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CARE IN NURSING CARE FOR PREGNANT WOMEN WITH HIV

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Abstract: Goal: To describe care in nursing care for pregnant women with HIV. **Methodology:** It refers to the literature review, how to treat pregnant women with HIV/AIDS. The bibliographical survey was carried out in the months of April and May 2023, using Lilacs, Medline, Scielo and Google Scholar as a foundation of data, where complete works in Portuguese published between 2015 and 2022 were included. After the evaluation, the articles that fulfilled the criteria were identified. all inclusion and exclusion criteria. **Results:** Most of the pregnant women newly diagnosed with the HIV virus were between 19 and 38 years old with incomplete 3rd year of schooling and higher education and were diagnosed with HIV after pregnancy, had prenatal care and used antiretroviral therapy. **Conclusion:** Prevention actions during pregnancy, childbirth and the puerperium are the most important activities to reduce the risk of vertical transmission, thus, we can observe the importance of knowing the profile of pregnant women with HIV/AIDS so that the management and health services have actions aimed at this group according to the social context.

Keywords: HIV. Acquired immunodeficiency syndrome. Pregnancy.

INTRODUCTION

Currently, one of the main health problems is Aids, as it is a serious and global infection. Those infected with the human immunodeficiency virus (HIV) have their immune function compromised. The virus can be transmitted through sexual contact, through blood, including vertical transmission, and through breastfeeding (BRASIL, 2010). Over the decades, the epidemiological profile of HIV transmission has undergone changes, there has been an increase in its contamination through heterosexual relationships, which may have occurred due to the increase in cases

in females, including women of childbearing age (SILVA et al., 2013). In Brazil, 125,144 pregnant women with HIV were notified from 2000 to 2019 (BRASIL, 2019).

Vertical transmission can occur during the gestational period, in the peripartum period, which comprises labor and birth, or in the postpartum period through breastfeeding (KAKEHASI et al, 2014). Around 35% of transmissions occur in the intrauterine period, especially at the end of pregnancy, 65% of infections occur in the peripartum, and 7 to 22% through breastfeeding (BRASIL, 2012). Several aspects influence the risk of vertical transmission of HIV, thus, the study has been carried out of various interventions used during pregnancy to reduce the rate of maternal-fetal transmission. To identify maternal social characteristics and health status can point to appropriate interventions to prevent transmission. One must start by identifying the maternal infection by prenatal testing and delivery (KAKEHASI et al, 2014).

According to SALES WB, et al. (2017), in Brazil, the first case of AIDS emerged in the 1980s in the city of São Paulo, with the metropolitan regions of São Paulo and Rio de Janeiro being the main affected. The disease immediately spread, becoming one of the biggest health problems faced by the country, and since then it has gained prominence due to the number of cases that are diagnosed every year, in addition, due to the mortality and impact caused by this disease (LIMA SS, et al., 2017). He reports that, at the beginning, it was believed that the contamination of the HIV virus occurred only in a certain risk group, composed of homosexuals, chemical dependents and prostitutes. But with the evolution of the disease, contamination began to reach other population segments. Currently, contamination has started to reach heterosexual groups, mainly women, and this process has become known as the feminization

of the epidemic (LIMA SS, et al., 2017; SILVA NM, et al., 2016).

According to CONTIM CLV, et al. (2015), the early discovery of the serological condition, during prenatal care, is essential, since it is likely to establish chemoprophylaxis at the right time to prevent vertical transmission. According to the Ministry of Health, it is called vertical transmission of HIV, the situation in which the child is infected by the virus during pregnancy, childbirth or breastfeeding by the mother or by another person with positive serology for the virus. Even with the progress, there are still factors that prevent pregnant women from not participating in prophylaxis measures during prenatal care, childbirth, as well as in the puerperium (LIMA SS, et al., 2017).

With a positive result of HIV infection during pregnancy, the woman must be referred to reference services, where she will undergo high-risk prenatal care, but the prenatal care segment must also be maintained in the basic care unit. health (UBS) (SILVA NM, et al., 2016; BRASIL, 2016).

Nurses have a prominent role, since in most situations they conduct the initial care for pregnant women, especially in basic health units during prenatal care, as they are often the main person in charge of counseling (SILVA JM and SILVA F, 2018).

This study addresses discussions that can help professionals to make some reflections about the importance of quality care provided to pregnant women with HIV, as well as actions to prevent complications related to this process of illness, and its main objective is to carry out a literature review. with the aim of knowing how nursing care is provided to pregnant women diagnosed with HIV during prenatal care and to identify the nursing actions developed for pregnant women diagnosed with HIV during prenatal care and their contributions.

THEORETICAL REFERENCE HISTORY

The HIV virus started in Africa, it was discovered that the virus was in the immune system of chimpanzees, this transmission occurred through hunting or during food preparation, Africa is a country rich in natural and mineral resources, even so, it is considered the poorest country, due to the precarious conditions the country faces. (BARBOSA, 2016).

In the United States, the virus entered through the prostitution of homosexuals who traveled to the Caribbean in search of more accessible sex, through exports of blood that were contaminated and by Haitians immigrating to the United States illegally in search of a job to survive, due to lack of knowledge if they were contaminated with the virus or not, became a public calamity. (BARBOSA, 2016).

In Brazil in 1980 in the state of São Paulo had the first case of HIV, after two years after the identification of the first case of AIDS in which the transmission happened through blood transfusion, the accessible target public to acquire this disease were the users of drugs with the use of shared syringes, homosexuals, and sex workers and in 1983 the first case was reported with women (BARBOSA, 2016).

HIV is a chronic disease caused by the virus that causes immunological deformities, total loss of cellular immunity, making the patient susceptible to infection and its transmission is by sexual contact, by sharing a needle, from mother to child during breastfeeding, during pregnancy, or by blood transfusion. With the advancement of scientific research, drug treatment has been essential to minimize the negative effect that the virus causes in the human body.

NURSING PERFORMANCE

In the nursing work in the care of

pregnant women with HIV, the preferential scheme includes the duo tenofovir + lamivudine (TDF/3TC) and Dolutegravir (DTV) regardless of the gestational age, alternative schemes can be evaluated in case of contraindication to DTG or when If the pregnant woman feels insecure to indicate GTD in the first trimesters of pregnancy, ideally, the scheme must be monitored in terms of toxicity by performing control tests every three months of pregnancy. If the pregnant woman has not been treated for HIV, it is necessary to undergo a genotyping test to ensure that she is suitable for the proposed treatment. General care throughout pregnancy must be maintained, such as ferrous sulfate, immunization, possible immunization for pneumococcus and meningococcus. Vaccines with attenuated live virus are contraindicated, being the same contraindication for pregnant women who do not live with HIV. (Fiocruz, 2020)

HIV is a chronic disease caused by viruses' types 1 and 2 that causes immunological deformities, total loss of cellular immunity, making the patient susceptible to infection. needles and breastfeeding to the infant or by transfusion of blood and blood products. With the advancement of scientific research, treatment and medications have been essential to minimize the negative effect that the virus causes in the human body.

In 1983, after the first case of mother-to-child transmission, the following year the first blood test capable of identifying the virus and isolating the patient was created. Patients can identify the infection after performing the examination and seeking the results of prenatal tests. In 2010, a pre-exposure prophylaxis (PrEP) was developed in a single pill that combines the antiretrovirals Tenofovir and Emtricitobine, and approved by the FDA, indicated by subgroups with higher HIV prevalence rates, making it easier

to know the result of the positive or negative result for AIDS. The Signs and Symptoms, they can progress to some opportunistic infections, such as: herpes, tuberculosis, candidiasis, cytomegalovirus, toxoplasmosis, pneumocystosis and it is also common to have a neurological disease (Ministry of health, 2010). Nursing must advise the pregnant woman about prenatal care measures that aim to improve the well-being of the mother and fetus and the topics to be clarified, which include rest during and after pregnancy.

MONITORING OF FETAL ACTIVITY AND AT BIRTH

In general, the high-risk patient is identified during the first consultation, which, depending on her condition, can be followed up at home. After considering all the results of the evaluation, the nurse will be able to formulate the appropriate nursing diagnosis (Nanda, taxonomy of diagnoses 1) having a better approach to pregnant women with HIV in prenatal care, evaluating the core of knowledge of the disease, informing the treatment efficacy and impact on vertical transmission, the importance of adherence to treatment and investigating opportunistic infections and the need for intervention.

The professional must seek to carry out adequate prenatal care, establishing a relationship of trust with the pregnant woman and her family, generating exchanges of information, aiming at the promotion of healthy delivery and birth and also at the prevention of maternal and perinatal morbidity and mortality. (GUERREIRO et al, 2018).

During assistance to seropositive pregnant women, the nurse performs numerous activities through prenatal counseling, including routine prenatal exams and vaccination schedule, monitoring of therapeutic treatment with antiretrovirals

that prevent vertical transmission to the child. Transmissions can happen through transplacental means when the mother passes the virus through breastfeeding. Assistance to HIV-positive pregnant women can occur at three levels of health care and this work aims to ensure care for the woman and the fetus during pregnancy, childbirth and the puerperium by defining these three levels and ensuring a better life for the pregnant woman and the baby.

NURSING CARE

In caring for pregnant women, it is up to the obstetric nurse to register the pregnant woman, carry out the nursing consultation, and interview the high-risk pregnant woman; control returns, plan and promote group work with pregnant women (psychoprophylactic course). If the test is positive for HIV during pregnancy, pregnant women diagnosed will be immediately directed to prenatal care, and instructed on how treatment will be carried out using antiretroviral drugs with medical supervision. All care will be needed with the patient because the virus can be transmitted during childbirth and treatment will have to be carried out as quickly as possible, avoiding vertical transmission of the virus to the child. health service, it is also recommended not to breastfeed to avoid transmission of the HIV virus through breast milk. By not breastfeeding their babies, mothers must feed their children with formulas from 0 to 6 months of age. In this process, love and affection are very important to face difficult times. The family and the health team support the women who go through this difficult process so that they do not feel discriminated against or depressed in the first months after receiving the results after the test. After the exams, patients can visit the website (<https://agenciaaids.com.br>) and ask all possible questions.

In the United States the situation was

already out of control, cases had already passed 3,000 and 1,283 deaths, while in Brazil there were few cases. When the expansion in the Brazilian territory and in the world for HIV/AIDS happened, the numbers of cases were higher for homosexual people, the scientists believed that there was a group of risk, they started to call it “gay plague”, the discrimination is the most painful part for those who contracted the disease (LIMA 2019).

The first diagnostic test for the disease AIDS took place in 1985 by the etiological agent and was called Immunodeficiency virus, there was a significant reduction in 1996 of 50% of deaths and 80% of opportunistic infections, with the contribution of the use of the anti-AIDS cocktail. aids which is a combination of AZT and Videx (LACERDA et al. 2019).

Health professionals, especially nurses, need to conduct care in such a way that the pregnant woman can feel safe about being monitored by the health team and trust the recommendations regarding care during the gestational and puerperal process (LANGENDORF et al., 2015; PEREIRA et al., 2015).

Nursing care is based on the holistic principle, scientific knowledge and the proper use of technologies to generate knowledge production for the benefit of the clientele. Care is not summed up in an act, but in attitudes that involve more than a period of attention, zeal and devotion. It represents feelings of concern, responsibility and affective involvement with the other (VIANA et al., 2013).

METHODOLOGY

This is a study characterized as an integrative literature review whose purpose is to analyze criteria and of a broad nature to provide a more comprehensive understanding of a certain phenomenon, thus the following

steps were used to elaborate the identification of the theme and selection of the hypothesis or question literature search critical analysis of a set of data to establish criteria for inclusion and interpretation of studies including in the review and finally the presentation of the review with synthesis in co-scientific and with quality contributing to the provision of sufficient information for the definition of theory review and/or methodological analysis of the investigated topic (Sousa et al, 2010.)

The theme was chosen from experiences lived while academics of the nursing course practical classes of the discipline of gynecology and obstetrics observing the challenges in working with seropositive pregnant women. Therefore, this integrative literature review has as its guiding question: What are the “care provided by nurses to HIV positive pregnant women”?

Literary productions were reviewed from 2015 to 2022. The following bibliographic databases were used for construction purposes: Virtual Library (BVS), Digital Library of Theses and Dissertations (BDTD), PUBMED Latin American and Health Literature (Lilacs). The literary review that had as a question, nursing care for pregnant women with HIV/AIDS. The survey was carried out in November 2022 through online searches of regional scientific productions on the profile of HIV-positive pregnant women and publications were obtained through searches processed in the following databases: electronic scientific literature: Library online (SCielo); Google Scholar(Lilacs); Latin American and Caribbean Literature in Health Sciences.

The search for data was uses and creations of research reports with the production of epidemiological knowledge and complete works, cited in Portuguese between 2016 and 2020 that pointed out pregnant women with HIV AIDS in Bahia with reports, experiences and Theses. Therefore, several publications were identified from which readings and

literary summaries were reviewed for the care of pregnant women with HIV.

RESULTS AND DISCUSSION

The selected articles were published between 2015 and 2019, presenting in a scientific way the importance of care in nursing care for people with HIV.

The literary review that had as a question, nursing care for pregnant women with HIV/AIDS. The survey was carried out in November 2022 through online searches of regional scientific productions on the profile of HIV-positive pregnant women. Publications were obtained through searches processed in the following databases: electronic scientific literature: Library online (SCielo); Google Scholar (Lilacs); Latin American and Caribbean literature in health sciences. The search for data was uses and creations of research reports with the production of epidemiological knowledge and complete works, cited in Portuguese between 2016 and 2020 that pointed out pregnant women with HIV AIDS in Bahia with twelve reports of experiences and theses.

Therefore, several publications were identified from which readings and literary summaries were reviewed for the care of pregnant women with HIV. In the studies there was also a brief citation of research from two states, Rio de Janeiro and Brasilia. In these studies, young people between the ages of 18 and 38 were found who went through difficult situations after discovering HIV, having the same line of problematization with that of the state of bahia. In the study carried out, BARBOSA, 2016, reports the situation in Brazil in 1980 in the state of São Paulo had the first case of HIV, two years after the first case was identified as AIDS, the transmission happened through blood transfusion, the accessible target public to acquire this disease are drug users with the use of shared syringes,

homosexuals, and sex professionals, in 1983 the first case reported with women. LIMA 2019, highlights the situations that occurred in the United States was already out of control, cases had already exceeded 3,000 and 1,283 deaths, while in Brazil there were few cases. When the expansion in the Brazilian territory and in the world for HIV/AIDS happened, the numbers of cases were higher for homosexual people, the scientists believed that there was a risk group, they started to call it the “gay plague”, discrimination is the most painful part for those who contracted the disease. LACERDA et al. 2019, performs the first diagnostic test for the disease AIDS in 1985 by the etiological agent and was named Immunodeficiency virus, there was a significant reduction in 1996 of 50% of deaths and 80% of opportunistic infections, with the contribution of the use of the cocktail anti-aids, this cocktail is a combination of AZT and Videx.

The results of care in nursing care for pregnant women with HIV are in line with the studies addressed. The predominance of young pregnant women, in the age groups from 18 to 38 years old, many with incomplete 3rd year schooling, but with the increase of women with complete higher education. Major cases related to pregnant women infected with HIV are of local characteristics of precarious situations of knowledge and the beginning of the HIV virus was also reported, the discovery of the root of the emergence of the virus that was in the immune system of chimpanzees, this transmission occurred through hunting or during food preparation, Africa is a country rich in natural and mineral resources, but even so, it is considered the poorest country, due to the precarious conditions that the country faces. The necessary care for patients carrying the virus, demonstrating the form of possible transmission of the virus. During and after childbirth, after discovering at the beginning of pregnancy which forms of treatment the

patient needs immediately, avoiding vertical transmission of the virus to the child, which drugs the antiretroviral (syrup) must be given and always followed up health service, it is also recommended not to breastfeed to avoid transmission of the HIV virus through breast milk. Because they cannot breastfeed their babies, mothers must feed their children with formulas from 0 to 6 months of age, they can register at the maternity hospital to collect the breast milk that is donated and, soon after, start feeding them healthy foods, in this process, love and affection is very important to face the difficult times. In a study carried out by Gomes et al.,(2019) it was verified that the nurse is one of the professionals with competence and capacity to provide prenatal care, interfering in different situations and seeking strategies for health promotion, disease prevention, in order to provide a humanized care for the pregnant woman.

FINAL CONSIDERATIONS

In view of the results presented, it is verified the importance of the nurse with a holistic view in the acts and activities regarding the care given to the seropositive pregnant woman. The professional nurse has the necessary competence to perform an individualized service, based on empathy, ethics, acceptance and listening active and free from prejudice. The results report on the importance of the nurse's role in the face of the impossibility of not breastfeeding. Early diagnosis during prenatal care is a facilitator for the continuity of guidance and activation of awareness regarding the issues of extinguishing breastfeeding during the puerperium, therefore, it is hoped that this study will encourage further research on nursing care and care in nursing care. nursing for pregnant women facing the seropositive pregnant woman, in order to collaborate for the improvement of humanized and welcoming care.

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