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## ORIGINAL ARTICLE

### UNVEILING THE KNOWLEDGE OF HIV PREGNANT WOMEN ABOUT HIV VERTICAL TRANSMISSION

#### DESVELANDO O CONHECIMENTO DE GESTANTES SOROPOSITIVAS ACERCA DA TRANSMISSÃO VERTICAL DO HIV

#### REVELANDO EL CONOCIMIENTO DE GESTANTES SEROPOSITIVAS ACERCA DE LA TRASMISIÓN VERTICAL DEL VIH

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#### ABSTRACT

**Objective:** to analyze the knowledge of HIV pregnant women about HIV transmission. **Method:** exploratory and descriptive study with a qualitative approach, performed in a reference public hospital in high-risk pregnancies in the city of Campina Grande/PB, with 10 HIV pregnant women, from semi-structured interviews. The analysis of the speeches was from the content analysis technique. **Results:** pregnant women have insufficient knowledge about the VT forms of HIV, as well as on measures to prevent it. **Conclusion:** ignorance causes weaknesses in the adoption of the necessary measures to prevent vertical transmission, and points to the fact that this is a poorly assisted population in their biopsychosocial aspects, requiring multidisciplinary attention. **Descriptors:** Pregnancy; HIV Infections; Vertical Transmission of Infectious Disease.

#### RESUMO

**Objetivo:** analisar o conhecimento de gestantes soropositivas acerca da transmissão vertical do HIV. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, realizado em uma maternidade pública de referência em gestação de alto risco do município de Campina Grande/PB, com 10 gestantes soropositivas, a partir de entrevista semiestruturada. As análises dos discursos deram-se a partir da Técnica de Análise de Conteúdo. **Resultados:** as gestantes possuem um conhecimento insuficiente acerca das formas de TV do HIV, como também sobre as medidas de prevenção da mesma. **Conclusão:** o desconhecimento acarreta fragilidades na adoção das medidas necessárias para evitar a transmissão vertical, bem como aponta para o fato de que esta é uma população ainda pouco assistida em seus aspectos biopsicossociais, necessitando de atenção multiprofissional. **Descritores:** Gravidez; Infecções por HIV; Transmissão Vertical de Doença Infecciosa.

#### RESUMEN

**Objetivo:** analizar el conocimiento de gestantes seropositivas acerca de la transmisión vertical de VIH. **Método:** estudio exploratorio y descriptivo, con enfoque cualitativo, realizado en una maternidad pública de referencia en gestación de alto riesgo del municipio de Campina Grande/PB, con 10 gestantes seropositivas, a partir de entrevista semi-estructurada. Los análisis de los discursos se dieron a partir de la Técnica de Análisis de Contenido. **Resultados:** las gestantes poseen un conocimiento insuficiente acerca de las formas de TV de HIV, como también sobre las medidas de prevención de la misma. **Conclusión:** el desconocimiento acarreta fragilidades en la adopción de las medidas necesarias para evitar la transmisión vertical, bien como apunta el hecho de que esta es una población aún poco asistida en sus aspectos biopsicosociales, necesitando de atención multiprofesional. **Descriptores:** Embarazo; Infecciones por VIH; Trasmisión Vertical de Enfermedad Infecciosa.

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## INTRODUCTION

In recent years, the landscape of AIDS had changed the epidemiological profile, when it ceased to be a predominantly male disease and has to be present also in the female population. This fact is demonstrated by increasingly alarming rates, for example, between 1980 and 1989, there were 1,905 cases, since, between 2000 and 2009, 128,753 cases were reported, totaling 188,396 women infected with HIV, especially those with low levels of income and education. Thus, not only heterosexuals found but also associated with this, the feminization, pauperization and the internalization of the epidemic.<sup>1,2</sup>

In our times, in the global context, about half of people living with HIV are women and the probability is that this number will increase in the coming years since the incidence in the age group 13 to 17 years old is already higher among girls than among boys. It is common for women to be infected by sexual contact with their companions and, though they try to practice safe sex by using condoms, they often are unprotected due to submission, rooted behavior in the socialization of women in the Brazilian and Latin American context.<sup>3</sup>

At this juncture, the growth in the number of HIV women of reproductive age as a consequence, brings the increase in HIV transmission rates, meaning the real possibility of contamination of the child, call Vertical Transmission (VT).<sup>4</sup>

Data shows that in Brazil, in the last decade there were 41,777 cases reported of pregnant women with HIV, which translates into approximately 12,635 pregnant women/mothers with HIV/children exposed in a year. It is estimated that about 65% of VT cases occur during labor and delivery, and the remaining 35% occur in the uterus, especially in the last weeks of pregnancy, although there is the additional risk of postpartum transmission, through breastfeeding, situated between 7% and 22%, renewed every child's exposure to the breast.<sup>2,5</sup>

Thus, the child population is vulnerable, since almost all AIDS cases in children under 13 years old have the vertical transmission of HIV as a source of infection. Thus, the rate of vertical transmission of HIV, without any interference, is around 25.5%, which can be reduced to between zero and 2% through preventive interventions.<sup>6</sup>

Aiming to reduce VT rates, Brazil adopted as the public policy of offering HIV testing to all pregnant women during prenatal care. In addition to providing treatment with

chemoprophylaxis, if found their HIV status, which ultimately reduces the risk of infection to the child.<sup>7</sup>

However, for the occurrence of decreased risk of infection, it is essential to have in addition to trained professionals to monitor the mother and child, the effective participation of mothers in performing the recommended preventive measures, being fundamental to know the mother's perception of such care.

Thus, the desire to investigate about the TV HIV arose from the affinity of some of the authors with academic experience and care practice in Obstetric, keeping a close contact with the subject and better development of knowledge.

In this perspective, some concerns on the subject emerged that will guide this research: Are the HIV pregnant women aware of the possible VT of HIV to their children? Do seropositive mothers know the forms of VT of HIV? Do HIV pregnant women consider that the adoption of prophylactic measures can bring benefits to their children?

The objective is to analyze the knowledge of HIV pregnant women about HIV transmission to answer such questions.

## METHOD

Exploratory and descriptive study of qualitative approach, held in Elpidio Almeida Health Institute (ISEA), located in Campina Grande/PB. The ISEA is a municipal maternity school that develops assistance and teaching activities, being considered as a reference in the macro-region, assisting pregnant women out of the prenatal of low and especially high risk.

There were seven women integrated into the study who met the following inclusion criteria: age less than 18 years old; accompanied by the prenatal service of high-risk of ISEA; have a diagnosis of HIV; agree to participate freely in the study by signing the Informed Consent Form (TCLE).

Data collection was in the month of August 2013, through a semi-structured interview in two parts: the first part for purposes of performing the socio-demographic and obstetrical of participants and the second part to meet the concerning objectives of focus of the study.

Then, there was the transcript and thorough reading of the empirical data, which was analyzed by content analysis technique (AC) of Bardin, since this allows making replicable and valid deductions on data from a given context through specialized and

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scientific procedures. Within this analysis, the theme mode was used, which is to find the core of the senses that make up a communication whose presence or frequency means something for the analytical purpose chosen.<sup>8</sup>

Because it is a survey of human beings, the ethical principles set forth by Resolution 466/2012 of the National Health Council<sup>9</sup> were respected and to ensure the anonymity of the participants; we used star codenames. The study was submitted to the Research Ethics Committee (CEP) of the University Hospital Alcides Carneiro (HUAC) and approved on July 30, 2013, under the CAAE number: 15399713.3.0000.5182.

## RESULTS

As for sociodemographic data, the findings revealed that the age of the participants ranged from 28 to 37 years old. Most of them had low educational levels, from 4 to 7 years of study; monthly family income was framed by an average of 1 to 2 minimum wages; the predominant marital status was stable and in occupation, only three pregnant women had paid work while the others reported being housewives.

Concerning the characterization of the obstetric collaborative study, it was observed that all had, at least, two living children and gestational age at the time of the interview was concentrated between 12 to 32 weeks. It is worth noting that a number of prenatal consultations by pregnant women varied between 3 and 7. A finding that deserves emphasis is that among the respondents, only two found to be positive during the current pregnancy and the rest became pregnant aware of this condition.

The information exposed here, have a foundation for contextualization of the contents expressed in the interviews. After a detailed reading, the Central Thematic Unit was appointed as "The experience of HIV during pregnancy", which originated four categories: Knowledge of pregnant women about HIV infection; The subjective experience of motherhood in the context of HIV; Forms of transmission of HIV from the perspective of HIV pregnant women and implications of the measures of prevention of vertical HIV transmission.

### ♦ CATEGORY I: Knowledge of pregnant women about HIV infection

When asked about what they knew about HIV, most of them referred to know the ways of transmission even before becoming

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infected, as it is explicit in the following statements:

I know it's when we're with AIDS [...] and it is a disease that has to deal very carefully because it is too serious, there may even kill if not look right, I'm very afraid of that. And, it is taken by sexual intercourse without a condom, that's how I took it. (Betria)

People say that it is a disease that will kill slowly, which is very serious, the person has to take good care. And, the treatment, you have to learn not to do it wrong, because if it goes wrong a person can give a relapse, and the person gets in the hospital because of it. And, I know you take it by nail pliers, sex without a condom. (Syrma)

The prevailing understanding of the statements of this study is that HIV transmission occurs through sexual intercourse, showing gender relationships as a behavior socially constructed, through which is assigned to women the role of faithful wife, while the infidelity of man is something expected and accepted, making it difficult to negotiate safe sex, making it even more vulnerable to HIV infection.

*I did not use a condom because I relied heavily on my husband, and he did not like to use it, you know, then I also did not care, but because of that, I ended up getting it. (Betria)*

*So, I knew I had to use a condom, but when I was with his father, he did not like to use condoms, there just happened without it, only then I ended up taking AIDS right. (Alifa)*

### ♦ CATEGORY II: Subjective experience of motherhood in HIV context

By being asked about experiments related to pregnancy, some women reported originally, the lack of reproductive planning with resulting unwanted pregnancy. This fact determined that some of them consider abortion as an alternative solution of unexpected situation, aiming to save the subject to treatment, prejudice, and social discrimination, as noted in the reports:

*I did not want, for me I would take it away because the person is pregnant with this problem, it is very difficult for the person. (Electra)*

*This pregnancy is a concern ... so I did not want to have happened this second pregnancy because I'm afraid. (Rubídea)*

Another point noted while the interviews were that pregnancy, for some of the women interviewed, allowed its repositioning on the disease, resulting in greater adherence to treatment, especially for the benefit of children, and an overlay of maternal issues regarding their disease. In the reports, it is noted that motherhood becomes the main

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focus when the disease starts to occupy a place of lesser value and impact on their lives.

I'm not too worried about myself ... I am concerned only with the baby, with the creation of it in finished creating it, because it is bad to leave in the hands of others.

(Betria)

I am afraid only of my daughter being (HIV+), for me I do not care, if I die or if I stay alive for me whatever. (Syrma)

For me it means to be a mother again, it's a chance to be a mother. Because I always wanted to be a mother again, then now I could, and I'm very happy you know.

(Almeisan)

For me, it is a joy and a concern right, because when I knew I was very happy because I wanted to have a child, but I'm worried he was born with this problem.

(Meissa)

Regarding the fear of being generating a child with HIV, women care not to transmit the virus to the child, so start treatment immediately.

I'm afraid that it (baby) be infected, but I'm doing the treatment here straight so that this does not happen (Alifa)

I keep thinking that my child will be born with this problem, I am very worried, you know, so I come and do any treatment, take all medications. (Electra)

I am doing the treatment for her to have the opportunity to be born without the virus.

(Almeisan)

#### ♦ CATEGORY III: Forms of transmission of HIV from the perspective of HIV-positive pregnant women

When questioned about the risk of VT, some women reported labor as the main concern, as can be observed:

*Before, I did not know it could pass from mother to baby, but now I know you can passing during the birth and the cord because of the blood, it is very risky. (Alifa)*

*At the time of birth, I am afraid to pass it, so because they say it's dangerous, you know, at the time of delivery infecting the child, I get scared about it. (Rubídea)*

Breastfeeding has also been cited by pregnant women as a potential risk factor for mother-child transmission, as shown by the next narratives:

From the little I know is breastfeeding, in the milk, I just know that by the way, I did not nurse my other son. (Rubídea)

The milk also goes by, so I will not be able to breastfeed him. (Alifa)

You cannot breastfeed right, he'll have to take another milk, and I will take medicine to stop the milk. (Meissa)

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As to the intrauterine transmission, it has been mentioned by only one of the pregnant women:

Because when we have a child like this, we expect him in the belly, I know that he is born with this problem anyway, so I never want to have a child anymore. (Electra)

#### ♦ CATEGORY IV: Implications about measures to prevent transmission of HIV

Prenatal was brought by pregnant women as a potential tool in the prevention of VT of HIV, as they considered it essential to take the steps necessary to obtain the health of their children:

What I know is you have to do prenatal here and do everything right that they send to prevent the baby get right. (Betria)

Doing all prenatal visits, it is one of the preventions we should have [...] go to the doctor straight, do prenatal and monitoring all right, we'll have 99% chance of our baby being born with health without the virus. (Almeisan)

It is important to come for prenatal care, do all the monitoring. (Alifa)

The speeches of the interviewees also revealed adherence to treatment during pregnancy for prevention of VT of HIV, as well as the use of antiretroviral therapy after birth:

*Oh, they say I have to take the right cocktail, and you have to do the straight-laced treatment to protect my baby. I worry more about her right (the child), but then when I take the medicines, I get a little bit more quiet. (Betria)*

*You have to take the drugs they send, why then decreases the virus and there is nothing for my son. (Alifa)*

*There are some medications that we have to take for the baby to be born healthy, so I take everything. (Almeisan)*

*Has the right remedy, they always give the medicine to the baby at birth and place for us too. (Electra)*

*The baby has to take the serum as soon as he is born to avoid it. (Syrma)*

*You have to give the medicine after he is born in labor, to strengthen, right. (Meissa)*

The choice of the delivery was also alleged by some pregnant women, as a measure VT prophylaxis of HIV and the cesarean section pointed as the best and safest option:

We have to do a caesarean section not to pass the disease, which is the contact of blood right at the time, if the baby born ordinary he will run the risk of being a carrier. (Almeisan)

Do cesarean for her not to run a risk. So, the doctor said that the person has to do a C-section for her in risk taking. (Syrma)



Finally, another key way to prevent VT of HIV indicated by the participants is the undesirability of breastfeeding, leading mothers to face a major conflict and generating feelings of fear, sadness, pain, grief and guilt because besides bearing and transmission of the virus, they still face the inability to breastfeed their children to have expressed have received guidelines to avoid breastfeeding after delivery:

*Not to breastfeed her, that's what I get sad, why people talk so much that it is important for the baby, but do that if it's for her health, that's what matters. (Betria)*  
*So I think it is bad, I am sincere because they say that breast milk is very healthy right, is good for the child I know, but she could not suckle, unfortunately. (Rubidea)*

## DISCUSSION

The fact that most of the interviewed pregnant women get pregnant even though with HIV may suggest that these women may not have the necessary resources to enforce their reproductive choices; or it can be shown that these women want or intend to have children, have partners with unknown or negative serology and know little about the means of VT preventing for HIV.<sup>10</sup>

On the other hand, some studies indicate that HIV infection does not diminish the desire to be a mother and that health professionals should be aware that, for these women, their HIV status cannot be considered in making the pregnancy decision, but also for the use of contraceptive methods and pregnancy termination.<sup>11</sup>

Regarding the discussion of expressed content during interviews, specifically in Category I, we can see that the interpretations of the HIV virus, a disease that kills, which has no cure or representing the end, claim that one who is faced with a positive diagnosis, it is experiencing a sense of declaration of early death by imaginary equivalence that is made between binomial HIV and death.<sup>12</sup>

It is clear in the speeches submission of women to men who do not accept or do not like to use condoms during sexual intercourse further contributing to women's vulnerability to HIV infection. However, the choice of the condoms depends on some factors correlated not only the apparent risk. The problem goes beyond using it or not, passing by larger issues of sexuality, social construction, changing habits and health promotion.<sup>13</sup>

Understanding the differences in condom use requires specific analyzes for each of the sexes since the choices are closely connected to the existence of sex differences about perceptions of emotional and sexual relationship and the need for protection.<sup>14</sup>

The reports covered in this category raises the idea that HIV pregnant women, although they are aware of infection by unprotected sexual transmission and are accompanied by health services, do not have significant knowledge about HIV status. Soon, it was realized that preventive health care practice shows that unidirectional, dogmatic and authoritarian communication has not been effective. Furthermore, it is known that learning is not the result of the simple acquisition of information.

The Category II expresses the subjective experience of motherhood in the context of HIV where despite women culturally present the maternity desire closely related to the desire to start a family, given the female identity be historically directed the life of project make a home and raise a family<sup>15</sup> find discourses associated with unwanted pregnancy and abortion as a resolution option on the situation of HIV.

There are reports that HIV/AIDS is a threat to health and child's life. Being pregnant is an experience that generates anxieties and insecurities and, in this case, this experience adds to the HIV condition or even the discovery of the virus during pregnancy, which will require assistance to these women, each more effective and quality.<sup>16</sup>

In short, the narratives reveal that pregnancy surprised most women, who did not plan to get pregnant at that time. In this group, they emphasize three distinct situations: women who did not plan, but were happy with the pregnancy or who did not plan and found it difficult to accept the pregnancy and those who did not plan and think about abortion or even made some concrete attempt accordingly.

It is believed that pregnancy without planning proves, once again, that health services set to host people with HIV still failed to develop an effective work aid the related issues to reproductive planning, female sexuality in the presence of HIV and reproductive rights of HIV people.<sup>17</sup>

There is no denying the AIDS association's presence with death in speeches. On the other hand, the fact that having a child brings happiness and fulfillment to living with HIV, there is among them positive expectations regarding pregnancy and the ability to care

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for the child, especially if there is family support.<sup>15,18</sup>

Every woman, to generate a baby, carries some concerns inherent in this period of her life. In pregnant and HIV woman, there is the possibility of generating a child with problems or may be contaminated. Soon, she feels guilty and responsible for the probability of being the bearer of a serious illness, incurable, and in particular not accepted by society. Therefore, mothers see as the benefit of adherence to prophylactic procedures, the chance that their child is healthy, and this predominant perception acceptance of treatment.<sup>16</sup>

The VT for HIV occurs by passing the mother's virus to the baby during pregnancy, childbirth or breastfeeding. Without any prophylactic action, the risk of this happening is around 30%. Of all transmissions until birth, about 35% occurs during pregnancy and childbirth with 65%, and may occur in feeding, with a risk 7-22% per feeding.<sup>7</sup>

Regarding knowledge of HIV pregnant women about ways of Vertical Transmission of HIV, the lines in Category III indicate the time of delivery as the primary means of infection, since intrapartum transmission leads to exposure of the skin and mucosa of the newborn to secretions and maternal blood, and some factors influence this form of transmission as standard and HIV in the genital tract, genital ulcer, complications during delivery, breaking the placental barrier, prolonged rupture of membranes and vaginal or cervical laceration during delivery.<sup>19</sup>

Thus, ignorance about how they perform in practice prophylaxis during labor creates anxiety and apprehension among pregnant women with HIV, causing the HIV/AIDS mother's daily life dominated by questions when they coexists with the expectation of the child with HIV or not, she will survive enough to care for the child or if it will be under family care.<sup>13</sup>

Breastfeeding is also highlighted in the speeches as a risk factor for VT of HIV, featuring a whole sociocultural context rooted breastfeeding, which is strongly stimulated by various government campaigns and by health teams. It is clear the benefits to the binomial mother-child, and yet, when the mother is faced with a diagnosis of HIV or already known, breastfeeding is not recommended to avoid the contamination of the child through breast milk.<sup>20</sup>

Considering the multiple feelings experienced by HIV mothers on the impossibility of breastfeeding, it is seen the

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strong impact that this reality denotes in their lives and, consequently, in their health, especially when the diagnosis of HIV is discovered during pregnancy. For this situation is seen in the best possible way, it is essential that women are well monitored from pre-natal to feel safe during childbirth and postpartum period, minimizing the negative feelings associated with breastfeeding reverse.<sup>21</sup>

Finally, one participant highlighted the intrauterine transmission of HIV, which occurs through HIV detection in amniotic fluid, fetal tissues, and placenta, where the period of greatest risk of HIV transmission is concentrated in the third trimester of pregnancy, and especially in the intrapartum period.<sup>6</sup>

In summary, it is clear that pregnant women have limited knowledge about the forms of VT for HIV. This situation confirms the lack of interest of health professionals involved in their monitoring, to promote and assess the health and education measures offered in reference services.<sup>22</sup>

Knowledge of a disease is of paramount importance to strengthen and support the implementation of preventive measures. Regarding the prevention of VT for HIV, the fact that pregnant women have knowledge related to the subject can prevent contamination of their children and, of course, prevent future cases of HIV infection.<sup>4</sup>

Thus, as we saw in Category IV, prenatal was appointed in the speeches of pregnant women as a preventive measure for VT of HIV and recommended that all pregnant women attend monthly prenatal fortnightly from the seventh to the ninth month, and weekly in the last month until delivery. In the case of pregnant women with HIV, it is necessary to comply with this parameter or require further consultations, with the aim of better advice, realization of HIV testing and effective use of antiretroviral therapy.<sup>23</sup>

Another prophylactic measure against VT of HIV is the perspective of pregnant women about adherence to treatment during pregnancy and also the use of antiretroviral therapy after birth, as seen in the speeches of the participants. These facts are motivated by the care of the baby, that is, to prevent transmission of the virus to the child, and at the same time, it can also mean a way to minimize their guilt to be exposing the child to the possibility of transmission of the virus she carries.<sup>10</sup>

In another way, the inclusion of these medications causes insecurity because it seems contradictory to their intake, that is

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they need to ingest medications during pregnancy, a fact that always prohibited the daily life of any pregnant woman. Therefore, it is imperative to support and help them to deconstruct concepts learned and to assist them in answering questions and in building and strengthening emotional bonds with their children.<sup>24</sup>

Before the speeches, it can be seen that some participants suggest the caesarean section as being safer when it comes to the type of delivery. There is evidence that the time of birth is the biggest risk of VT of HIV (65%) when the mother is a carrier. Intrauterine infection is 35% of risk while breastfeeding has risks between 7 and 22%.<sup>20</sup>

Management of type of delivery will be made based on obstetrical situations and/or viral load, according to the assessment of the obstetrician and infectious disease that perform monitoring of pregnant women. In cases where the woman has the previous diagnosis of HIV or AIDS, it is necessary an assessment of viral load indicate the best mode of delivery.<sup>6</sup>

Failure to offer to breastfeed is also present in the speeches of HIV pregnant women as a protective measure for VT of HIV. Considering the multiple feelings experienced by HIV mothers before the impossibility of breastfeeding, it is seen the strong impact that this reality denotes in their lives and, consequently, in their health, especially when the diagnosis of HIV is discovered during gestation. Therefore, it is essential that women are well monitored from pre-natal to feel safe during childbirth and postpartum period, minimizing the negative feelings associated with breastfeeding reverse.<sup>21</sup>

Breastfeeding campaigns should offer not only encouraging but also a clarification. Appropriate guidelines should be presented the risks and benefits that breastfeeding can provide and clarify that, in some instances, breastfeeding is not recommended, and may even be harmful to the baby, as is the case of HIV infection.<sup>25,26</sup>

The survey showed that HIV mothers who have proper monitoring in prenatal showed up aware of the recommendations not to breastfeeding because of the risk of HIV transmission through breast milk and, as painful as it represents the reverse of breastfeeding, they expressed awareness that it cannot be offered to children aimed at health and child welfare.

## CONCLUSION

Given the above, it is clear that the information that the survey participants have around the VT of HIV during pregnancy,

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delivery and post-partum and about its prevention, regardless of the month of pregnancy in which they were, to be or not their first pregnancy, are quite fragmented, sometimes inconsistent or even non-existent.

This lack of knowledge can lead to weaknesses in the adoption of the necessary measures to prevent contamination of the fetus with HIV, and points to the fact that this is a poorly assisted population in their biopsychosocial aspects, requiring multidisciplinary attention beyond a normal course of gestation and obstetric procedures.

It is essential a humanized care to HIV mothers to provide subsidies to face major difficulties experienced by them, being essential the professional approach to the reality of these women, listening to them and allowing them to express all their questions and realizing potential risks to the health of the woman and child.

Health education is then shown as the best way to address these deficiencies in knowledge of HIV pregnant women. It is the Pregnant Women Groups, identified as an important tool for exchange of information between professionals and patients, as well as among the participants. Thus, this study has become of great importance for research in this field, as evidenced camouflaged needs of this segment of the population and they need to be reviewed by the teams that perform monitoring of these women in specialized services.

## REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. HIV/Aids, hepatites e outras DST. Brasília (DF): Ministério da Saúde; [Internet] 2006 [cited 2014 Sept 05]. Available from: <http://bvsmms.saude.gov.br/bvs/publicacoes/bcad18.pdf>
2. Brasil. Ministério da Saúde. Programa Nacional de DST e Aids. Unidade de Informação e Vigilância. Boletim Epidemiológico Aids e DST. Brasília (DF): Ministério da Saúde; [Internet]. 2012 [cited 2014 Sept 05]. Available from: [http://www.aids.gov.br/sites/default/files/anexos/publicacao/2011/50652/boletim\\_aids\\_2011\\_final\\_m\\_pdf\\_26659.pdf](http://www.aids.gov.br/sites/default/files/anexos/publicacao/2011/50652/boletim_aids_2011_final_m_pdf_26659.pdf)
3. Streck VS. A feminização do HIV/AIDS: narrativas que interpelam as estruturas de poder na sociedade e igreja. Estudos Teológicos [Internet]. 2012 [cited 2014 Sept 10];52(2):345-56. Available from: [http://periodicos.est.edu.br/index.php/estudos\\_teologicos/article/view/305](http://periodicos.est.edu.br/index.php/estudos_teologicos/article/view/305)

4. Leal AF, Roese A, Sousa AS. Medidas de prevenção da transmissão vertical do HIV empregadas por mães de crianças o positivas. Invest Educ Enferm [Internet]. 2012 [cited 2014 Sept 05];30(1):44-54. Available from: <http://aprendeenlinea.udea.edu.co/revistas/index.php/iee/article/view/8737/10619>
5. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Programa Nacional de DST e Aids. Recomendações para Profilaxia da Transmissão Vertical do HIV e Terapia Antirretroviral em Gestantes: manual de bolso. Brasília (DF): Ministério da Saúde [Internet]. 2010 [cited 2014 Aug 07]. Available from: [http://www.aids.gov.br/sites/default/files/consenso\\_gestantes\\_2010\\_vf.pdf](http://www.aids.gov.br/sites/default/files/consenso_gestantes_2010_vf.pdf)
6. Rodrigues STC, Vaz MJR, Barros SMO. Transmissão vertical do HIV em população atendida no serviço de referência. Acta Paul Enferm [Internet]. 2013 [cited 2014 Sept 05];26(2):158-64. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-21002013000200009](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002013000200009)
7. Bernardes MJC, Sousa MV, Azevedo Filho FM. Estratégias para redução da transmissão vertical do vírus da imunodeficiência humana (HIV) e sua relação com a Enfermagem. Enfermería Global [Internet]. 2012 [cited 2014 Aug 08];(28):377-85. Available from: [http://scielo.isciii.es/pdf/eg/v11n28/pt\\_revision4.pdf](http://scielo.isciii.es/pdf/eg/v11n28/pt_revision4.pdf)
8. Bardin L. Análise de conteúdo. Ed revista e actualizada. Portugal: Edições 70; 2009.
9. Conselho Nacional de Saúde - CNS. Resolução Nº 466 de 12 de dezembro de 2012 - Regulamenta a Resolução Nº 196/96 acerca das Diretrizes e Normas Regulamentadoras de Pesquisas Envolvendo Seres Humanos. Brasília (DF): Conselho Nacional de Saúde; [Internet]. 2012 [cited 2014 Jul 01]. Available from: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
10. Villela WV, Barbosa RM, Portella AP, Oliveira LA. Motivos e circunstâncias para o aborto induzido entre mulheres vivendo com HIV no Brasil. Ciência & Saúde Coletiva [Internet]. 2012 [cited 2014 Sept 05];17(7):1709-19. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232012000700009](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232012000700009)
11. Bragheto ACM, Carvalho AMP. Narrativa de mulher, mãe, infectada pelo HIV. Saúde & Transf Soc. [Internet]. 2013 [cited 2014 Ago 25];4(1):47-52. Available from: <http://www.redalyc.org/pdf/2653/265325753009.pdf>
12. Bernardo EM. "Contar ou Não Contar?" Do conhecimento do diagnóstico positivo do HIV/SIDA aos dilemas da revelação. Monografia. Departamento de Sociologia. Faculdade de Letras e Ciências Sociais. Universidade Eduardo Mondlane [Internet]. 2013 [cited 2014 Sept 05]. Available from: <http://www.saber.ac.mz/bitstream/10857/4141/1/Monografia%20de%20Edgar%20pdf>
13. Galvão MTG, Cunha GH, Machado MMT. Dilemas e conflitos de ser mãe na vigência do HIV/Aids. Rev Bras Enferm [Internet]. 2010 [cited 2014 Sept 05];63(3):371-6. Available from: <http://www.scielo.br/pdf/reben/v63n3/a04v63n3.pdf>
14. Melo HMA, Leal MCC, Marques APO, Marino JG. O conhecimento sobre Aids de homens idosos e adultos jovens: um estudo sobre a percepção desta doença. Ciência & Saúde Coletiva [Internet]. 2012 [cited 2014 July 05];17(1):43-53. Available from: [www.redalyc.org/articulo.oa?id=63020622007](http://www.redalyc.org/articulo.oa?id=63020622007)
15. Silva RM. Um Corpo que Abriga uma vida e um vírus: O Significado da Maternidade para Mães Soropositivas Para HIV. Dissertação. Programa De Pós-Graduação Em Psicologia. Universidade Federal da Bahia [Internet]. 2012 [cited 2014 Sept 05]. Available from: <http://repositorio.ufba.br:8080/ri/handle/ri/12253>
16. Machado AG, Padoin SMM, Cardoso de Paula C, Vieira LB, Peres do Carmo DR. Análise compreensiva dos significados de estar gestante e ter HIV/AIDS. Rev Rene. [Internet]. 2010 [cited 2014 Sept 25];11(2):79-85. Available from: [http://www.revistarene.ufc.br/vol11n2\\_pdf/a09v11n2.pdf](http://www.revistarene.ufc.br/vol11n2_pdf/a09v11n2.pdf)
17. Cordova FP, Luz AMH, Innocente AP, Silva EF. Mulheres soropositivas para o HIV e seus companheiros frente à decisão pela gestação. Rev Bras Enferm. [Internet]. 2013 [cited 2014 Sept 05];66(1):97-102. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672013000100015](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672013000100015)
18. Galvão MTG, Lima ICV, Cunha GH, Santos VF, Mindêllo MIA. Estratégias de mães com filhos portadores de HIV para conviverem com a doença. Cogitare Enferm [Internet]. 2013 [cited 2014 Aug 05];18(2):230-7. Available from: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/27630/20684>
19. Menezes LSH. Perfil epidemiológico de grávidas HIV positivas atendidas em maternidade pública de referência no estado do Pará. Programa De Pós-Graduação Em Doenças Tropicais. Belém (PA): Universidade Federal Do Pará [Internet]. 2012 [cited 2014 Sept 05]. Available from:



<http://files.bvs.br/upload/S/0101-5907/2013/v27n2/a3676.pdf>

20. Bazani AC, Silva PM, Rissi MRR. A vivência da maternidade para uma mulher soropositiva para o HIV: um estudo de caso. *Saúde & Transf Soc* [Internet]. 2011 [cited 2014 Sept 16]; 2(1):45-55. Available from: <http://incubadora.periodicos.ufsc.br/index.php/saudeetransformacao/article/view/1054/1292>
21. Contin CLV, Arantes EO, Dias IMVA, Siqueira LP, Santos MMC, Dutra TL. Experiência da mãe HIV positivo diante do reverso da amamentação. *HU Revista*. [Internet]. 2010 [cited 2014 Sept 05];36(4):278-284. Available from: <http://hurevista.ufjf.emnuvens.com.br/hurevista/article/viewFile/1172/458>
22. Barros VL, Araújo MAL, Alcântara MNA, Guanabara MAO, Melo SP, Guedes SSS. Fatores que interferem na adesão de gestantes com HIV/Aids a Terapia Antirretroviral. *Rev Bras Promoç Saúde* [Internet]. 2011 [cited 2014 Sept 05];24(4):396-403. Available from: <http://www.redalyc.org/articulo.oa?id=40820855016>
23. Lima CTD, Oliveira DR, Rocha EG, Pereira MLD. Manejo clínico da gestante com HIV positivo. *Esc Anna Nery*. [Internet]. 2010 [cited 2014 Sept 05];14(3):468-76. Available from: [http://www.scielo.br/scielo.php?pid=S1414-81452010000300006&script=sci\\_arttext](http://www.scielo.br/scielo.php?pid=S1414-81452010000300006&script=sci_arttext)
24. Pereira FW, Souza MB, Souza NS, Neves ET, Silveira A. Atendimento de Gestantes HIV em Centro de Testagem e Aconselhamento na perspectiva dos Profissionais. *Rev Enferm Ufsm* [Internet]. 2012 [cited 2014 Sept 05];2(2):232-41. Available from: <http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/5362/3747>
25. Neves CV, Marin AH. A impossibilidade de amamentar em diferentes contextos. *Barbarói*. Santa Cruz do Sul [Internet]. 2013 [cited 2014 Sept 05];(38):198-214. Available from: <https://online.unisc.br/seer/index.php/barbaroi/article/download/.../2988>

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