering screening for sexually transmitted infections (STI), hepatitis B & C, and substance abuse and misuse issues.
- Many women have experienced physical, emotional and psychological trauma. Consider trauma and mental health screening and referral.
- Encourage the consideration of a variety of prevention methods (e.g. use of male and female condoms, PrEP, reducing number of sexual partners, eliminating needle sharing). For some people, multiple prevention methods may be a more desirable approach rather than choosing any single prevention intervention.
- Women with one or more of the following should be considered for PrEP:
  - Serodifferent sexual partner(s)
  - Inconsistent condom use with partner(s) of unknown HIV status
  - Recent acquisition of sexually transmitted infection (STI)
  - Injection drug use

## **MESSAGE TO WOMEN CONSIDERING PREGNANCY: TAKE CARE OF YOURSELF AND YOUR BABY.**

### **Women Considering Pregnancy**

- Risk of perinatal transmission can be greatly reduced through the continuous use of antiretroviral therapy (ART) medications during pregnancy and labor and delivery.
- Every pregnant woman should be offered HIV testing and ART if diagnosed with HIV. Partner HIV testing or referral to testing should also be offered.
- HIV risk assessment (example on the other side of this guide) should be conducted regularly.
- Regardless of the HIV status of either party, patient education should be offered on risk behaviors, contraception, pre-exposure prophylaxis (PrEP) before and during pregnancy. Specific PrEP regimens have been FDA approved for HIV-uninfected women. Consult as needed.

### **HIV Testing in Pregnancy**

- The health care team should prioritize screening for HIV in pregnancy upon entry to primary, obstetric, urgent, or emergency care.
- Per CDC guidelines, all pregnant women should be tested for HIV:
  - As early as possible during each pregnancy
  - Repeat during the third trimester of pregnancy, if patient is at increased risk of acquiring HIV including those in jurisdictions that have a high incidence of HIV
  - At intake during labor and delivery, if no documentation of prior test

### **Rapid Testing during Labor and Delivery**

- In the event of entry of a woman of unknown HIV status into labor and delivery, the CDC recommends the use of rapid HIV testing.
- Reassure the patient that the test is voluntary and confidential.
- Explain the rationale for testing and treatment during labor and delivery for the prevention of perinatal transmission.
- Assure woman of linkage to ongoing care post partum.
- Patient-centered care and reassurance are essential.

### MESSAGE TO ALL WOMEN:

#### KNOW YOUR STATUS. CARE FOR YOURSELF, PARTNER(S), CHILDREN.

- In all clinical settings, privacy in the clinical encounter is essential.
- Introduce yourself as well as other clinicians and students who may be in the room. If the patient objects, respect their wishes.
- Use active listening skills, listen with intent to learn how the woman is feeling while assessing their knowledge of HIV and pregnancy.
- Reassure the woman that it is her decision to make regarding testing, treatment and care for herself and child.
- Respect and support the person's autonomy and right to make decisions.
- Be comfortable with pauses to allow the woman to ask questions.
- Be aware of the body language and facial expressions of you and the patient.
- Specific consent forms for HIV testing are NOT required, general consent in primary care is sufficient in most states. Please check state-specific laws for more information or contact the MAETC for assistance.
- Assess the woman's family planning needs, by asking:
  - Are you considering becoming pregnant?
  - Are you currently using birth control? If so, what type?
  - Have you been pregnant before?
  - If you have been pregnant, how many pregnancies to term?
  - Were there any problems with your pregnancies?
  - Are you interested in learning more about family planning?
- Consider cultural beliefs and practices in helping to plan care with the patient.
- Frame questions in a way that supports risk reduction.
- Consider literacy and attempt to ascertain that the woman grasps information.

### MIDATLANTIC AIDS EDUCATION AND TRAINING CENTER

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[www.maaetc.org](http://www.maaetc.org)

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### GENERAL HIV RISK ASSESSMENT

#### SAMPLE SEXUAL HEALTH HISTORY TAKING SCRIPT

- “Good morning, my name is \_\_\_\_\_ and I am a (discipline). You can call me \_\_\_\_\_. How would you like to be addressed?” “Before we begin, are there issues that are of concern to you?”
- “The questions that I am going to ask will help to assess your sexual health risks. Just so you know, I ask all of my patients these questions. Is it OK to go ahead and ask you questions?”
  - When was the last time you had sex?
  - How many sex partners have you had in the past week? Past month?
  - Can you share the gender of people with whom you’re having sex?
  - What kind of sex do you have or have you had?
    - Genital – penis in vagina
    - Anal – penis in anus
    - Oral – mouth on penis, vagina or anus
  - Do you use drugs or alcohol before or during sex?
  - How often do you use a condoms?
  - Have you been tested for STIs?
  - Have you had an STI in the past?
  - Have you ever had sex in exchange for money, housing, food, clothing, drugs or other gifts?
- Can I assist in making referral for other clinical services?
- What kind of support resources can I help you obtain?
- Do you have other needs for your children and family?

HRSA, HIV/AIDS Bureau, Office of Program Support Grant No. U10HA29295

Please refer to the most recent guidelines.

**Last Modified: September 18, 2020**

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