

## Prenatal Material HIV Core in the United States

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### DESCRIPTION

To reduce perinatal vertical transmission, the CDC and ACOG have published guidelines for HIV screening in pregnancy for individuals residing in high-HIV prevalence areas. Data on providers' adherence to these recommendations in patient populations at risk in the US are lacking. To assess whether HIV testing for pregnant patients was done in accordance with recommendations in a sizable metropolitan tertiary care hospital in South Florida. 1270 prenatal and intrapartum records from mothers who nascently delivered at one facility were retrospectively. Arithmetic means and standard deviations were used to chart abstract and analyze demographic and outcome data. 1270 patients who met the inclusion criteria were included.

In the first or second trimester, 1090 patients began prenatal treatment; they gave birth in the third trimester. 1000 (91.7%) individuals were checked in the first or second trimester, but only 822 (82.2%) of these were retested during prenatal care in the third trimester 159 (89.5%) of the 178 individuals without a third trimester test were given an immediate HIV test when they were admitted for birth. 982 (90.1 percent) of the 1090 patients who began prenatal care in the first or second trimester and gave birth in the third trimester had screenings that followed suggested guidelines of the 1270 patients who began receiving care in any trimester, 24 (1.9%) had no documented prenatal HIV testing while receiving care, but 22 (91.7%) had a fast HIV test performed when they were admitted for birth.

Two patients (0.16 percent) were not screened during pregnancy or before birth. There is still need for improvement in routine prenatal screening in this high-risk population, both in the first trimester and the third trimester prior to the start of labour, despite the fact that 99.8% of pregnant women had at least one HIV screening test.

With 22.9 cases for every 1,00,000 individuals per year, Florida had the highest rate of new human immunodeficiency virus (HIV) infections of any state in the United States (U.S.). The total number of new HIV diagnoses in these counties is higher than in most states in the U.S. South Florida has the highest

annual rate of HIV diagnoses in the state. Florida was one of five southern states that accounted for a significant part of neonatal HIV infection, according to a study of perinatal HIV infection in the U.S.

HIV can spread to the foetus throughout pregnancy, during labour and delivery, or after birth when the mother is breastfeeding. Due to the Centers for Disease Control and Prevention (CDC) initiative to offer HIV screening to all pregnant women, to treat HIV-infected women with antiretroviral (ARV) medication during pregnancy, and to discourage HIV-positive mothers from breastfeeding, mother-to-child HIV transmission rates have dramatically decreased. The CDC updated their advice on HIV screening during pregnancy in 2006 for high-risk populations (HIV incidence greater than 17 cases per years) with the aim of lowering mother-to-child HIV transmission to 1% or less: a repeat test in the third trimester for women who are at risk, universal early-pregnancy opt-out HIV screening for all pregnant women, and quick HIV when expecting. The rules governing HIV testing during pregnancy have also been amended in numerous states, including Florida, to match the CDC and ACOG's guidelines. Patients are examined as early in pregnancy as possible, and a second screening is available in the third trimester. If a third trimester HIV screening test is not available, testing is done after a woman is admitted for delivery. In Florida, patients have the option to decline an HIV test while pregnant.

The aim of this study was to assess whether healthcare professionals at Jackson Memorial Hospital (JMH), a sizable urban tertiary care academic medical center in South Florida, perform HIV screening during pregnancy in accordance with recommendations made by the CDC and ACOG as well as Florida legislation.

Due to their residence in a region with a high HIV incidence, all pregnant women seeking prenatal care at this nonprofit, publicly supported facility are considered to be at risk for HIV infection. This emphasizes the significance of making sure HIV screening is carried out in accordance with recommendations in this high-risk patient population, because other research have demonstrated that HIV screening in pregnancy is not generally practiced. Data

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on HIV screening during pregnancy for at-risk women who reside in a region with a high HIV prevalence are scarce, to the authors' knowledge, in the United States.

## CONCLUSION

In their particular geographic areas, providers should get aware with the incidence and prevalence of HIV, which can be found in public health records. A repeat HIV screening test in the third trimester is advised for high-risk pregnant women who are identified through the collection of a non-biased social and sexual health history throughout pregnancy.

Only whether medical professionals screen pregnant women for HIV in accordance with our institution's criteria was examined

in this study. According to our data, over 10% of patients did not receive HIV testing during prenatal care prior to birth in accordance with recommendations for high-risk pregnant women.

This finding might be related to the low health literacy in our patient community and impediments to care that result in third trimester prenatal appointments not being adhered to one significant area we intend to research in the future is the evaluation of these risk factors, as well as the effects of race and educational attainment on HIV screening rates.

In order to determine whether HIV screening in this high-risk population has altered over time, we intend to conduct a follow-up study.