Journal of Pregnancy and Child Health
ISSN: 2376-127X

Editorial Open Access

HIV and Gestation: Antenatal Care

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Antenatal care

Prevention of mama-to-child transmission

The threat of HIV transmission from mama to child is most directly related to the tube viral cargo of the mama. Undressed maters with a high (HIV RNA lesser than clones/ mL) have a transmission threat of over 50. For women with a lower viral cargo (HIV RNA lower than 1000 clones/mL), the threat of transmission is lower than 1.

Ultramodern day antiretroviral remedy

All pregnant women who test positive for HIV should begin and continue ART remedy anyhow of CD4 counts or viral cargo to reduce the threat of viral transmission. Antiretroviral remedy is most importantly used at the following times in gestation to reduce the threat of mama-to-child transmission of HIV. During gestation pregnant women infected with HIV admit an oral authority of at least three different anti-HIV specifics. During labor and delivery pregnant women infected with HIV who are formerly on triadic ART should continue with their oral regimen. However, clones/mL), or there's question about whether specifics have been taken constantly, If their viral cargo is high (HIV RNA lesser than 1). According to current recommendations by the WHO, CDC and U.S Department of Health and Human Services (DHHS), all individualities with HIV should begin ART as soon as they're diagnosed with HIV. The recommendation is stronger in the following situations

- CD4 count below 350 cells/ mm^3
- High viral cargo (HIV RNA lesser than clones/ mL)
- Progression of HIV to AIDS
- Development of HIV- related infections and ails
- Gestation

Labor and delivery

Women should continue taking their ART authority on schedule and as specified throughout both the antenatal period and parturition. The viral cargo helps determine which mode of delivery is safest for both the mama and the baby [1].

According to the NIH, when the mama has been entering ART and her viral cargo is low (HIV RNA lower than 1000 clones/ mL) at the time of delivery, the threat of viral transmission during parturition is veritably low and a vaginal delivery may be performed. A cesarean delivery or induction of labor should only be performed in this patient population if they're medically necessary for non-HIV-related reasons [2].

Advances in HIV research, prevention, and treatment have made it possible for many women with HIV to give birth to babies who are free of HIV. The annual number of HIV infections through perinatal transmission in the United States and dependent areas a has declined by more than 95% since the early 1990s [3].

The recommendation from 1985 that individuals in the U.S with HIV should be advised not to breastfeed remains consistent with the most up-to-date scientific literature and is considered best practice for preventing HIV transmission. When resources exist that provide supplemental information related to this topic of the archived guideline, CDC may refer readers to other organizations. For example, the HHS Panel on treatment of HIV during Pregnancy and Prevention of Perinatal Transmission external icon and the American Academy of Pediatrics external icon have each more recently published recommendations on perinatal HIV prevention that are consistent with CDC's recommendation, but offer additional information for care providers of individuals with HIV who wish to breastfeed [4].

All women who present to the sanitarium in labor and their HIV status is unknown or they're at high threat of contracting an HIV infection but haven't entered reprise third trimester testing should be tested for HIV using a rapid-fire HIV antigen/ antibody test. However, Intra Venous (IV) Zidovudine should be initiated in the mama incontinently and further confirmational testing should be performed, If the rapid-fire webbing is positive [5].

IV Zidovudine is an antiretroviral medicine that should be administered to women at or near the time of delivery in the following situations.

High viral cargo (HIV RNA lesser than 1000 clones/mL)

- Unknown viral cargo
- Clinical dubitation for motherly resistance with antenatal ART authority
- Positive rapid-fire HIV antigen/ antibody test at labor or previous to a listed caesarean delivery

Administration of IV Zidovudine can be considered on a case-by-case base for women who have a moderate viral cargo (HIV RNA lesser than or equal to 50 clones/ mL AND lower than 1000 clones/ mL) near the time of delivery. IV Zidovudine is only not administered if women are both biddable with their specified ART authority throughout gestation and have maintained a low viral cargo near the time of delivery (HIV RNA lower than 50 clones/ mL between 34-36 weeks gravidity) [6, 7].

Further considerations for managing HIV positive women during labor and delivery include the ensuing recommendations to reduce the threat of HIV transmission

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Received: 5-Feb-2022, Manuscript No: jpch-22-55756, **Editor assigned:** 7-Feb-2022, PreQC No: jpch-22-55756 (PQ), **Reviewed:** 14-Feb-2022, QC No: jpch-22-55756, **Revised:** 18-Feb-2022, Manuscript No: jpch-22-55756 (R), **Published:** 25-Feb-2022, DOI: 10.4172/2376-127X.1000518

Citation: Nkwabong E (2022) HIV and Gestation: Antenatal Care. J Preg Child Health 9: 518.

- Avoid fetal crown electrodes for fetal monitoring, particularly if the motherly viral cargo is lesser than 50 clones/ mL.

- Avoid artificial rupture of membranes and operative vaginal delivery (using forceps or a vacuum extractor) if at all possible, particularly in women who haven't achieved viral suppression. However, they should be conducted precisely and following obstetric norms, if these styles need to be employed.

- The implicit relations between the specific ART medicines taken by the mama and those administered during labor should be considered by healthcare providers previous to medicine administration [8-10].

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