Pregnancy and the Human Immunodeficiency Virus:

A Case Study

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Case Study 2 – HIV/Pregnancy

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Case Study 2

Janie is African American, 27 years old, married, and newly pregnant. During her first prenatal visit she learned she is HIV positive. She is unsure how she could be HIV positive. Janie's family lives nearby and is supportive of her. She has health insurance through her job but fears losing her job over this diagnosis. Thus, she does not want to tell her employer she is HIV positive. Her husband is covered under Janie's health insurance. Her husband refuses to believe he needs to be tested for HIV. How will they find good information, medical care for HIV, and prenatal care (is this readily available)? What will they need to do to keep the baby healthy? What does her husband need?

The Health Issue

Human Immunodeficiency Virus, more commonly known as HIV, is a virus that attacks the body's immune system. Scientists believe HIV originated from chimpanzees in central Africa and was transmitted to humans through contact with infected blood. The virus has existed in the United States since the mid- to late 1970s ("What is HIV/AIDS?," 2016). The HIV infection specifically targets the CD4+ T-cells in individuals. These T-cells are responsible for the body's immune response when attacked by outside antigens, pathogens, or cancerous cells, and can allow the harboring of malignant infections within the body. The infected individual's immune response continues to worsen, which can lead to the development of acquired immunodeficiency syndrome (AIDS) (Manavi, 2006). HIV can be transmitted through contact with infected body fluids such as blood, semen, rectal fluids, vaginal fluids, and breast milk. It is spread most commonly through sexual behavior or needle or syringe injections ("What is HIV/AIDS?," 2016). Transmission of the infection through sexual intercourse makes up about 75% of HIV cases around the world, and is the most common way to develop the disease (Manavi, 2006). It is

less commonly transmitted vertically through pregnancy and childbirth, but it is recommended to start treatment immediately if the mother is HIV positive. HIV is not spread through air or water, mosquitoes, physical contact (such as shaking hands, hugging, sharing closed mouth kissing, etc.) saliva, or tears ("What is HIV/AIDS?," 2016).

When first discovered, this virus was found primarily among men who had sex with men (MSM) (Manavi, 2006). Although gay, bisexual, and other men who have sex with men (GBM) make up only 2% of the population in the United States, GBM comprise 55% of the population living with HIV. The infection is most prevalent among GMB ages 13-24 years old and is seen in higher rates among racial/ethnic minorities ("HIV Among Gay and Bisexual Men", 2014). There are several factors that contribute to the fact that MSM are disproportionately at a higher risk of contracting or transmitting HIV. These factors span across the entire socio-ecological model and have influence at every level – individual, inter(ra)personal, community/organizational, institutional/political, and social (Stahlman, Beyrer, Sullivan, Mayer, & Baral, 2016). On a biological level, sexually transmitted infections have a greater risk of being spread through anal sex over than compared to other forms of sexual contact. The walls of the anus are much thinner than that of other exterior sexual organs and are much more likely to tear, easily allowing for the transfer of blood or semen from one partner to the other. Because HIV is contracted through the exchange of these bodily fluids, it puts men who have sex with men (MSM) at a much higher risk for contracting the infection ("HIV Transmission", 2016). On a behavioral level, the rates of condom use during anal sex among gay, bisexual, and other men who have sex with men (GBM) are low (Harte et al., 2016).

The only way to positively identify an HIV infection is to get tested. The test used to diagnose HIV is called the ELISA, enzyme-linked immunosorbent assay, which tests the

individual's blood plasma for the presence of anti-HIV antibodies. Any individual at risk for HIV should be tested immediately, but if the patient is in the acute stage of the infection, they may receive a false-negative on their test. This is because there may not be enough antibodies in the individual's blood to show up on the test. In this case, the individual should wait about 3 weeks to 3 months to get retested (Manavi, 2006). Symptoms from the disease depend on the stage of infection and not all individuals experience the same symptoms. Early stage symptoms include flu-like symptoms such as fever, chills, night sweats, sore throat, fatigue, and muscle aches ("What is HIV/AIDS?," 2016). Some individuals do not show symptoms for years, so it is important to get tested regularly if you think you may be at risk because 1 in 8 individuals in the United States are infected with HIV but do not know it ("Testing", 2016). Getting tested for HIV is not only important for the individual at risk but also for their partner(s) because uncertainty of infection can put the rest of the public at risk. During this early stage of the infection, the individual is also producing a high HIV RNA viral load in their plasma, making them highly contagious and the infection can be easily transmissible, even if no symptoms are apparent (Manavi, 2006).

Once infected with the virus, the human body cannot get rid of HIV completely. There currently is not a cure for HIV. However, consistent antiretroviral therapy (ART) use can suppress the viral load and cause the virus to be nearly undetectable in the body. This has allowed HIV to become a manageable virus and decreased mortality rates. If the virus is not suppressed, it will progress into Acquired Immunodeficiency Syndrome (AIDS) causing the infected individual's immune system to be severely weakened, which can result in death ("What is HIV/AIDS?," 2016).

Vertical transmission of HIV from mother to child can occur at any point in time throughout childbirth. Perinatal HIV is the transmission of HIV from mother to child during pregnancy, labor, delivery, or breastfeeding ("HIV Among Pregnant Women, Infants, and Children," 2016). According to the Centers for Disease Control and Prevention (CDC, 2016), approximately 8,500 women who are HIV positive give birth each year, and many of those births result in infants born with the HIV virus if the mother is not already on treatment for the disease. Without any intervention to infected pregnant mother, the risk of transmission to the child for breastfeeding women is 30-40% and for non-breastfeeding women is 15-20% (Manavi, 2006). However, if the mother is treated for HIV early in pregnancy and takes all necessary precautions during and after childbirth, the risk of vertical transmission is less than 2% ("HIV Among Pregnant Women, Infants, and Children," 2016).

HIV/AIDS can be a dangerous diagnosis for children. From the first diagnosis of AIDS in 1981 to 2013, 4,998 children under the age of thirteen have died of AIDS, and 91% of those children acquired HIV/AIDS through perinatal transmission (Centers for Disease Control and Prevention, 2016). Therefore, it is pertinent that mothers consistently take medications to protect themselves as well as their children.

Mother-to-child transmission likelihoods can be as low as 1% if the mother is treated early in pregnancy, follows a consistent medication regimen pre- and post-partum, and delivers her baby through a Cesarean section, rather than naturally through the birth canal (CDC, 2016). Pregnant woman should take some form of Antiretroviral treatment (ART), which is a medication to manage HIV and AIDS. According to the Morbidity and Mortality Weekly Report published by the CDC in 2002, the three-part ziovudine (ZVD) chemoprophylaxis regimen is the ART combination recommended for all HIV positive pregnant women. This drug regimen

should be initiated after the first trimester of pregnancy if the mother is not already receiving antiretroviral medication (Mofenson, 2002). This regimen recommendation has continued to remain the drug of choice for medical specialists in 2016. Zidovudine (ZVD) further protects the child from placental transmission during delivery (Cha, Elsamadisi, Su Peggy, Phipps, & Birnbaum, 2016).

Most ART drugs can be administered to the pregnant mother and exhibit no known health effects to the unborn baby. If the HIV infected mother has had no prior antiretroviral therapy at time of birth or is infection is presenting late in pregnancy, she should receive continuous intravenous ZVD infusion starting 3 hours before her cesarean section (Mofenson, 2002). Of the babies born to HIV positive mothers, approximately 30-40% can be identified with HIV if their mothers did not seek prior treatment. An HIV test can be administered to the baby at birth and results can be drawn within the first 48 hours of life. Specialists recommend that blood for the infant's HIV test should not be taken from umbilical blood in case the sample is mixed with mother's blood, increasing the risk of a false-positive result. For the baby, ART should be combined with their neonatal feed as soon as they are able to eat - generally 6-12 hours after birth. To continue to reduce risk of transmission to the infant postpartum, a regimen of 2 mg/kg of zidovine should be given orally every 6 hours for 42 days. There are low risks to providing this drug regimen to infants, but in the case of a reaction, the infant will show symptoms of neutropenia and anemia (Schutzbank & Steele, 2009).

For HIV infected pregnant women, the CDC recommends the use of a medical specialist who has previous experience in this field because of the complex nature and management of this disease (Mofenson, 2002).

Another health issue that is identified in this case study refers to the husband of the pregnant woman. The CDC estimates that around 156, 300 are undiagnosed and living with untreated HIV (CDC, 2016). The husband in the case study needs to first be tested for HIV. Individuals who are hesitant to get tested could attend counseling sessions along with their partners and become educated about the dangers of HIV/AIDS.

As of 2010, there were approximately 116,715 people in Athens-Clarke County, GA. According to census of Athens-Clarke County, GA taken in 2010, women make up 52.6% of the population and Black or African Americans make up 26.6% of the population (U.S. Census Bureau, 2010). The CDC states the morbidity rate of individuals living with HIV in Clarke County, GA is 318.9 per 100,000. The median rate for HIV diagnoses in the whole US is 105.5 per 100,000, meaning the rate of people living with HIV in Clarke County is more than double the overall average rate of the US (Center for Disease Control and Prevention, n.d.).

Impact of Culture

In the United States today, African Americans are the population most affected by HIV when compared to other races/ethnicities, and suffer from the highest proportion of individuals newly diagnosed and living with HIV. African Americans make up only 12% the population in the United States, and yet, out of the 44,074 of new diagnoses in 2014, 44% of those infected were African American ("HIV Among African Americans," 2016). The high prevalence of HIV in African American communities and the fact that African Americans tend have sexual relations with partners from within the same race puts them at greater risk for HIV infection with each new sexual partner they encounter (Lieb et al., 2011).

Many African Americans are unaware of their risk of HIV infection. Among the African American community, there is an increased hesitancy to get tested for HIV, and thus a greater risk of transmitting the disease to fellow partner(s) without knowing (Lieb et al., 2011). Of the 41% of African Americans living with HIV in 2012, 14% did not know they were infected. This lack of awareness of infection status also causes delays in seeking and receiving treatment for HIV, which can further worsen the disease and lead to late stage diagnoses that are harder to treat ("HIV Among African Americans," 2016).

The lack of HIV testing among African Americans is partially due to the communal negative views and assumptions surrounding the disease. In many African American communities, there is a pre-existing stigma against homosexuality and other forms of non-heteronormative identities (“CDC Fact Sheet”, 2016). Black men who have sex with men (MSM) are in the highest risk group in terms of new HIV infections. This statistic has developed an ideology among many African American communities that HIV only impacts men who have sex with men (MSM) (“HIV Among African Americans”, 2016). These stigmas and assumptions discourage many African Americans from getting tested or treated for HIV because of the fear that their peers may think either they or their partner(s) have been sexually involved with MSM. Often times, HIV testing and treatment among black individuals is accompanied with a lack of support from family and friends due to these stigmas (“CDC Fact Sheet”, 2016).

African Americans are disproportionately afflicted by social determinants that produce barriers to health due to centuries of cultural and institutionalized racism and marginalization. A study done in the United States, United Kingdom, and Canada showed that black MSM are twice as likely to face obstacles to quality health, such as lack of employment, incarceration, and poverty, than MSM of other races/ethnicities (Millett et al., 2012). A low socioeconomic status

can be a significant risk factor for poor health outcomes. The high poverty rate in African American communities is one reason why African Americans are at greater risk for HIV infection. These determinants limit African Americans' access to medical care and health education on the risks, prevention, and treatment of HIV ("HIV Among African Americans," 2016).

Middle-aged African American women have the heaviest burden of HIV diagnosis and are disproportionately affected by HIV when compared to prevalence of this disease among women of other races. As of 2013, the leading cause of death for black women between the ages of 25-54 years old living in the United States was AIDS (Reilly et al., 2013). When comparing subpopulations that are most-affected by new HIV diagnoses in the U.S., black, heterosexual women are the 4th most highly affected by the disease. Of the women diagnosed with HIV in 2014, 1,350 were Hispanic/Latina, 1,483 were white, and 5,128 were African American ("HIV Among African Americans," 2016). For African American women, 1 in 32 will be infected with HIV in their lifetime, and the incidence rate of new HIV diagnosis from heterosexual relationships is 87%. Compared to white women, black women are 20 times more likely to be diagnosed with HIV/AIDS (Jennifer, Christopher, Dawn, & Keitra, 2016).

The positive correlation between increased HIV prevalence and increased rates of death due to AIDS among black women is a result of several determinants that specifically affect the female African American population (Reilly et al., 2013*).* One reason why HIV excessively impacts black women is due to lack of knowledge of status and decreased rates of getting tested, among females specifically. A study was done in New York City that researched the self-reported HIV prevalence among black women in high-risk areas (HRAs). Of the 153 black women who reported not having HIV or not knowing their status, 9.8% were found to be HIV

positive. There is a high prevalence of black women infected with HIV who are unaware of their true health status, which could be directly linked to the lack of testing (Reilly et al., 2013).

Many black women, both African American and African-born, are dissuaded from getting HIV tested because of the communal assumption that it means they have been involved in negative or inappropriate behaviors. Because religion is deeply embedded into the African culture, the lifestyle choices that could result in a woman needing an HIV test are viewed as "bad" behaviors within certain black communities. This leaves the women who are getting tested open to shame and ridicule by their fellow community members (De Jesus, Carrete, Maine, & Nalls, 2015). For many African American women, they do not view themselves as apart of a population at risk for being infected with HIV, so they see no need to get tested (Branson et al., 2006). The fear of the disease and denial of a possible positive HIV status is another reason why many black women refuse to get tested. The fear of being diagnosed with HIV causes many women to ignore the possibility of infection by choosing to stay unaware of their HIV status. Also, because of the negative stigma surrounding HIV in many African American communities, some black women worry that their confidential medical information may be released to the public and result in further judgment from their peers (De Jesus, Carrete, Maine, & Nalls, 2015).

Environment and access to education also impact the increased rates of HIV among African American women. One study suggested that black women are more likely to engage in high-risk sexual practices and may lack the knowledge of proper condom use due to their marginalization by society and decision to have sexual partners from within the same community. This study showed that many health interventions that are conducted to increase the use of condoms among African American women are targeted towards younger adolescents. These intervention strategies may not translate properly to older women who may have a higher

need for them, especially if those women are postmenopausal or do not view condoms as a form of STI prevention, but only as a form of birth control (Smith, 2015) Also, many frameworks put in place to develop research in the field of sexual health do not take into account the different gender and ethnic cultural differences between populations. Many sexual health interventions and programs are inapplicable within certain communities due to the neglect of proper needs assessment for that specific population (Deardorff et al., 2013).

Due to a greater resistance to get tested among the African American community, many interventions have looked at culturally appropriate ways to decrease the stigma around HIV and increase the education around prevention and spread of STIs. It is known that faith-based organizations within the black community have huge impacts on the views and beliefs of their congregations. It is reported that around 94% of African Americans affiliate with the Historically Black Protestant (HPB) church and 79% of women report attending an HPB church regularly (Jennifer, Christopher, Dawn, & Keitra, 2016). Sexual health interventions held in these settings have the potential to significantly decrease the risk and stigma of HIV among not only the black parishioners, but the African American community as a whole.

Infants born to HIV positive African American mothers are at a six times greater risk of becoming infected with HIV than infants born to infected Caucasian mothers. One reason for this discrepancy is not only that African American women are at a greater risk of having HIV, but also when pregnant, black women are less likely to receive proper prenatal and postnatal care. This lack of access to medical resources increases the risk of the baby becoming infected with HIV during birth (Lee King & Pate, 2014).

Many women who contract HIV do not have insurance. In 2009, 70,000 individuals living with HIV were uninsured (The White House, 2015). The Affordable Care Act (ACA) was

designed to expand coverage to people living with pre-existing conditions like HIV. Therefore, in states that accept the expansion option, many of those who are uninsured should have access to healthcare. With treatment, HIV/AIDS can be successfully managed for many years, but a clear barrier to care is access to these medications. Without insurance, medications can cost anywhere between $60-$3,4000 per month (National Institute of Health, 2016).

Description Of Who Is Impacted

In this case, a twenty-seven year-old woman discovers that she is HIV positive. The young woman, Janie, is also in the early stages of pregnancy. Janie is African-American and is married to a man whose race is unknown. Fortunately, Janie is aware of her status and has health insurance. Because she has health insurance she will be able to access a health care provider that can prescribe antiretroviral medications in order to keep her viral load low.

One worry that Janie has is that her employer will discover her HIV status. Janie will need someone to help her understand her rights to privacy. The Health Information Portability and Accountability Act (HIPAA) protects the rights of individuals to keep their medical records private (AIDS.gov). Doctors can share patient medical records in some cases such as if there were to be an outbreak of a disease; however, doctors cannot share medical information with employers without the patient's consent. In addition to keeping medical records private, Janie is also protected by the Americans with Disabilities Act (ADA) which protects individuals with HIV or AIDS from discrimination (HHS.gov). This prevents her employer from firing her because of her HIV status.

Living with HIV will be a challenge for Janie. Janie will need someone that can provide important information about living with the virus including how to prevent transmission,

treatment options, and other resources available to her in Athens. Another important need that should be addressed is Janie's need for a health care provider to provide HIV treatment and prenatal care for Janie. Few healthcare providers specialize in treating HIV and this is further complicated by Janie's pregnancy. Janie needs an obstetrician who specializes in high risk pregnancies and specifically manages HIV infections. Without a specialist, she would need medication treatment through a health care provider and need to inform the obstetrician of her HIV status.

Another person in this scenario is Janie's unborn baby. Fetuses are at risk for contracting HIV through vertical transmission; about 25% of babies will be born with HIV if the mother does not receive treatment during pregnancy (National Institute of Health, 2016). If an HIV positive mother begins antiretroviral treatment early in her pregnancy, the risk of transmission to the child is as little as 1% (CDC, 2016). The most significant risk to the child comes during delivery. HIV positive women may need to undergo a caesarean section, depending on her viral load at the time of labor, because a vaginal birth can present a higher risk to the unborn child (NIH, 2016). If a child is born with HIV, it is important for the baby to be diagnosed as soon as possible. Early detection and immediate treatment are critical for long-term survival (Rimawi, Haddad, Badell, & Chakraborty, 2016). The baby will need a health care provider in order to be monitored throughout Janie's pregnancy and prevent transmission of the virus from Janie to the baby.

The last person impacted in this case study is Janie's husband. The husband is known to be resistant to the idea of being tested for HIV. Without knowing his status, he could potentially be infecting others or at least putting himself at risk. If he is not HIV positive, he will need to know ways to protect himself from transmission of the disease from his wife. For example,

information about condom use and pre-exposure prophylaxis (PrEP) will help to decrease his chances of exposure. However, if he is HIV positive, he is required to disclose his status to all sexual partners by law. In the state of Georgia, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act requires the criminalization of any individual that knowingly exposed another person to the HIV virus (CDC, 2016). Since Janie is unsure of how she contracted HIV, it is a possibility that the husband may have had a sexual encounter and exposed his wife to the virus. For the safety of others, as well as himself, the husband needs to be tested in order to inform any of his sexual partners about his status.

Counseling is a great option for someone like Janie's husband who does not believe he is infected. Participating in counseling would encourage her husband to get tested and to work through the stigmas that are so prevalent surrounding the HIV/AIDS virus. He would also need to receive correct, relevant information about HIV/AIDS.

Resource Narrative

AIDS Athens

AIDS Athens is a non-profit organization that focuses on assisting individuals infected with or affected by HIV/AIDS. AIDS Athens was formed by Athens residents who attended an AIDS forum at the University of Georgia in 1987. In October 1995, the name of the organization was renamed the AIDS Coalition of Northeast Georgia in order to emphasize the shift to serving more clients in not only Athens but also the 10 Northeast Georgia counties. However, in August 2004 the name was changed back to AIDS Athens to reaffirm their original mission to serve local residents affected by HIV/AIDS (AIDS Athens, 2016).

AIDS Athens offers a wide range of services to individuals affected by HIV/AIDS. This includes HIV positive individuals as well as their friends, family members, and partners. All of the services offered are free of cost. The services provided include more than just medical care to improve the health of people living with HIV and their families. Case managers are available to provide support services such as counseling and referrals regarding housing; addressing needs for financial assistance, food, and clothing; referrals for health care; providing transportation; and accessing other supportive services to develop independence within clients. AIDS Athens has two housing programs. The Shelter Plus Care (SPC) program is designed to provide more permanent housing for individuals experiencing homelessness and people with disabilities. The Housing Opportunities for Persons With AIDS (HOPWA) provides financial assistance and support to prevent homelessness for low-income people living with HIV/AIDS (AIDS Athens, 2016).

In addition to housing services, AIDS Athens offers social support services to those infected and affected by HIV/AIDS. Services provided include peer counseling, support groups, and a buddy program, which provides HIV-positive and HIV-negative individuals an opportunity to connect, educate one another, and form long-term friendships. AIDS Athens also operates a food pantry to ensure that clients have access to good nutrition, a clothing closet to provide appropriate attire for job interviews or work, educational workshops, and a financial planning program. AIDS Athens clients receive medical care from the Specialty Care Clinic in the Clarke County Health Department. However, AIDS Athens has a Primary Medical Care Assistance Program to provide financial assistance to help clients pay for medical costs (AIDS Athens, 2016).

AIDS Athens is located at 240 North Ave. There are no large signs indicating the location of the building; however, there is a reason for this. Despite the advances in HIV treatment and education, a stigma still exists for people living with HIV. Many people do not want to be seen going into an HIV/AIDS facility and many people do not want to openly share their HIV status for fear of being negatively judged. AIDS Athens recognizes this and as a result have signs on their door that read 'Care Project' rather than 'AIDS Athens'. Case managers often use personal cell phones rather than a landline phone to contact clients so that the name AIDS Athens does not show up on caller ids. AIDS Athens goes to great lengths to protect the privacy of clients while still ensuring that clients receive the best coordinated care (AIDS Athens, 2016).

Specialty Care Clinic

The Northeast Health District's Specialty Care Clinic was formed in 2001, funded by a grant from the Ryan White Care Act in order to meet the needs of adults living with HIV/AIDS. The clinic officially opened in 2002 (Specialty Care Clinic). The purpose of the clinic is to provide specialized outpatient primary care and referrals for HIV patients; the main goal is to promote the health and wellbeing of HIV/AIDS patients (Specialty Care Clinic, n.d.).

Any HIV positive individuals are eligible for services at the clinic. Patients need to provide proof of a positive HIV antibody test, contact information, and proof of income (Specialty Care Clinic). The Specialty Care Clinic offers several services including confidential HIV testing, financial assistance, nutritional assessment, patient education, counseling services, mental health and substance abuse assessment. Others include treatment, case management, access to AIDS Drug Assistance Programs (ADAP) and Pharmacy Assistance Programs (PAP),

and transportation. Primary care services include medical examinations, pap smears, TB testing, lab work, Hepatitis A and B immunizations, and yearly flu vaccines (Specialty Care Clinic, n.d.).

Payment for services depend on the patient's income and eligibility for the Ryan White Program, a program which provides funds for primary medical care and support services to people living with HIV who are uninsured or underinsured (Specialty Care Clinic). Patients must provide proof of income semi-annually; any change of income and family size changes determines eligibility for Ryan White-funded services. The Specialty Care Clinic also accepts Medicaid, Medicare, and some private insurance (Specialty Care Clinic, n.d.).

In reality, HIV/AIDS medications are extremely expensive, especially for those that are uninsured or underinsured. The Specialty Care Clinic provides programs for those at or below the 300% poverty line. The ADAP program is for individuals without insurance and the HICP program is for those with insurance who are unable to pay their premiums (SCC). Initially, it is pertinent for individuals to be tested for HIV/AIDS, but the post-diagnosis care is the real issue. The Specialty Care Clinic exists for this purpose. By providing counseling services, drug assistance services, and even housing, the clinic takes a holistic approach to aiding the diagnosed with living a quality life. Like AIDS Athens, the Specialty Care Clinic sees the broad range of issues that can arise while living with HIV/AIDS. Since low income, minority individuals are greatly affected by the disease, these non-profits see the need to assist people in a different way. These clinics cannot simply diagnose a patient and send them on their way. These organizations provide support, housing, and continued care to a population that is often overlooked (Specialty Care Clinic, n.d.).

Piedmont Athens Regional Medical Center

Piedmont Athens Regional Medical Center offers a wide variety of services for expecting mothers. The Piedmont Athens Regional Midwifery Practice has been providing compassionate care for pregnant women since 1976 (Piedmont Athens Regional, n.d.). The certified nurse midwives guide women through childbirth in a caring and supportive environment. There are a several services offered for example prenatal care, birth care, contraceptive planning, and gynecological services (Piedmont Athens Regional, n.d.). The Piedmont Athens Regional Midwifery uses the Centering Pregnancy program and this approach involves private examinations and group meetings with women who have similar due dates (Piedmont Athens Regional, n.d.). During group meetings, women discuss pregnancy, childbirth, parenting, and personal growth. This approach is designed to strengthen the women's belief in themselves and their ability to give birth. The midwifery clinic sees patients in Athens and Barrow County (Piedmont Athens Regional, n.d.).

The Labor and Delivery Birth Center has labor and delivery specialists to offer support to women through the birthing process. The nurse to patient ratio is one to one to ensure that mothers have the undivided attention and support of a nurse during labor (Piedmont Athens Regional, n.d.). In addition to the Labor and Delivery Birth Center, the Mother-Baby Unit provides updated rooms for mothers to bond with their newborns. Lactation consultants are available to assist mothers with any nursing issues (Piedmont Athens Regional, n.d.).

In addition to Janie's need for prenatal and postnatal care for her and the baby, Janie needs treatment for HIV. According to a case manager at AIDS Athens, Dr. Roger Lovell is an infectious disease specialist at Piedmont Athens Regional Medical Center. He can provide

treatment for HIV and prescribe Janie with antiretroviral medications. Dr. Lovell can also ensure that the baby is safe and provide treatment in order to prevent the spread of the virus to the child.

Piedmont Athens Regional accepts over 50 insurance plans as well as Medicaid and Medicare (Piedmont Athens Regional, 2016a). Patients without insurance are required to pay a $1,000 deductible before inpatient care. Financial assistance is available to eligible patients who cannot afford their medical care. These patients can receive free or reduced cost services based on income (Piedmont Athens Regional, 2016a). Piedmont Athens Regional Medical Center is located on Prince Avenue. The hospital is accessible by Athens Transit and parking is also available although for a fee.

Dr. Mark Visitacion

In addition to Dr. Lovell at Piedmont Athens Regional, Dr. Mark Visitacion is another infectious disease specialist within St. Mary's Medical Group.. For those with insurance, physicians like Dr. Lovell and Dr. Visitacion may be options for managing HIV. Both Dr. Visitacion and Dr. Lovell accept Medicare, Medicaid, and most insurance plans (St. Mary's, 2016; Piedmont Athens Regional, 2016). Although these physicians are not obstetricians, they can help manage HIV infections in pregnant women. Dr. Lovell and Dr. Visitacion can control their patients' viral load and may be able to communicate with an obstetrician about any possible HIV medications or recommendations based on their patient's viral load. AIDS Athens directly refers individuals to Dr. Lovell and Dr. Visitacion; the direct referral aims to reduce the number of individuals who are diagnosed and do not receive treatment (Hannah Craswell, AIDS Athens).

Sustainable Practices

A prominent issue that affects for the spread of HIV/AIDS stems from the idea that discussion of HIV/AIDS is 'taboo'. SISTA, or Sisters Informing Sisters About Topics on AIDS, is a health intervention program, developed by the CDC, that focuses on preventing the spread of HIV infection among African American women through the reduction of sexual risk behaviors This is done by introducing the conversation about and education on HIV/AIDS through the organization of facilitator-led discussion groups and participation in skill-building exercises (SISTA, 2015). The program is catered specifically towards heterosexual, African-American women. Women in the program learn the risks behind the HIV virus and discuss prevention strategies to avoid infection or transmission of the disease. Discussion groups that are coordinated through the program explore a wide range of topics, including ethnic pride, HIV/AIDS education, assertive skills training, behavioral self-management, and coping skills. According to a study done by AIDS And Behavior, SISTA has shown to be successful. Condom use is a principal outcome for SISTA, and the results showed that a majority of women in the program consistently used condoms for 90 days, which significantly reduced their risk of HIV or STI infection and transmission (Sapiano et al., 2013).

Another successful program, P4 for Women, is akin to the SISTA program in terms of a discussion-based, skill-building program catered towards African-American women. P4 for Women, however, utilizes the church as a treatment center. Studies have found that P4 for Women was more successful than SISTA (Wingood et al., 2013). P4 for Women takes into consideration the social capital of the black church by intertwining religion with the intervention.

A significant gap in care occurs between diagnosis and treatment of HIV during pregnancy in Athens, Georgia. A possible solution for this gap would be a comprehensive

training program for obstetricians in the Athens area about the importance of managing HIV during pregnancy and medical training for effective prevention against mother-to-child transmission. The Halo Program, for example, provides comprehensive clinical services to pregnant women with HIV and is offered by a John Hopkins clinic in Maryland. The clinic provides support services and a group of experienced physicians who are trained to manage HIV during pregnancy ("The Johns Hopkins HIV Women's Health Program," 2016).

Pregnancy and childbirth can be a huge financial burden. In 2011, the average cost of an uncomplicated birth taking place in a hospital setting cost $20,000 (Medical Expenditure Survey, 2011). For high-risk pregnancies, that number is even higher because of additional testing during pregnancy and the possibility of a caesarean birth. Without insurance, a high-risk pregnancy with a caesarean birth can cost anywhere from $30,000 to $50,000 (Truven Report, 2011). In order to sustainably identify and care for HIV positive mothers, there must be affordable and accessible health insurance. Currently, the Affordable Care Act requires that all qualified insurance providers cover prenatal and pregnancy care. It also requires that all insurance providers cover those with pre-existing conditions such as pregnancy. Medicaid offers health care coverage to low-income, pregnant women (healthcare.gov, 2016). For women above the poverty threshold, the State Children's Health care Insurance Program (SCHIP) may cover pregnant women in states that allow the option.

Another sustainable option that will provide increased and holistic care for pregnant women infected with HIV, would be to change the structure of hospitals in the Athens area by shifting the focus to specialty services. For instance, moving from a traditional full-service, general hospital to a more specialty focused, service-line oriented hospital (Baghai, Levine, & Sutaria, 2008). A service line (SL) model is a coordinated system that brings together and

focuses the services provided by each healthcare institution (Phillips, et. al., 2015). The idea of a service line model is to coordinate and collaborate several specialty services provided by a hospital(s) and bridge them together in order to provide optimal treatment to a patient. This allows the hospital to treat the patient more holistically and to find a proper diagnosis more effectively and in a timely manner. For example, a cardiac service line addresses all conditions having to do with cardiac issues, which may mean the collaboration of several specialties, such as interventional cardiology, cardiothoracic surgery, cardiac electrophysiology, and cardiac rehabilitation (Corwin, et. al., 2003).

Recently, there has been a local merger between Piedmont Hospital and Athens Regional Hospital, and the SL model has been shown to be effective in reducing costs and increasing quality of care by hospitals, especially during the merger of two health care facilities (Corwin, et.al., 2003). In respect to the local Piedmont/Athens Regional merger, and the present a lack of holistic maternal care for pregnant women with HIV in Athens, the new hospital could develop a maternal service line. This service line could include the collaboration of several specialties, including labor and delivery, midwifery, neonatal intensive care, pediatrics, women and children care, and women's health rehabilitation programs, along with the wellness opportunities provided, such as the educational child preparation classes ("Piedmont Athens Regional Services," 2016).

Lastly, HIV stigma is a highly prevalent issue across the United States. Hannah Craswell, a case manager at AIDS Athens, expressed the troubling trend of internal HIV stigma. She noted the prevalence of HIV stigma in the external community but explicitly expressed concern for HIV stigma within the community. She has experienced that many people do not test themselves because they do not want to believe they are infected. The stigma of HIV is the association with

gay men. Since the prevalence of HIV is higher among black men and women, the stigma is exponentially aggravated in a community that already rejects and stigmatizes black, gay men. For the community of gay men, there is also a trend of internalized stigma even among those that are HIV positive (Berg & Ross, 2014). To combat this stigma within communities, Hannah Creswell at AIDS Athens suggested working in collaboration with counselors in order to increase education about how HIV/AIDS is spread. Group counseling could also be a positive way to spread understanding about the modes of transmission. Group counseling would also help those infected with HIV/AIDS to see that they are not alone and that those with HIV/AIDS are a diverse group of people. As far as the external community, stigma surrounding HIV/AIDS can only be improved by education. Helping others to see the many faces of HIV/AIDS and to help the external community understand the nature of the disease would help to cease stigma in both the internal and external communities.

Resource Handout
Case Study #2 Pregnancy & HIV
Emily Richardson, Lillian Russo, Andrea Williams

AIDS ATHENS
240 North Ave, Athens, GA 30601
Phone: 706/549-3730; Fax: 706/549-2730; www.aidsathens.org

AIDS Athens is a nonprofit organization that seeks to provide supportive services to those affected by HIV/AIDS in the northeast health district of Georgia. All services provided are free of charge. Services provided include HIV testing, housing, social support, a food pantry, clothing closet, financial planning, and case management services to help coordinate all aspects of care for each client.

SPECIALTY CARE CLINIC
345 North Harris Street, Athens, GA 30601
Phone: 706/425-2935; Fax: 706/425-2936;
www.publichealthathens.com/wp/services/hivaids/special-care-clinic/

The Northeast Health District's HIV Specialty Care Clinic provides specialized outpatient primary care for individuals living with HIV/AIDS. The cost of services is on a sliding fee scale depending on the patient's income and Ryan White eligibility. Primary care medical services include medical examinations, pap smears, TB testing, Hepatitis A and B immunizations, and vaccines. Other services provided include infectious disease specialty care, confidential HIV testing, nutrition education, financial assistance, case management, transportation assistance. Specialty care referrals are also offered for dental care obstetrics, x-rays, and dermatology.

PIEDMONT ATHENS REGIONAL MEDICAL CENTER
1199 Prince Ave, Athens, GA 30606
Phone: 706/475-7000; www.athenshealth.org

Piedmont Athens Regional Medical Center is a non-profit, private hospital serving the Athens area. The Medical Center is included within the Athens Regional Health System which consists of the the medical center, four urgent care centers, a physician group, and a health insurance organization. The Level II trauma center serves all people regardless of insurance status; physicians and other care centers serve the insured population.

Costs will differ based on individual insurance plans. For those who are uninsured, Athens Regional offers discounted prices and financial assistance for those who are eligible. More information on eligibility and the application process may be found at the following:
http://www.piedmont.org/patient-tools/piedmont-financial-assistance

PIEDMONT ATHENS REGIONAL MIDWIFERY PRACTICE
1199 Price Avenue, Athens, GA 30606
Phone: 706/475-5700; http://www.athenshealth.org/midwife-services

The Midwifery Practice at Piedmont Athens Regional provides midwifery services for women of Athens and Barrow counties. Certified nurse midwives assist women through all aspects of childbirth; Services include prenatal care, birth care, contraceptive planning, group support, and gynecological services.
Costs will differ based on individual insurance plans.

LABOR AND DELIVERY BIRTH CENTER – AT PIEDMONT ATHENS REGIONAL
1199 Prince Avenue, Athens, GA 30606
Phone 1: 706/475-5622; Phone 2: 706/475-3320;
http://www.athenshealth.org/BirthingCenter

The Labor and Delivery Birth Center at Piedmont Athens Regional provides services for women in labor. Services include birth assistance through registered nurses, anesthesia care, lactation specialists as well as an on-call physician for emergency cesarean birth.
Costs will differ based on individual insurance plans.

DR. ROGER LOVELL – AT PIEDMONT ATHENS REGIONAL
1270 Prince Ave. Suite 301 Athens, GA 30606
Phone: 770/670-7245; Fax: 706/612-1314;
http://www.athenshealth.org/body.cfm?id=24&action=detail&ref=309503

Dr. Lovell is an infectious disease physician within Athens Regional Physician Group. Dr. Lovell's office only accepts patients with Medicaid, Medicare, or private insurance.
Costs will differ based on individual insurance plans.

DR. MARK VISITACION
700 Sunset Dr. #302, Athens, GA 30606
Phone: 706/559-4405; www.idsathens.com

Dr. Visitacion is an infectious disease physician within St. Mary's Medical Group. Dr. Visitacion's office only accepts patients with Medicaid, Medicare, or private insurance. Services include treatment of numerous infectious disease such as meningitis, staph infections, resistant infections, surgical or orthopedic infections, chronic wound care, infusion therapy, HIV/AIDS, sexually transmitted diseases, Hepatitis B & C, toxic shock syndrome, tick borne illnesses, West Nile infections, hospital epidemiology and infection control, antimicrobial management, and medical-legal review related to infectious disease.
Costs will differ based on individual insurance plans.

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Critical Reflections

Emily Richardson

Our group visited AIDS Athens as a main resource to the case study project. Hannah Creswell, a case manager at AIDS Athens, sat down with us to discuss their services and challenges of running a non-profit. One of the issues that seemed most troubling to me was about the internal stigma that exists surrounding HIV/AIDS. External stigma is incredibly prevalent and there are multiple ongoing campaigns that seek to stop this stigma from occurring; however, it was surprising to me that internal stigma was a prominent issue. The case manager explained that many people, especially in the black community, believe that HIV/AIDS is automatically associated with being LGBTQ. Therefore, many people refuse to even be tested in fear of being associated with that community.

Another interesting moment during our interview was when Ms. Creswell spoke about keeping the nature of their organization as confidential as possible. The location of AIDS Athens does not have directional signs or any kind of indication that the building is used by their organization. While that can be frustrating for first-time visitors, it is catered towards clients that do not wish others to know of their HIV/AIDS status. The case managers also use private cell phones and unmarked cars to communicate and travel with their clients. Ms. Creswell mentioned that AIDS Athens recently changed locations and they lost many clients because of the move. Some clients became uncomfortable and believed that their confidentiality would suffer. I believe that AIDS Athens' sincere effort to preserve confidentiality speaks to the massive stigma that exists surrounding HIV/AIDS. Clients of AIDS Athens are receiving mostly free of charge services from the organization, but the fear of being discovered trumps the benefits that they receive.

Working with this case study, a gap in diagnosis to treatment became clear. For HIV positive, pregnant women like our case study individual, the resources are simply not accessible. After hours of researching doctors, nurses, and clinics, our group was unable to find an obstetrician who specialized in HIV/AIDS in the Athens area. There is an OBGYN in Athens who specializes in high-risk pregnancies, but he does not specialize in HIV/AIDS per the website. People like the woman in our case study would have to drive to Atlanta to access these specialists or manage with the resources available in their area. Unfortunately, people who are uninsured will have a much more difficult, if not impossible, time accessing a specialist. Many practices only accept patients with some sort of insurance coverage.

Working with this case study and participating in this class has taught me the true reasons behind the cycle of poverty. Although our case study referenced a woman who was insured and had familial support, many women in Janie's situation do not have these luxuries. If you are uninsured, pregnant, and HIV positive, services are limited and almost inaccessible. In the future and in my career, I hope to always be aware of the impact of poverty on health. I also have learned while doing this case study that non-profits are often life-saving organizations. Non-profits seek to fill the social gaps that the government is not funding. Hopefully in the future our country will have universal healthcare, but until that day, non-profits are desperately needed for the uninsured. In the future I hope to work with a non-profit organization; I will take this experience and work to understand and alleviate poverty, expand health care and support organizations that provide life-saving services.

Lillian Russo

Through the research of my group members and I, we discovered that Athens-Clarke County has appropriate resources that focus primarily on issues suffered by the majority population. Unfortunately, Athens is lacking in the ability to coordinate with other organizations to extend proper care for individuals seeking help for less common issues. When researching resources for our case study participant, Janie, my group and I were able to find support systems that could accommodate one of Janie's concerns, but not all. Janie was a pregnant woman who recently discovered she was HIV positive, and needed a resource that could provide aid for both her pregnancy and infection. It was difficult for us to find a care center that would look at her needs holistically rather than independently.

Our group began our search by focusing on facilities that would provide care and assistance for Janie's positive HIV status. Fortunately, Athens has a high prevalence rate of AIDS/HIV and we were able to find several institutions that could guide Janie through her infection.

We chose to focus on AIDS Athens because they offered the most resources and widest range of care for individuals infected with or affected by HIV. We met up with a case manager at AIDS Athens named Hannah Craswell and she was able to inform us on specific issues that are faced by many HIV positive Athenians, the resources AIDS Athens is able to provide for them, and the various complications that come with being a non-profit organization. One issue that Hannah mentioned was the impact that their new location had on the willingness of those infected to seek help from their organization. AIDS Athens currently moved the location of their office from a remote area in Athens, to a more populated location next to the Athens Nurses Clinic and Division of Family and Children Services (DFCS). Although AIDS Athens does not

put any signage up outside of their building, in order to further protect the identity of their individuals seeking care, they have noticed an increased hesitancy by community members to visit AIDS Athens due to the increased congestion of the new location. Hannah said that because of the stigmas surrounding HIV/AIDS, many infected persons do not want to be seen entering a center focused on providing care for the disease. Some individuals are worried that the popularity of the area will increase their risk of being spotted by someone they know.

I was able to learn a lot from these factors that Hannah mentioned to us. First, I would not have thought to limit the signage of a treatment center in order to protect the identity and confidentiality of its customers. I see now that markers like this could produce a barrier to seeking care for some people worried about privacy, and is an important aspect of health promotions that I will be sure to bring with me into my future career. The careful considerations that AIDS Athens had to make when weighing the pros and cons of moving locations is also something that I learned from during this experience. In the end, they decided that being closer to an increased number of resources, such as the Athens Nurses Clinic and DFCS, was more important for the well-being of those using their services, than the risks accompanied with being in a populous part of town.

Unfortunately, AIDS Athens does not have resources to deal with the pregnancy of infected mothers. During our search to find facilities that would guide Janie throughout her pregnancy, our group came across several roadblocks. First of all, there are very few HIV positive mothers residing in Athens, making it a less common issue and resulting in a lack of established support centers. Also, since Janie is HIV positive, her pregnancy is considered "high-risk", which few physicians are willing to perform due to the increased risk of complications and possibility of a lawsuit. Although AIDS Athens did not have their own system of care for

pregnant HIV positive women, they tried to direct us to some physicians who they thought could help Janie's cause. Unfortunately, when we researched these two physicians, we discovered that their main focuses were in infectious diseases and neither of their descriptions mentioned any OB/GYN experience.

We then looked at Piedmont Athens Regional Hospital to see what resources they could provide for Janie during her pregnancy. Piedmont Athens Regional has two divisions dedicated to pregnancy, including their Midwifery Practice and Labor and Delivery Birth Center. Both of these departments were able to assist Janie during her pregnancy by providing both pre- and post-natal care, as well as educational classes and personalized support throughout the process. Unfortunately, again, we were unable to find any doctors, midwives, or nurse practitioners that were specifically trained to handle high-risk pregnancies and treatment needs associated with HIV. Although, both Piedmont Athens Regional and AIDS Athens had support systems that focused on pregnancy and HIV/AIDS separately, there was no overlap or communication between these two sectors. Also, neither of the organizations was able to provide accurate information of external resources that Janie could access in the case that her needs could not be met at their site.

From this experience, I learned that if a health institution is unable to provide solutions that cover all the needs of their patient, a full knowledge of all other resources in their immediate area is required in order to properly direct their patients to an appropriate facility. I also discovered that neglecting the intersectionality of an individual’s health issues could be detrimental to their health. If Janie cannot find a physician who is willing to perform a labor delivery for an HIV positive mother, both her life and the life of her child could be at risk. The

lessons I have learned from this case study have taught me several crucial facets that must be included when developing or managing a health care facility or intervention program.

Andrea Williams

For the most part, gathering information from community resources to help Janie was not difficult. One major resource that we knew would certainly be able to help Janie deal with her HIV diagnosis was AIDS Athens. We were able to visit AIDS Athens and have a lot of our questions answered. Hannah Craswell, a case manager at AIDS Athens, explained all of the resources that they could offer to Janie at no cost. The AIDS Athens website was also helpful in identifying services that they offered. I like how they offer case management services to help coordinate the care of clients and ensure that clients get access to all the services that they need. AIDS Athens also refers clients to the Health Department's Specialty Care Clinic for treatment.

However, finding the location of AIDS Athens was very difficult. This was my first time visiting AIDS Athens and I have never really been to that area of Athens. I was expecting to see a building with large signs signaling the location of AIDS Athens. However, I was surprised to drive by and not see a single sign. Hannah Craswell explained that there was a purpose for this. Many people living with HIV in Athens do not feel comfortable being seen walking into an HIV/AIDS facility because of the stigma still associated with HIV. I think it is unfortunate that this stigma still exists, but I think it is great that AIDS Athens respects the privacy of their clients.

Despite AIDS Athens and the Specialty Care Clinic being great resources for Janie that were easy to find, it was difficult to find a health care provider who specialized in high risk pregnancies, specifically pregnant HIV positive women. Athens Regional does have the

Midwifery Clinic and Labor and Delivery Unit for Janie to receive prenatal care and deliver her baby. However, their website did not indicate whether they were specialized in caring for a woman like Janie who is HIV positive and pregnant. AIDS Athens did refer us to two physicians, Dr. Mark Visitacion at St. Mary's Hospital and Dr. Roger Lovell at Piedmont Athens Regional, who are infectious disease specialists that can help monitor the HIV in an infected pregnant woman and work with the woman's obstetrician to reduce the risk of transmission of HIV to the baby.

I learned a lot while researching this for this case study that will benefit me in my future career. I plan on becoming a physician assistant. In my career, I know that I may encounter individuals with infectious diseases such as HIV. As a healthcare provider, I will need to offer treatment to my patients but also consider other needs they may have. Through my experience working on this case study, I now feel confident in my ability to determine the needs of my future patients and refer them to resources in the community, which can help them.