

# What You Need to Know about HIV and Pregnancy



## CMEO Podcast Transcript

### **Yolanda Lawson, MD, FACOG:**

Hello and welcome to this CME Outfitters webisode titled "What You Need to Know about HIV and Pregnancy." I am Dr. Yolanda Lawson. I am a board-certified OBGYN. I'm the medical director of Abounding Prosperity whereby we address HIV disparities. I'm also the immediate past president of the National Medical Association. I am joined today by Janeli Castrejana. Janeli?

### **Janeli Castrejana:**

Hi, I'm Janeli. I am somebody who works in marketing and public relations for over 10 years, but also I've been living with HIV for about 15 years. I've had three children successfully, all HIV negative, and I'm also an advocate on social media, advocating for the end of the stigma of HIV and answering anyone's questions in regards to living with HIV and thriving with HIV.

### **Yolanda Lawson, MD, FACOG:**

I am very looking forward to our conversation today. In this first webisode of this series, Janeli and I are going to be talking about the facts and information surrounding HIV and pregnancy.

### **Janeli Castrejana:**

Yes. We're going to talk about what pregnancy and childbirth looks like when you're HIV positive and a plan for a healthy pregnancy and delivery.

### **Yolanda Lawson, MD, FACOG:**

One of the most important things to do is early prenatal care, and especially if one has HIV already. It's very important to set up that visit. Talk to your healthcare provider either about your HIV risk or your current status. Also, this fits into that broader family planning discussion. Let's talk a little bit, Janeli, about how you feel as a woman who's been in this situation before and what that initial and first conversation was like with your healthcare provider.

### **Janeli Castrejana:**

In my particular situation, I knew my HIV status before I got pregnant. I did not plan on getting pregnant. For me, when I became pregnant, it was very scary for me. I was actually of the mindset that I would have to terminate the pregnancy in order to prevent the fetus from contracting HIV or just the baby from contracting HIV. Obviously, I always wanted to be a mom. It wasn't something I wanted to do. When I went to my doctor, I was very honest with them and said, "This is what I want." They let me know right away, I don't need to terminate the pregnancy. I could move forward with the baby and do fine.

However, unfortunately, my experience was not very pleasant. Like I mentioned before with stigma, I was seeing this OB-GYN for about a year. I really loved her. The moment I got pregnant, and she did let me know, "Nope,

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you can totally keep the pregnancy, but I'm not going to see you anymore because I haven't dealt with a case like you since the '80s, so go find someone else." This was done in her open office, not in an exam room. It was a terrible experience. Unfortunately, this is not uncommon for so many people living with HIV. It comes in many different facets, the stigma.

Once I found my physician who was going to be with me forever, I went to an actual teaching hospital. I went from somebody who turned me away to a teaching hospital where residents were clamoring and chomping at the bit to get me because they wanted to have an HIV case on their roster. It was really important for me to just be super honest, talk about everything that was going on with me, talk about my fears, talk about what was going on. That way I could make sure that I was planning my pregnancy as proactively as possible, especially when it came down to the birth plan. I wanted to make sure I understood what that meant.

I had, of course, went to Google, and I went to do all this research and found all the scary things that could happen. I was just incredibly honest with my fears/with my questions. That's what I always recommend, people who are pregnant with HIV or considering family planning with HIV, ask every question. The doctors are there to know, be honest with them. You don't need to hide anything from them. They're not going to judge you. If they do, find another doctor. There's plenty of resources out there for you to feel comfortable with this new stage in your life that is really, really important. You have to know all the information as you're going into it. Be as honest as possible with your healthcare provider.

## **Yolanda Lawson, MD, FACOG:**

I want our audience to really take away a few pearls that Janeli just shared with us. First of all, find a healthcare provider you trust and that you can have honest and open dialogue with. I love that you said that. You did. You sought that. The second piece to this... really, seeking care early because once you do that, the entire time in pregnancy... As an OB-GYN, I'm assessing risk. That's every trimester. That's every visit, and assessing that person's own individual health risk, things that could become a risk factor, that could become a problem. Also, in this particular instance, the primary risk everyone's concerned about, just as you are, is the risk to your baby.

I want to familiarize you all with a term called perinatal transmission. What that means is when a woman or an individual is pregnant, that risk of transferring HIV to their baby. We now have medications and treatments where women can safely have healthy babies, their health can be intact, and their baby's health can be intact, and those babies can be born HIV-negative.

The last thing I'd say about that is that there are many medications for treating HIV that are actually safe during pregnancy and tolerable because we all know that, in that first trimester, the nausea and vomiting. I know that that's another common concern. Thank you for sharing that. I think that is so important. It's uplifting and reassuring for our audience. One of the other things I really want us to really discuss about... You and I have discussed before. Some people may not even find out that they're HIV positive until they are pregnant. HIV testing in the first trimester is a component of routine prenatal care. It's required by healthcare providers to test every single birthing individual or pregnant individual when they get pregnant. One could go into a pregnancy already knowing their status. Some people don't find out until they're actually positive. This is another plug for early prenatal care, to get your testing. But let's talk about the treatment for you. Were there disruptions? Did you feel comfortable with the options you were provided and understanding the benefits?

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## **Janeli Castrejana:**

Yes. My youngest child just turned 10, so it's been a while. What I will say about that is I had my children back to back. I have a 12-year-old, 11-year-old, a 10-year-old. Just in that timeframe, the medication availability changed or basically the understanding of the risk to child, which was great, because I did take some medication at first. Between the morning sickness and the medication symptoms, I was quite miserable. It was not fun. But by the time I had my third child, was easy-peasy. I basically stayed on the same medication I had been on. At one point, it was six pills a day to, with my third pregnancy, just one pill a day, which was wonderful.

Essentially, I basically stayed on the same medication. The symptoms make it challenging. Let's just be honest. They make it quite challenging. I mean, between pregnancy symptoms and medication symptoms, it was tough. But nowadays, I must say, excuse the term, it's so much easier. It really is. The medications are better. They do much less harm to the body overall. Really, the benefits... even though I know you're probably hearing the symptoms and how scary they are. It's some nausea. It's some discomfort. You're going to be in the bathroom quite a bit. You're going to be in there anyway because you're pregnant. It's overall less symptoms. I really didn't feel anything by the time I had my third baby. Everything was totally pregnancy-induced, so it was nothing I wasn't used to.

Then, of course, afterwards, it just becomes a factor of making sure you're taking care of yourself because it's all about baby. But you have to remember, especially when you're living with HIV, you have to take care of yourself as well. Otherwise, who's going to be around to take care of that baby?

## **Yolanda Lawson, MD, FACOG:**

Absolutely. Again, you dropped another pearl. The medication is safe, and a lot simpler regimens offered. Now, folks are just on a one-pill regimen. I think that's just so important because people hear horror stories, or they go to Dr. Google. They don't know what to think. But again, getting into care is the most important aspect of this and early care because the goal is undetectable viral loads.

You heard us again mention perinatal transmission. The way to prevent that, number one, getting those viral loads undetectable or as low as possible, also getting into medication treatment early enough. It's so important that we start treatment as early as possible when one is pregnant. Thank you for that.

As we move into our discussion a little bit deeper, let's talk about making that plan for a healthy pregnancy and delivery. Number one, we've discussed the importance of treatment. There are many treatment options. Many of the options are safe. But the one thing I must stress, and I think it's so important, and if you'll help me do that, is the importance of adherence. As a healthcare provider, those goals that we want to make around the therapy, the therapy working the way it should work, is completely tied to adherence.

## **Janeli Castrejana:**

Yes. I think the biggest thing that I stress to everybody is when you are diagnosed with HIV, getting treatment immediately is the most important thing. The goal when you're living with HIV... Unfortunately, there is no cure, but we've got the next closest thing to it, which is being undetectable. What that means is that essentially your viral load within the blood draw is less than 20 or less than 50 depending on the lab tests and who you talk to. That is the goal. The reason that's the goal is because undetectable equals untransmittable. When you are undetectable, you cannot transmit the virus to anyone, essentially. I'm living proof. My kids out there... They're

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still sleeping from spring break. I'm letting them sleep in. They are all undetectable. They're all negative. Since birth, they've been that way. That was because I was incredibly strict on my regimen and ensured that I gave my kids and myself the best shot of a no transmission.

Ultimately, of course, not transmitting to your baby is super important, of course, during pregnancy. But remember, unfortunately, HIV is for life, and you need to make sure that you're taking care of yourself and being undetectable eliminates all the other risks for any other complications and even comorbidities that might complicate things. You're being as healthy as possible, and you're really making a plan for your future and for your future family. You want to be around to see your grandkids, your great-grandkids, get undetectable. You're giving yourself the best shot possible. Now, more than ever, it's easier with the medications that are available and the resources out there available to you.

## **Yolanda Lawson, MD, FACOG:**

Thank you. I emphasize, again, once an individual is pregnant... Many times, we're incorporating and embedding the routine testing, the following of those viral loads, and all that other information, and monitoring you during your pregnancy. But much of that is embedded into routine prenatal care. One of the questions I'm so often asked, the first probably question I'm asked when patients come in is, do I have to have a C-section? People are concerned. It's no different than... Janeli, you shared with us, in the first trimester, you didn't know. "Do I have to terminate my pregnancy? What do I do? What's going to happen? Is this a death sentence?" It's not. I always like to reassure folks that childbirth and that delivery option is individualized. There are times that a person may be HIV positive, but the C-section is needed really for something else in their obstetrical medical history. I always like to reassure folks that everyone with HIV does not have to have a C-section. Much of that also, though, is driven back to your viral load.

## **Janeli Castrejana:**

Correct.

## **Yolanda Lawson, MD, FACOG:**

If the viral load is high, then it is safer for the baby to be delivered by C-section because it's less risk for that transmission to the baby. It's an individualized option. Again, it's so important to have connection to a healthcare provider to walk you through the decision and develop those plans for oneself.

Let's talk about postpartum because as we think about the postpartum period, there's all types of things. There's so many shifts in the body/mood. You're up all night. You're not sleeping. Talk to us if you have any insights, or thoughts, or pearls around that postpartum period that you'd like to share with the audience.

## **Janeli Castrejana:**

Yes. I think the biggest risk for noncompliance with medication probably comes in postpartum because you're busy. You are busy. You're exhausted. You're a shell of yourself. What I would do is when you are pregnant, take the time... Maybe you're nesting. You're getting things ready for baby. Take the time to actually get things ready and set yourself up for success after, in postpartum. Lay out your medications. Get the medications set. They

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have 100-day pills. Whatever way it's going to work for you. That way it's taken, and you're good to go. Set a timer on your phone. Whatever it takes.

Please remember, you cannot take care of the baby without taking care of yourself. You cannot pour from an empty cup. It is so easy to think that you can, that the most important thing is your baby, and they are. They're wonderful. But at the most part, they're sleeping a lot. There's time to take your medicine. Please take the time to take your medicine and take care of yourself. Eat healthy. Do those things. I think we're always so ingrained in our culture to always think about baby. Always think about baby. Yes, it's a wonderful, beautiful time. But think about yourselves as well, moms/parents, to make sure that you are doing everything that you can, eating correctly, staying hydrated, and taking your medication. It's super, super... It's just essential to your health.

## **Yolanda Lawson, MD, FACOG:**

Certainly. I really encourage that. Thank you for encouraging our audience. One of the things is it's very common... It's surprising to me, at times, the number of individuals who do not seek and go to their postpartum care appointment. Right?

## **Janeli Castrejana:**

Yes. Okay.

## **Yolanda Lawson, MD, FACOG:**

That's work I work on daily. How do we improve those numbers, that after people have the baby, they don't go back to finish and complete their care and ensure those ongoing care? Sometimes there are immunizations that are needed. There may be other screenings that are necessary. It's so important, again, to get your postpartum visit. Then, on the infant side of this, oftentimes, making sure that the babies are getting their appointments appropriately.

Typically, if one is HIV-positive, the baby is going to need therapy. Those same HIV medications or antiretrovirals are going to be provided to the baby for several months after their delivery. That is to reduce, again, their risk for transmission if something happened in the midst of the delivery. For anybody who's ever delivered a baby, it's a bloody scene. It's important that those babies also get the care that they need. Janeli, it's been a pleasure speaking with you. I think that you provide really practical advice in an encouraging fashion to our audience, really, so people can be confident. That's what I'd like to see, that people are able to proceed in their pregnancy, progress successfully/confidently, knowing they can be safe, and they can be healthy. Are there any other concluding remarks you'd like to make?

## **Janeli Castrejana:**

It's doable. You can have your baby. You can have your happy, healthy life. HIV is not a death sentence. The way I like to say it is HIV... It's just four... Not four. Sorry. It's three letters. What I like to say is hope is vital. You have to hold on to hope, not just for yourself but for your baby, for the future that you have ahead of you. You can do it. If you need help, reach out to your physician. Reach out to your healthcare provider. Thankfully, I'm so glad to be able to be a part of resources like this one to be able to help encourage folks along.

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## **Yolanda Lawson, MD, FACOG:**

I want to thank all of our viewers for watching today. You can find more information including the other programs in this webisode series at the CME Outfitters HIV Patient Education Hub. Please take care of yourselves.