ORIGINAL ARTICLE

MULHERES COM HIV: PERCEPÇÃO SOBRE UMA FUTURA GESTAÇÃO

WOMEN WITH HIV: PERCEPTION OF A FUTURE PREGNANCY

MUJERES CON VIH: PERCEPCIÓN SOBRE UN FUTURO EMBARAZO

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ABSTRACT

Objective: to analyze the perception of women living with the human immunodeficiency virus on the perspective of a future pregnancy. **Method:** it is a qualitative, descriptive, explanatory type study, with the participation of 13 women attended at a reference unit that attends people living with HIV. The Content Analysis technique was used for data analysis with the aid of the IRAMUTEQ software using Reinert's method. **Results:** five thematic categories were identified: << Fear of the risk of vertical transmission >>; << The discovery of HIV: the importance of diagnosis >>; << The woman's desire to gestate from the partner's will >>; << Antiretroviral therapy and treatment adherence >> and << Ignorance or little knowledge about the possibility of pregnancy >>. **Conclusion:** the desire to be a mother was expressed by the participants, even living with HIV, however, the fear of transmission is still a problem faced by them. Thus, there is a need to carry out educational health practices that discuss the desire of women to gestate, requiring permanent and continuous education for professionals and the production of educational technologies. **Descriptors:** Women's Health; HIV; Pregnancy; Reproductive Rights; Education; Communicable Diseases.

RESUMO

Objetivo: analisar a percepção de mulheres que vivem com o vírus da imunodeficiência humana sobre a perspectiva de uma futura gestação. **Método:** trata-se de um estudo qualitativo, descritivo, tipo explicativo, com a participação de 13 mulheres atendidas numa unidade de referência que atende pessoas que vivem com HIV. Utilizou-se para análise dos dados a técnica de Análise de Conteúdo com o auxílio do *software IRAMUTEQ* por meio do método de Reinert. **Resultados:** identificaram-se cinco categorias temáticas: << Medo do risco da transmissão vertical >>; << A descoberta do HIV: a importância do diagnóstico >>; << O desejo da mulher em gestar a partir da vontade do parceiro >>; << Terapia antirretroviral e adesão ao tratamento >> e, << Desconhecimento ou pouco conhecimento sobre a possibilidade de gestar >>. **Conclusão:** expressou-se o desejo de ser mãe pelas participantes, mesmo vivendo com HIV, porém, o medo da transmissão ainda é um problema enfrentado por elas. Verifica-se, assim, a necessidade de realização de práticas educativas em saúde que discutam o desejo das mulheres em gestar, sendo necessárias a realização de educação permanente e continuada para os profissionais e a produção de tecnologias educativas. **Descritores:** Saúde da Mulher; HIV; Gravidez; Direitos Sexuais e Reprodutivos; Educação; Doenças Transmissíveis.

RESUMEN

Objetivo: analizar la percepción de las mujeres que viven con el virus de la inmunodeficiencia humana en la perspectiva de un futuro embarazo. **Método:** es un estudio cualitativo, descriptivo, explicativo, con la participación de 13 mujeres atendidas en una unidad de referencia que atiende a personas que viven con el VIH. La técnica de Análisis de Contenido se utilizó para el análisis de datos con la ayuda del *software IRAMUTEQ* utilizando el método de Reinert. **Resultados:** se plantearon cinco categorías temáticas: << Miedo al riesgo de transmisión vertical >>; << El descubrimiento del VIH: la importancia del diagnóstico >>; << El deseo de la mujer de gestarse por voluntad de la pareja >>; << Terapia antirretroviral y adherencia al tratamiento >> e << Ignorancia o poco conocimiento sobre la posibilidad de embarazo >>. **Conclusión:** las participantes expresaron el deseo de ser madre, incluso viviendo con VIH, sin embargo, el miedo a la transmisión sigue siendo un problema que enfrentan. Por lo tanto, existe la necesidad de llevar a cabo prácticas educativas de salud que discutan el deseo de las mujeres de gestar, lo que requiere educación permanente y continua para los profesionales y la producción de tecnologías educativas. **Descriptor:** Salud de la Mujer; VIH; Embarazo; Derechos Sexuales y Reproductivos; Educación; Enfermedades Transmisibles.

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INTRODUCTION

It is understood that the woman has a strong social expectation related to motherhood in which the decision to conceive, being HIV positive, deviates from the social and cultural normality that, for society, is as if she were violating her beliefs, generating, in the them, the fear of discrimination and rejection, leading to the belief that women living with HIV do not and should not have an active sexual and reproductive life, even blaming them when a pregnancy occurs.¹

The psychological aspects of women who receive a positive result for HIV during pregnancy can be profoundly affected, and the main experience experienced by these women is related to the fear of transmission to their fetus, making this fear a central part of their emotional universe, because, in general, birth is associated with a positive feeling and related to happiness. It is noticed, however, that, when there is the possibility of contamination of her baby, the anguish takes shape and assumes an important role in the psychological spectrum of this pregnant woman, however, there is a need to guide her and redesign the subjectivity of the risk of contamination of their children by HIV.²

The gestational process tends to be an experience based on fears, bringing tension and insecurity, both in relation to the transmission of HIV and in the use of medications, thus fearing for the suffering of the child in relation to all the stress factors combined with the HIV infection. It is pointed out that being pregnant in the presence of HIV / AIDS, in addition to sentimental ambivalences, causes the woman to have to recognize herself as a mother and be aware of all the consequences and risks that this condition brings with it.¹

In Brazil, from the years 2007 to 2016, 136,945 cases of HIV infection were reported, of which 6,868 (6.3%) were in the North region, and of the total cases reported in the country, 44,766 were in women; of this total, 28,148 (28.6%) correspond to women aged 20 to 24 years, which is the one that concentrates the majority of pregnant women with HIV, and in 2015, 8,094 (96.4%) of women living with HIV contracted the virus through heterosexual relationships.³

Without a doubt, Brazil has advanced in the last two decades in the fight against HIV infection and also in the risk of vertical transmission, mainly through the provision of universal treatment for people living with HIV/AIDS, thereby reducing the possibility of transmission of the virus from mother to baby.⁴

It is noted that, despite this, many women contract HIV after having children, and others discover the infection when they become pregnant, due to the performance of prenatal

examinations; on the other hand, there are still women who, despite knowing their positive serology, decide to have children. In this context, it is shown that, regardless of whether HIV serology is positive, the desire to have children in men and women living with the virus remains unchanged.⁵

It is extremely important that nursing professionals are prepared and humanized to serve these women, as they may encounter them in a time of need, abandonment by their partners and social rejection. Therefore, nursing care must meet biopsychosocial needs and consider all elements that imply the life of a person living with HIV, such as fear of transmission, guilt, mental conflict and reproductive issues.⁶

It is understood that there is a need for interventions that emphasize supporting, promoting the participation of the baby's father and giving particular attention to those people who have recently been diagnosed and who live in conditions of greater social disadvantage. It is emphasized, by Brazilian HIV / AIDS policies, that interventions should be based on interdisciplinary strategies that consider the phenomenon from a biopsychosocial perspective; however, Brazilian strategies for pregnant women living with HIV remain focused mainly on medical strategies involving prevention of vertical transmission.⁷

Across Brazil, there has been a substantial reduction in vertical transmission rates and an increase in adherence to prophylactic measures over the years, although there are still many pregnant women who do not benefit from all the interventions recommended for the prevention of HIV. It is also essential to achieve the global elimination of mother-to-baby transmission, to improve and facilitate the population's access to prenatal care. It is believed that, through these measures, it will be possible to provide an early diagnosis and promote the completion of all preventive measures for vertical transmission.⁸

Thus, it becomes necessary to know the perception of a future pregnancy for women living with HIV, which is essential for the Nursing team to recognize the importance of listening to the approach of women living with HIV, both from the clinical point of view and from the psychosocial point of view, respecting your desire and your ability to decide to build a family, as well as clarifying your doubts and fears about pregnancy through reproductive planning, if you wish.

This study originated from a conclusion work on the undergraduate nursing course at the University of the State of Pará, aiming to analyze the perception of women living with HIV treated at a reference unit in Belém- PA on the perspective of a future pregnancy.

OBJECTIVE

- To analyze the perception of women living with the human immunodeficiency virus on the perspective of a future pregnancy.

METHOD

This is a qualitative, descriptive, explanatory type study, carried out in a reference unit specialized in caring for people living with HIV in the city of Belém, in the State of Pará. It is revealed that 13 women living with HIV of reproductive age participated voluntarily, with a desire to conceive and properly enrolled in the unit, with data collection being interrupted after the identification of theoretical data saturation.⁹

The selection criteria were: women living with HIV, with a minimum age of 18 years, with no upper age limit, as long as they were in reproductive period, who had not undergone sterilization methods and who wished to conceive.

The study excluded women who chose to be a mother by other unnatural methods, outside their reproductive age, who were not regularly monitoring at the institution and who wished to conduct the interview outside the research location.

Data was collected from June to July 2018 in two stages: the first consisted of approaching the woman before or after her routine consultations with the infectious disease physician, inviting her to participate in the research and the second stage was performed after acceptance. The participants were taken, by the researchers, to a reserved place where the research objectives were presented and the signature of the Free and Informed Consent Term (FICT) was requested. Then, the information was collected through an interview with a semi-structured script containing

open questions related to the topic.

The participants were interviewed individually, in a private room with the presence of only the participant and one of the researchers. Women were listed, in order to maintain anonymity, in an increasing form (M1, M2, [...], M13).

Data was analyzed from the participants' reports using the Content Analysis technique, according to Bardin, characterized by three stages: 1) pre-analysis; 2) exploration of the material; 3) treatment of results and interpretation.¹⁰

The IRAMUTEQ software (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), 0.7 alpha 2, developed by Pierre Ratinaud, was used as a tool to aid in data exploration, which allows statistical analysis of textual corpus and about individual / word tables.¹¹

The ethical precepts recommended by Resolution No. 466, of December 12, 2012 were respected. The research project was approved by the Research Ethics Committee of the Undergraduate Nursing Course at the University of the State of Pará under the opinion No. 2,686,067 and CAAE 87230318.6.0000.5170.

RESULTS

The corpus was constituted by 13 texts, with 139 segments analyzed, that is, 73.38% of the corpus. Reinert's method was used, crossing segments of text and words, where five classes emerged according to the dendrogram below (Figure 1).

Figure 1. Dendrogram of Descending Hierarchical Classification - DHC. Belém (PA), Brazil, 2018.

Based on the analysis of the classes, five categories emerged whose order corresponds respectively to classes 1, 2, 3, 4 and 5 described below: **Fear of the risk of vertical transmission; The discovery of HIV: the importance of diagnosis; The woman's desire to gestate from the partner's will; Antiretroviral therapy and treatment adherence and Ignorance or little knowledge about the possibility of pregnancy.**

The participants were aged between 21 and 44 years, most of them coming from the interior of the State of Pará; as for education and occupation, most had incomplete elementary school and declared themselves to be home and, as for income, claimed to receive up to a minimum wage or to stay on social programs offered by the federal government.

HIV infection was found, in relation to the clinical profile, by five women, through the death of the partner. Most were on antiretroviral treatment, abandoning treatment at least once, with 11 of them having a steady partner and seven of them having experienced pregnancy after being diagnosed with HIV.

The emerging thematic categories are described to follow.

♦ Fear of the risk of vertical transmission

It is evident, in this category, that, even the woman living with HIV, her desire to gestate does not diminish, however, the fear of transmitting the virus to her child is evident, because the possibility of the child's infection is directly linked to suffering and the prejudice that the disease brings with it when acquiring the virus, as shown in the statements below.

I'm a little afraid of being born with a problem that I can transmit. (M7)

I get worried, there's the risk of transmitting it too, it's a fear that I have to transmit to him. (M12)

Because I am afraid of the child coming out with HIV [...] because I think that a child who comes, she does not deserve to come with the disease, so, therefore, I am afraid. (M13)

It is emphasized that the woman living with HIV, in addition to thinking about a pregnancy, also thinks about the health of the child during and after the gestational period, thus generating ambiguous feelings, such as fear and the desire to conceive in the presence of the virus, causing your will to be prolonged, thus leading to an unplanned pregnancy with high risks of vertical transmission.

♦ The discovery of HIV: the importance of diagnosis

It is reported that, in this category, the discovery of HIV infection by women through the death of their partner was one of the main ways of obtaining an HIV diagnosis; It is reported that, in this category, the discovery of HIV infection by

women through the death of their partner was one of the main ways of obtaining an HIV diagnosis.

Through my ex-husband, he died, then, they took the exam, then, he testified, then, I did it to check and it was positive. (M11)

It was through the rapid test of the second pregnancy, with 15 years. (M1)

I got pregnant, and then I checked in for prenatal care, I took the test and it was positive that I had the virus. (M9)

Thus, it is confirmed that the female infections registered in this sample are predominantly through sexual and heterosexual relationships, which may infer that these women are not susceptible to infection, neglecting the use of condoms, perhaps because of their trust in their partner, since they were in a stable relationship, or because of the habit of not using it, which may be contributing to the heterosexualization of the epidemic.

♦ The woman's desire to gestate from the partner's will

In this category, the influence that the partner has on the desire of the woman living with HIV to gestate stands out, in which six women, among the participants, take into consideration mainly the partner's desire to be a father evidenced by the following statements.

I wanted to get pregnant even though I knew about HIV. Even because my husband had no children. (M1)

I have no son with my current husband. Who knows, in the future, I get pregnant. (M8)

I think because my husband is crazy because of a son. I told him: "I have to go" to my doctor, I "I have to" talk. (M10)

It becomes clear from the statements of the participants that one of the main reasons for women in pregnancy is to satisfy the partner's desire to exercise paternity or even to strengthen the bond and union between the couple in order to build a family.

♦ Antiretroviral therapy and treatment adherence

Participants testify, in this axis, about their difficulties and the factors that contribute to non-adherence or abandonment of the drug therapy indicated for them.

I already stopped taking the medicine because I didn't have time to come here (health unit) because I worked and there was no way I came and I couldn't be absent; it was almost a year without taking it, it complicated my health. (M7)

I abandoned it at the very beginning that I discovered, then, after six months, there was a relapse. From 2013 until now, when I started taking the treatment, I didn't want to accept the disease because I thought I didn't have it because I thought I was strong. (M9)

I've been three months without taking it. I've quit several times because I tell mom that I don't

feel like taking this medication, it gave me a lot of reaction [...]. (M10)

It is shown that non-adherence or abandonment of treatment is multifactorial, such as difficulties in using the drug, non-acceptance of the diagnosis and drug reactions; however, after the appearance of complications resulting from abandonment, the participants are able to better understand the importance of drug treatment in order to remain uneventful.

♦ **Lack of knowledge or little knowledge about the possibility of pregnancy**

In this category, there is a lack of knowledge (or little information) about the possibility of a pregnancy with the reduced risks of vertical HIV transmission, as well as the necessary care for the woman and her child before, during and after pregnancy, demonstrated by the statements of the following participants.

I think my immunity can get low and, if I don't take care of myself properly, the disease can transmit to him, I can't explain why I haven't had this information yet. (M6)

All I know about treatment for pregnancy is because I watch a lecture, I research on the internet. The internet is there for that! (M3)

The doctor always says that we can't get pregnant. And that we have this disease to not pass it on to our partner. You better not try to get pregnant, you know? Many say they can't, that they will find a cure, so we can have patience. These things they say to wait, you know? (M5)

It is evident, in this perspective, the lack of information of women about their sexual and reproductive rights, in which their desire to gestate is not taken into account. There is also a deficit of adequate information provided by the health team that works directly with them, as well as the judgment made by the same that the woman living with HIV should not become pregnant, and this idea negatively influences the decision of the same in gestating.

DISCUSSION

It appears that the main form of HIV infection among pregnant women was the sexual route, a data consistent with the national reality where unprotected sexual exposure is the predominant form of transmission among women with significant prevalence in heterosexual relationships.¹² Due to the relationship of submission and the historical construction of the role of women in society, it is difficult to negotiate the use of condoms, especially in stable and long-lasting relationships, making the woman not perceive this as risky behavior, always associating HIV as something distant, a disease related to extramarital relationships.¹³

One of the evident concerns of women living with HIV is the possibility of transmission of the

virus from the mother to the baby, characterizing vertical transmission. It is understood that the desire to be a mother exists and is natural, even before HIV infection, and the participants reported having wished to experience motherhood, however, the possibility of being transmitted the HIV virus to their child is the biggest problem.¹⁴

It was shown, in a study carried out with pregnant women living with HIV, that the possibility of transmitting the virus to the child becomes, for the mother, one of her main concerns, if not the main one. It is believed that fear of vertical HIV transmission is clearly the main fear among women living with HIV, especially among women who have had other pregnancies.¹²

Purely technical issues are overcome by the pregnancy of a woman living with HIV, and its occurrence is linked to fear of the risk of transmitting the infection to her baby, as well as to the social risk that is symbolically associated with reproduction in presence of the virus. Concerns about the fact that the child suffers discrimination and prejudice, in addition to the suffering related to the condition of the disease itself.^{13,15}

Care lines need to be developed for women living with HIV / AIDS, considering their perspectives related to reproduction and their sexuality. In a similar way, the lack of planning lines of care aimed at the general population is clearly demonstrated, aiming at prevention and care related to sexually transmitted infections and HIV / AIDS.¹⁶

It appears that the partner's desire to exercise paternity was fundamental, influencing the woman's desire for a pregnancy. It was confirmed, in a study carried out with women living with HIV, that the desire of their partners to be a father was one of the main reasons for the desire to become pregnant. It was said that the infection did not prevent them from giving a child to their partner and, even knowing the risks, their desire did not diminish.¹⁷

On the other hand, it was ensured by studies on gender, that the romantic feeling can lead the woman to desire a child of the man she chose as a partner, thus giving a proof of unconditional love by fulfilling her expected social role. The woman makes herself think, for this romanticized love idea, that she will only feel complete giving a son to the man she loves, and the desire becomes more intense when the woman does not have children with this partner.¹⁴⁻⁵

Aspects of prenatal care are adopted that can significantly decrease the risk of transmission, for example, screening tests in the first trimester, prenatal control, antiretroviral treatment early and assessment of viral load between 34 and 36 weeks. Follow-up should also be made available for most newborns of mothers with HIV, but this

may be more appropriate to confirm or rule out early diagnosis.¹⁸

It is warned, however, that a major problem is adherence to antiretroviral treatment, as observed in the study carried out in Santa Maria - RS where 55 (44%) of the participants were non-adherent to the treatment and, of these, 32.5 (26%) stopped taking the medicine due to the side effects of the same.¹⁹

In a study conducted with women in the immediate postpartum period, little knowledge of them was observed regarding the pathology, treatment before and after delivery, causes, effects and consequences of the disease for the mother and baby.²⁰

Themes from the risk of mother-to-child transmission are unknown, for this, throughout pregnancy; there is a need to think about strategies to reduce the risk of vertical transmission, such as elective cesarean section, which has the ability to reduce risk of this transmission. The woman with HIV should ideally reach the time of delivery with a viral load that is completely undetectable, but when this does not occur, then surgical delivery should be considered as an absolute indication and always taking into account the factors obstetric risks.²¹

It is necessary, in order to ensure greater safety, to carry out a retest during the beginning of labor for women who were HIV negative at the beginning of pregnancy, as this would make it possible to reduce the transmission of this pathogen in women who became reactive throughout pregnancy, thus preventing mother-to-child transmission, thus reducing, through appropriate obstetric practices, such as elective cesarean section and use of antiretroviral drugs, the possibility of vertical transmission.²²

It is known that many women are still unaware of the possibility of being mothers when diagnosed with HIV seropositivity.¹² Health and community services in general are required to promote an environment that supports pregnancy and embraces opportunities to support HIV serodiscordant couples to achieve their fertility goals. This can be achieved by offering additional training to health care providers in the safer design and community awareness of issues of serodiscordant couples and the availability of safer design services for these couples.²³

It is noticed that sexual and reproductive rights are not encouraged by some health professionals, with the justification of the possibility of vertical transmission or the little knowledge about the topic. It is added that the majority of women, because they do not have access to this information, do not realize that they have this right guaranteed, causing them to repress their desire to gestate, accepting the sentence given by the professional and thus making their decisions

limited about their sexuality and safe reproduction.¹⁵

It becomes very important to clarify HIV-positive women about their reproductive rights, in addition to promoting awareness among health professionals about these rights, especially the Nursing team that assists people with HIV.²⁴

It is understood that the main feeling accompanied by motherhood is the motivation to be a mother with the hope and the yearning for renewal, however, this moment is surrounded by particular fears and yearnings for pregnancy and, when it comes to women living with HIV, fears are related to the possibility of vertical transmission of the virus or the possibility of orphaning their future children. It is evident that there is still a gap in specialized services on reproductive planning and monitoring of these women and there is much to be done in structuring specialized services in the care of women who want to become pregnant, thus offering comprehensive humanized services to these women.²⁵

CONCLUSION

It is concluded that women living with HIV, who participated in the study, have the desire to become pregnant even with their positive diagnosis for HIV, however, the fear of transmitting the virus to their child during pregnancy is the main concern of them, as well as the mother's concern with society's prejudice towards her son.

It is also observed that knowledge about the disease and the risks of a pregnancy for the health of the child and the mother is incipient or there is little information, as most women are unaware of their sexual and reproductive rights and the possibility gestating with reduced transmission risks.

Thus, it is necessary to carry out permanent and continuous education for professionals who work with women living with HIV and to prepare educational materials that address the subject in a simple and explanatory way, so that they can give the appropriate support for these women, respecting their rights, desires and decisions regarding pregnancy.

The team that accompanies women living with HIV is required to perform active listening, which takes into account the woman's willingness to gestate, helping them to decide the best period for conception, so that they can offer quality care, with an appropriate approach, and the guidelines provided in a simple and objective way, giving, therefore, all the necessary information so that she, together with her partner, can decide about her sexuality and reproduction.

In addition, the importance of carrying out an anti-HIV test during pregnancy is emphasized so

that the risks of vertical transmission are reduced and the complications of a late diagnosis are avoided.

In this context, there is a need to carry out continuous health education practices, which discuss the desire of women to gestate, in which the health professional uses an appropriate approach and tools to mediate care and guidance according to the reality in which the woman is inserted.

Practices can take place in a group mediated by educational technologies, where the experiences lived by women can be discussed with their peers and professionals, in order to answer their doubts, providing necessary support and encouraging them to carry out reproductive planning, ensuring following the guidelines provided by professionals.

Limitations are presented by this study, since there is a need to expand investigations on the topic to other spaces with professionals who work with women living with HIV.

Therefore, it is of paramount importance to carry out studies related to the point of view of the woman living with HIV as to the implications for the care directed to her, so that one can improve the care for this woman, taking into account both the biological aspect as well as the psychological aspect.

CONTRIBUTIONS

All authors contributed equally in the conception, analysis and interpretation of the research, in the writing and critical review with intellectual contribution, and in the approval of the final version.

CONFLICT OF INTERESTS

Nothing to declare.

REFERENCES

1. Cartaxo CMB, Nascimento CAD, Diniz CMM, Brasil DRPA, Silva IF. Pregnant with HIV/AIDS: Psychological aspects related to the vertical transmission prevention. *Estud Psicol.* 2013 July/Sept;18(3):419-27. DOI: [10.1590/S1413-294X2013000300002](https://doi.org/10.1590/S1413-294X2013000300002)

2. Bastos RA, Bellini NR, Vieira CM, Campos CJG, Turato ER. Psychological phases of pregnant women with HIV: a qualitative study in a hospital. *Rev Bioét.* 2019 Apr/June;27(2):281-8. DOI: [10.1590/1983-80422019272311](https://doi.org/10.1590/1983-80422019272311)

3. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de DST, Aids e Hepatites Virais. HIV/AIDS. *Bol Epidemiol* [Internet]. 2016 [cited 2019 Aug 10];5(1):1-64. Available from: <http://www.aids.gov.br/pt-br/pub/2016/boletim-epidemiologico-de-aids-2016>

4. Coelho AVC, Coelho HFC, Arraes LC, Crovella S. HIV-1 mother-to-child transmission in Brazil

(1994-2016): a time series modeling. *Braz J Infect Dis.* 2019 July/Aug;23(4):218-23. DOI: [10.1016/j.bjid.2019.06.012](https://doi.org/10.1016/j.bjid.2019.06.012)

5. Camillo SO, Silva LO, Cortes JM, Maiorino FT. The desire to be a mother facing hiv/aids infection. *R Enferm Cent-Oeste Min* [Internet]. 2015 Jan/Apr [cited 2019 Dec 27];5(1):1439-56. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/552>

6. Silva LMS, Moura MAV, Pereira MLD. The daily life of women after hiv/aids infection: guidelines for nursing care. *Texto contexto-enferm.* 2013 Apr/June; 22(2):335-42. DOI: [10.1590/S0104-07072013000200009](https://doi.org/10.1590/S0104-07072013000200009)

7. Faria ER, Gonçalves TR, Carvalho FT, Lopes RCS, Piccinini CA. Coping strategies among brazilian pregnant women living with HIV. *Paideia.* 2014 Jan/Apr; 24(57):67-74. DOI: [10.1590/1982-43272457201409](https://doi.org/10.1590/1982-43272457201409)

8. Guimarães MF, Lovero KL, Avelar JG, Pires LL, Oliveira GRT, Cosme EM, et al. Review of the missed opportunities for the prevention of vertical transmission of HIV in Brazil. *Clinics.* 2019 Sept;74(9):01-10. DOI: [10.6061/clinics/2019/e318](https://doi.org/10.6061/clinics/2019/e318)

9. Fontanella BJB, Ricas J, Turato ER. Saturation sampling in qualitative health research: theoretical contributions. *Cad Saúde Pública.* 2008 Jan;24(1):17-27. DOI: [10.1590/S0102-311X2008000100003](https://doi.org/10.1590/S0102-311X2008000100003)

10. Bardin L. *Análise de Conteúdo.* Lisboa: Edições 70; 2016.

11. Camargo BV, Justo AM. IIRAMUTEQ: Interface de R pour les analyses multidimensionnelles de textes et de questionnaires. *Temas Psicol.* 2013 Dec; 21(2):513-8. DOI: [10.9788/TP2013.2-16](https://doi.org/10.9788/TP2013.2-16)

12. Nascimento CS, Pereira LC, Nery IS, Rodrigues IS, Bezerra MM, Gomes IS. Desire for motherhood when facing the diagnosis of acquired immunodeficiency syndrome. *Rev Baiana Enferm* [Internet]. 2013 Sept/Dec [cited 2019 Aug 10];27(3):239-48. Available from: <https://portalseer.ufba.br/index.php/enfermagem/article/view/8390/8383>

13. Medeiros APDS, Araújo VS, Moraes MN, Almeida SA, Almeida JN, Dias MD. Pregnant women's experience of being seropositive for HIV/AIDS: prejudice, pain, trauma and suffering at the discovery. *Rev Enferm.* 2015 May/June; 23(3):362-7. DOI: [10.12957/reuerj.2015.17918](https://doi.org/10.12957/reuerj.2015.17918)

14. Matão MEL, Miranda DB, Freitas MIF. Between desire, duty and fear of being a mother after HIV seropositivity. *Enferm Glob* [Internet]. 2014 Apr [cited 2019 Aug 10];13(34):453-66. Available from: http://scielo.isciii.es/pdf/eg/v13n34/pt_enfermeria1.pdf

15. Lemos A. Sexual and reproductive rights: perception of professionals engaged in the primary health care. *Saúde debate.* 2014

June;38(101):244-253. DOI: [10.5935/0103-1104.20140022](https://doi.org/10.5935/0103-1104.20140022).

16. Pinho AA, Cabral CDS, Barbosa RM. Differences and similarities in women living and not living with HIV: contributions by the GENIH study to sexual and reproductive healthcare. *Cad Saúde Pública*. 2017 Dec; 33(12):01-14. DOI: 10.1590/0102-311X00057916

17. Cordova FP, Luz AMH, Innocente AP, Silva EF. HIV seropositive women and their partners facing the decision of a pregnancy. *Rev Bras Enferm*. 2013 Jan/Feb;66(1):97-102. DOI: [10.1590/S0034-71672013000100015](https://doi.org/10.1590/S0034-71672013000100015)

18. Arango-Ferreira C, Villegas DI, Burbano LD, Quevedo A. Follow up of HIV perinatal exposure and accomplishment of strategies to reduce the risk of viral transmission, experience in a reference hospital in Medellín. *Biomedica*. 2019 Aug;39(2):66-77. DOI: [10.7705/biomedica.v39i3.4450](https://doi.org/10.7705/biomedica.v39i3.4450)

19. Colombrini MRC, Lopes MHB, Figueiredo RM. Adherence to the antiretroviral therapy for HIV/AIDS. *Rev esc enferm USP*. 2013 Dec;8(3):446-51. DOI: [10.1590/S0080-62342006000400018](https://doi.org/10.1590/S0080-62342006000400018).

20. Linder V, Chaves SE, Strapasson MR. Perceptions of living women with human immunodeficiency virus about breastfeeding inability. *Enferm Foco*. 2016; 7(2):7-11. DOI: [10.21675/2357-707X.2016.v7.n2.784](https://doi.org/10.21675/2357-707X.2016.v7.n2.784)

21. Robledo FJP. Pregnancy and HIV, absolute indication of cesarean section? *Ginecol Obstet Mex* [Internet]. 2017 Nov [cited 2019 Aug 10];86(6):374-82. Available from: <https://www.morressier.com/article/pregnancy-hiv-absolute-indication-cesarean-section/59f838b6a874c6001b34e8b0>

22. Ejikunle SD, Mbachu II, Okeudo C, Dike E, Ejikem E. Incident HIV infection and perinatal transmission rates among hiv negative pregnant women who retested in labor in a Tertiary Health Centre, South East Nigeria. *Niger J Clin Pract*. 2019 Oct; 22(10):1341-8. DOI: [10.4103/njcp.njcp_130_17](https://doi.org/10.4103/njcp.njcp_130_17)

23. Kimemia G, Ngure K, Baeten JM, Celum C, Dew K, Njuguna N, *et al.* Perceptions of pregnancy occurring among HIV-serodiscordant couples in Kenya. *Reprod Health*. 2019 June;16:85. DOI: [10.1186/s12978-019-0751-4](https://doi.org/10.1186/s12978-019-0751-4)

24. Oliveira GM, Carvalho MFAA, Teixeira MA, Coelho EAC, Araújo RT. Perception of seropositive women for HIV about reproductive rights. *J Nurs UFPE on line*. 2016 Aug;10(08):3028-33. DOI: [10.5205/reuol.9373-82134-1-RV1008201630](https://doi.org/10.5205/reuol.9373-82134-1-RV1008201630)

25. Silva CB, Motta MGC, Bellenzani R. Motherhood and HIV: reproductive desire, ambivalent feelings and a/an (not) offered care. *Rev Bras Enferm*. 2019 Sept/Oct;72(5):1378-88. DOI: [10.1590/0034-7167-2018-0063](https://doi.org/10.1590/0034-7167-2018-0063)

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