

Making Sense of HIV and Pregnancy

Day 2

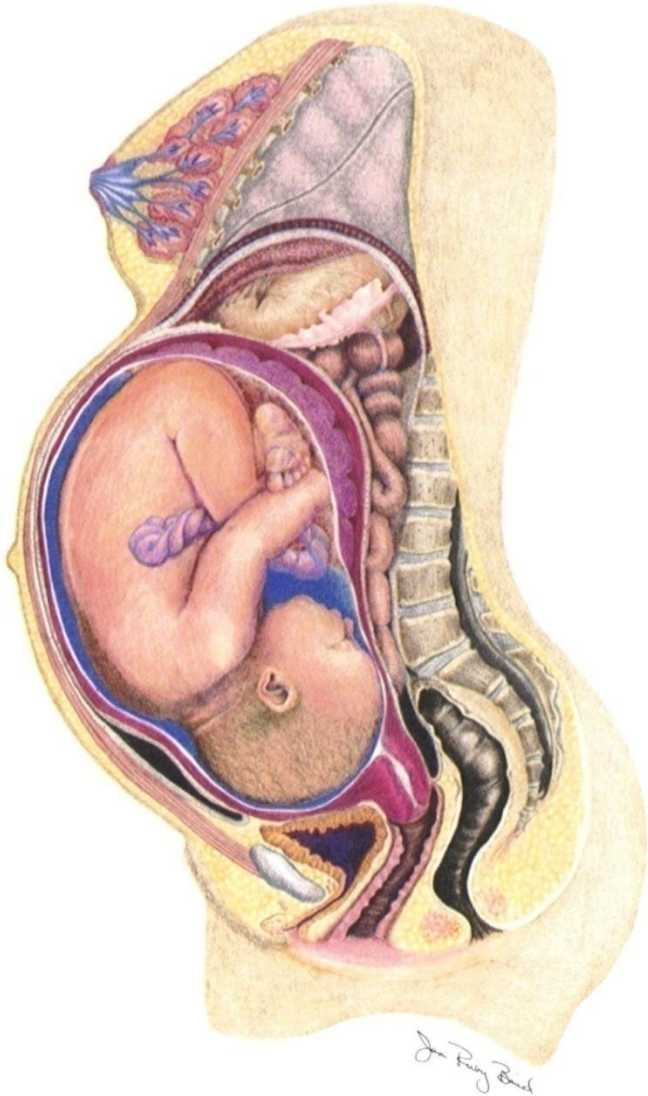
Prenatal Class Day 2

What will be covered today?

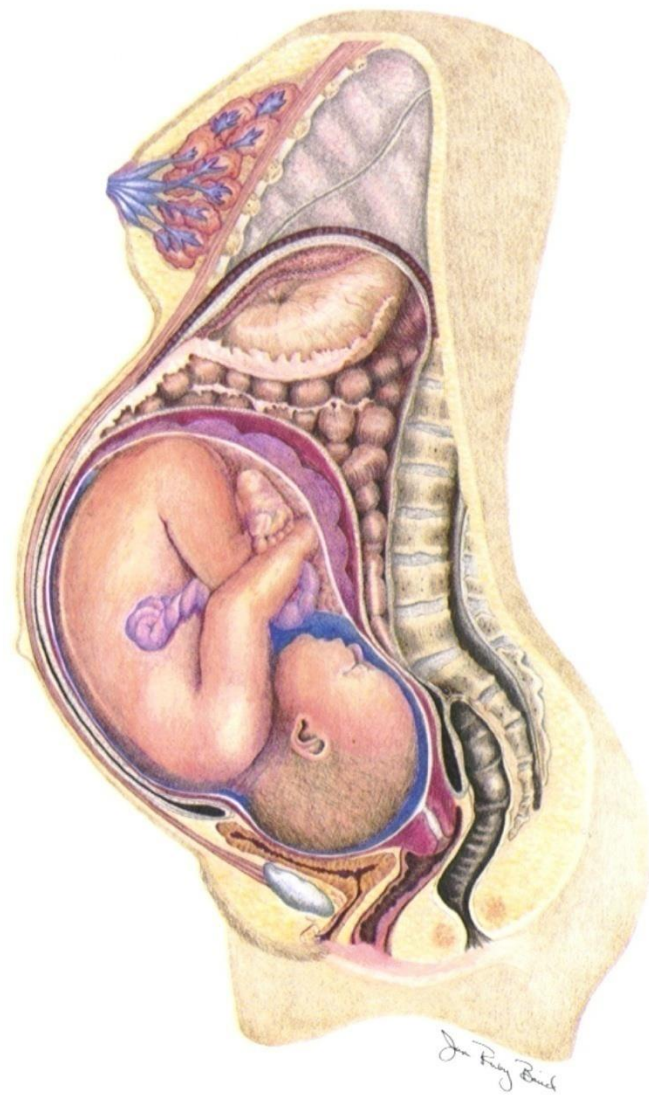
- Labor
- Vaginal Delivery
- Cesarean Section
- Reproductive health care
- Sexually Transmitted Infections



Third Trimester



Fetus at term



Lightening



TOTAL



PARTIAL



MARGINAL

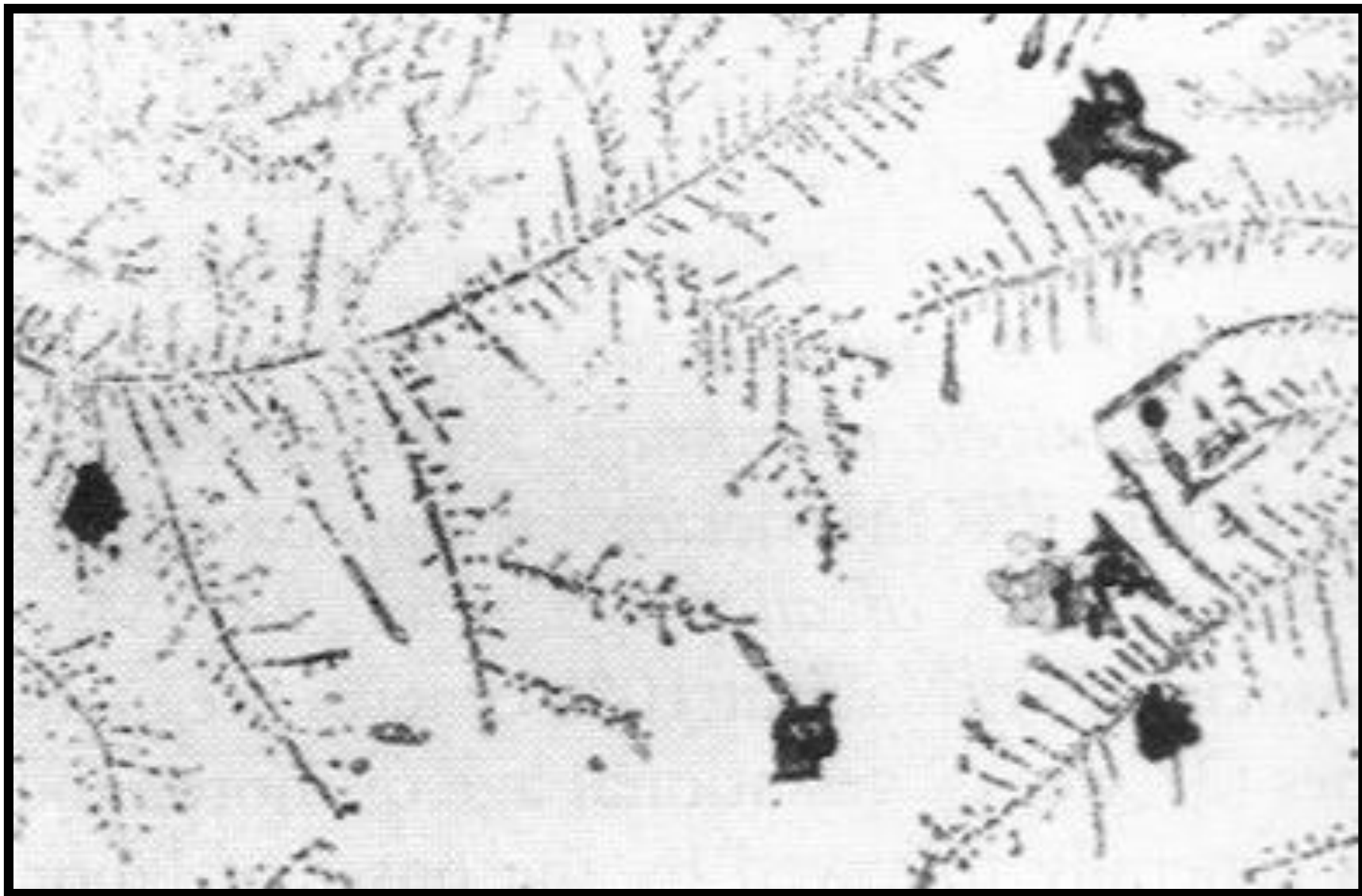
TOTAL

PARTIAL

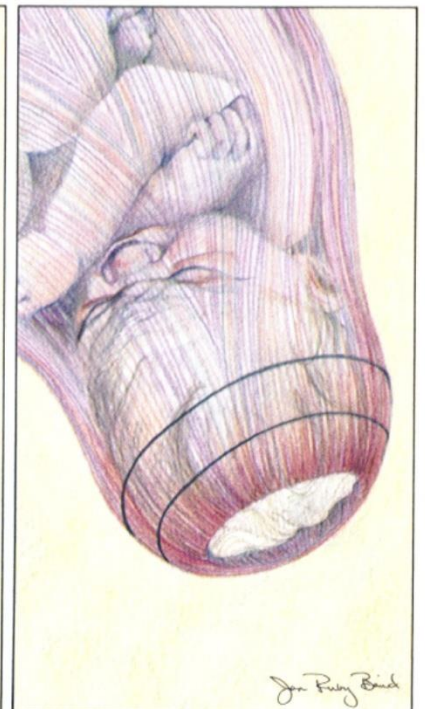
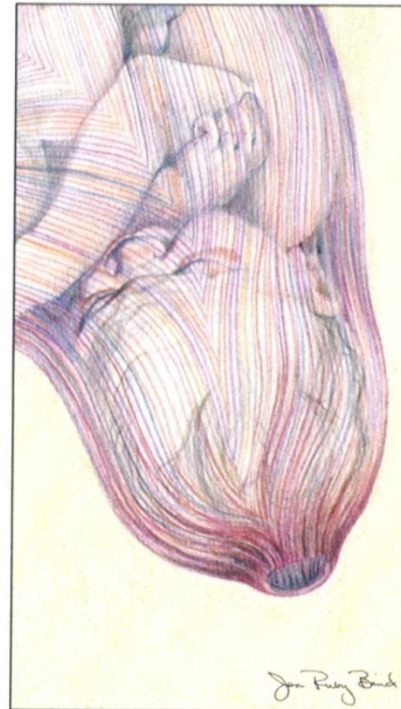
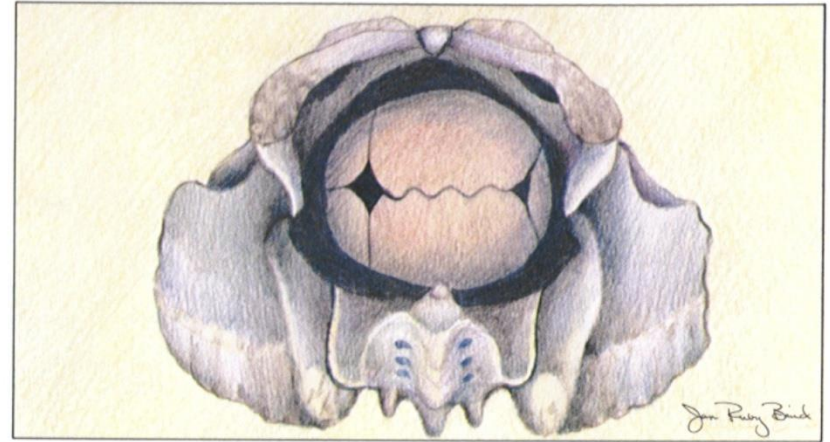
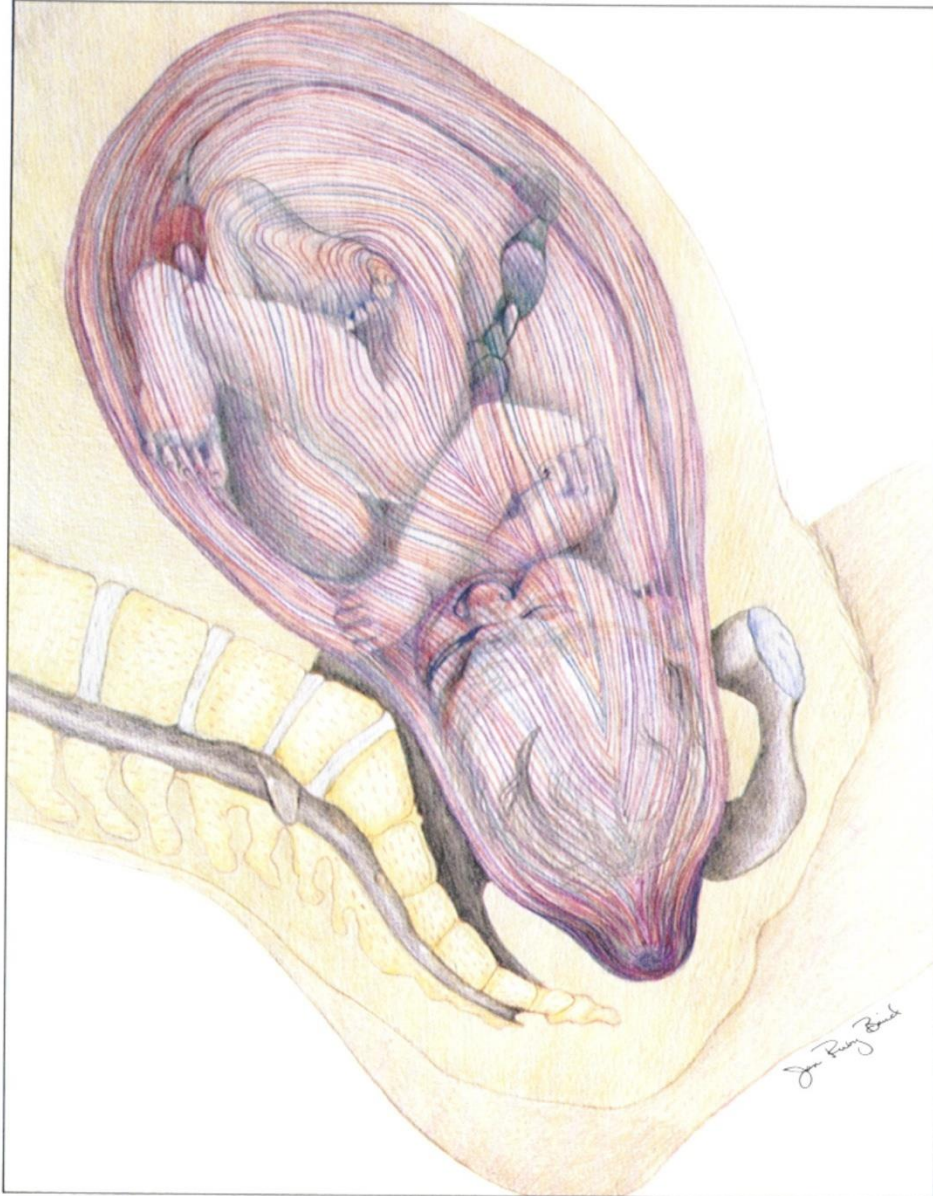
MARGINAL

Signs and Symptoms of Labor

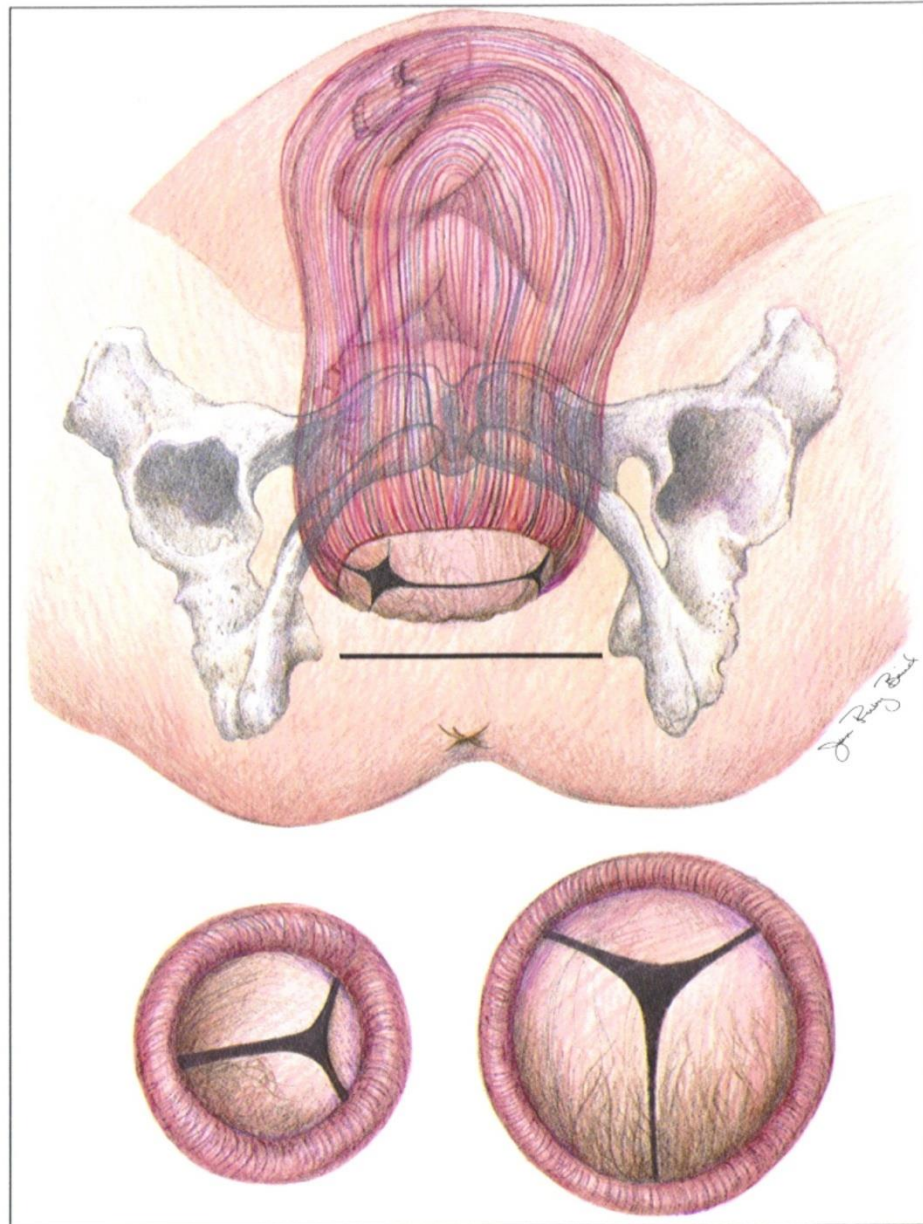
- Contractions every 5 minutes, lasting 1 minute, for one hour (Remember 5-1-1)
- Cervical change
- Bloody show
- Bag of water ruptures



Cervical Effacement and Dilatation



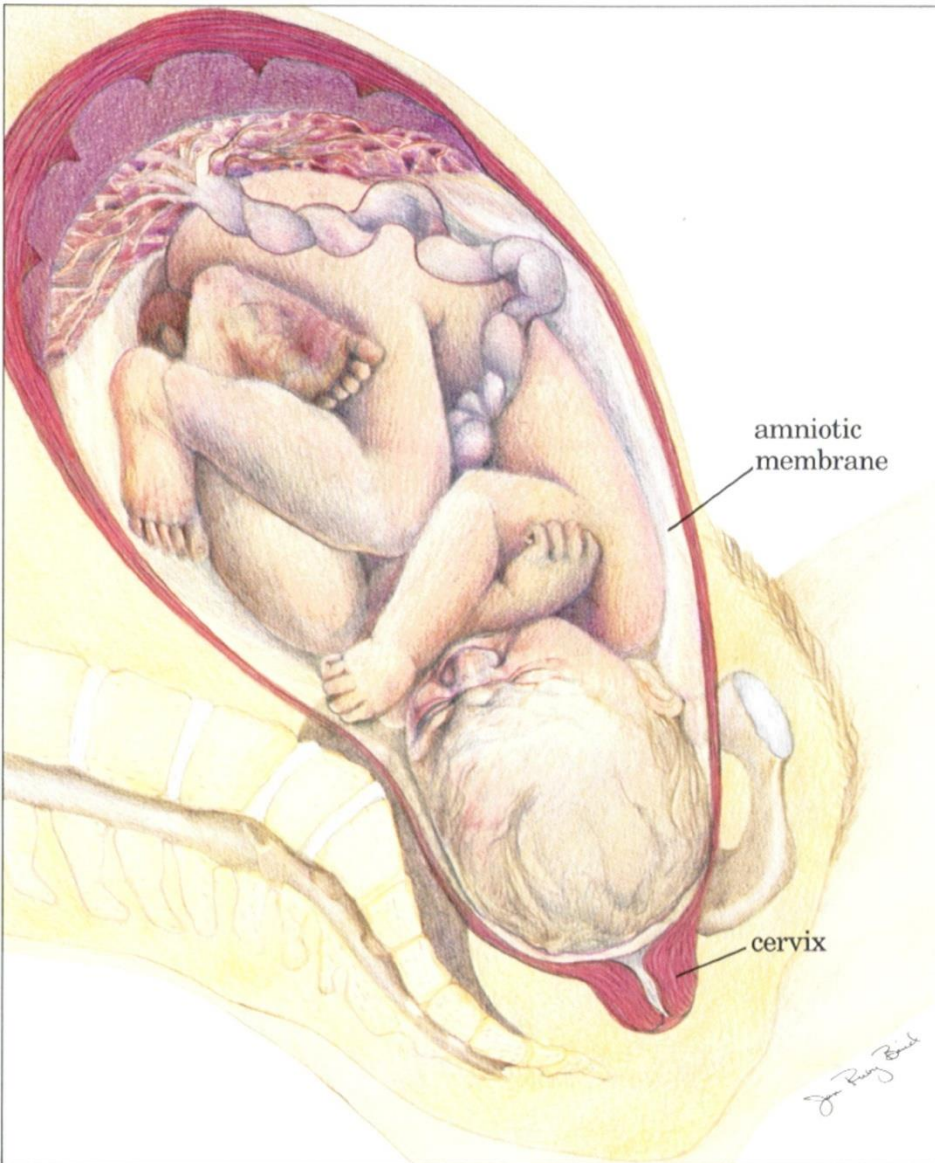
First Stage



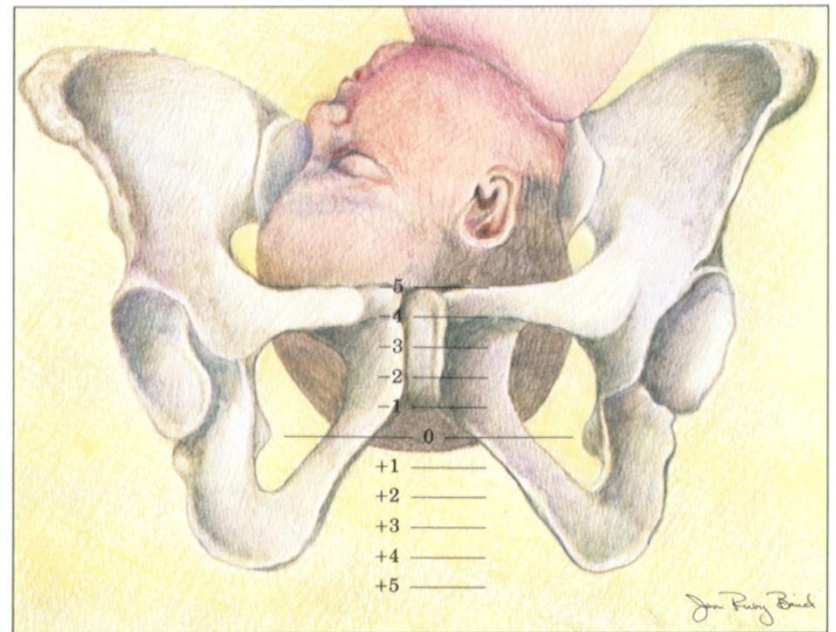
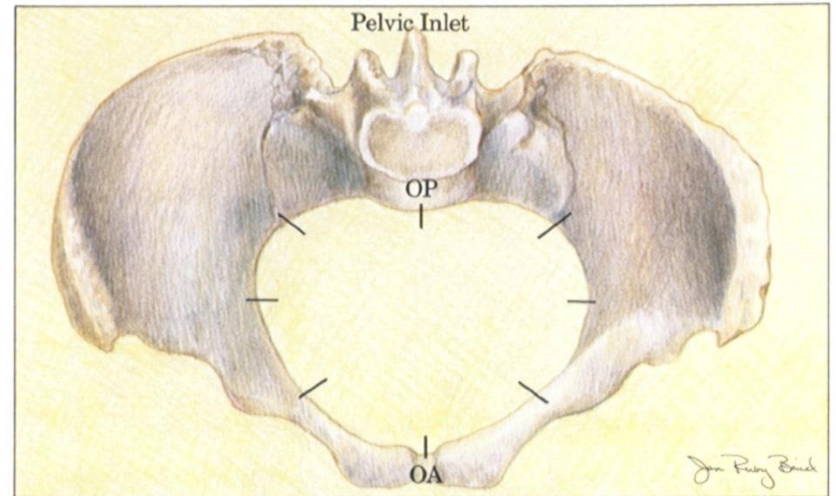
pelvic station

fetal presentation and position

Fetal Presentation and Position



Engagement, Descent, Flexion



Pelvic Station

Variations of the breech presentation



Complete
breech



Incomplete
breech



Frank
breech

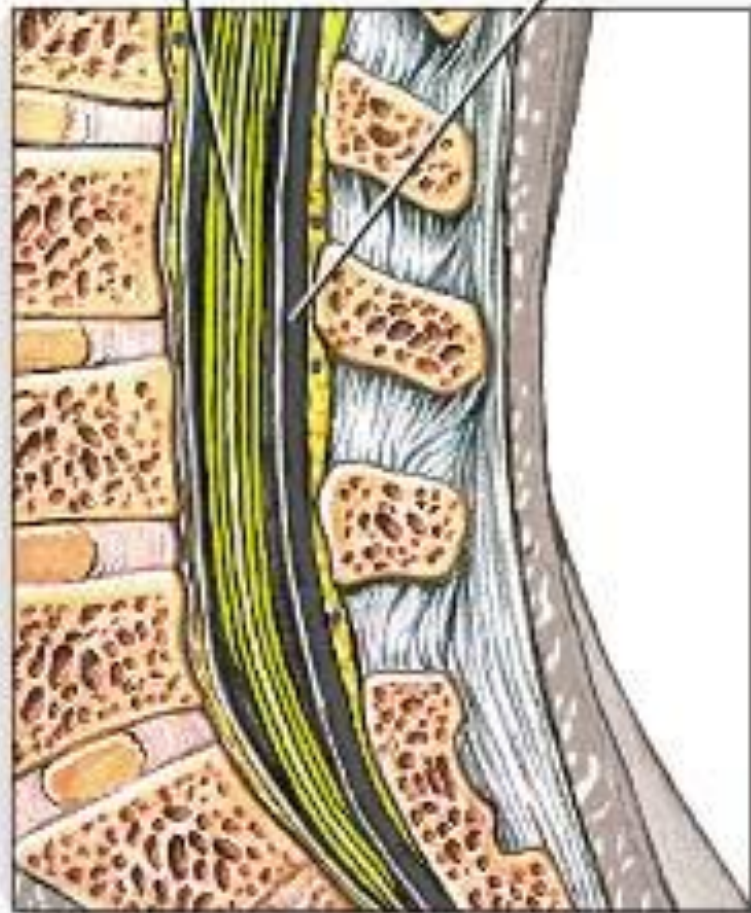
Labor Protocol

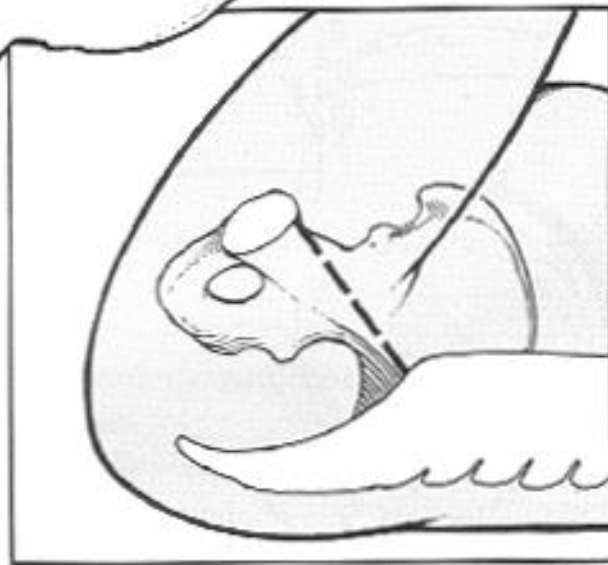
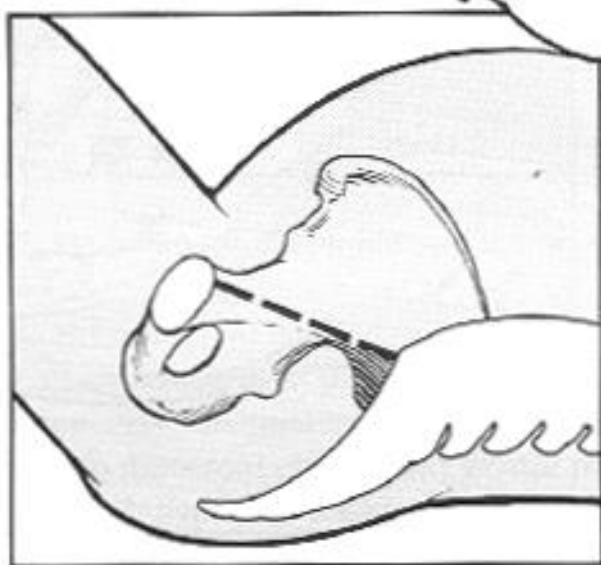
- Fetal monitoring
- IV Fluids
- HIV Medications, IV AZT
- Other medications: Pitocin, antibiotics
- Pain Management
- Avoiding invasive procedures



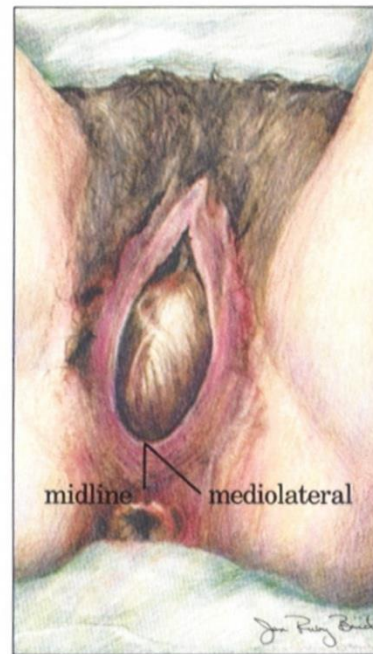
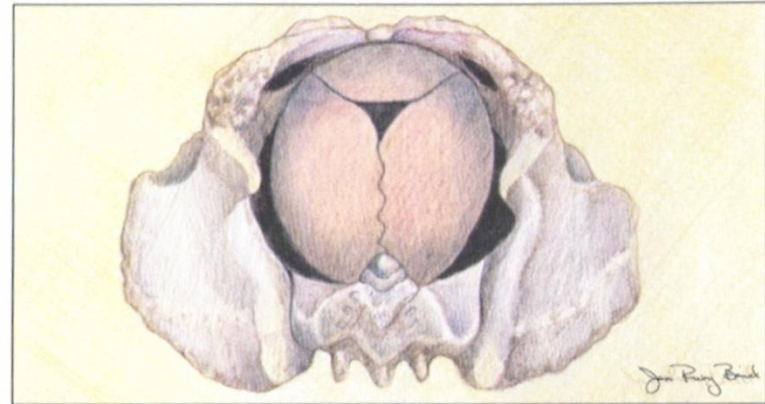
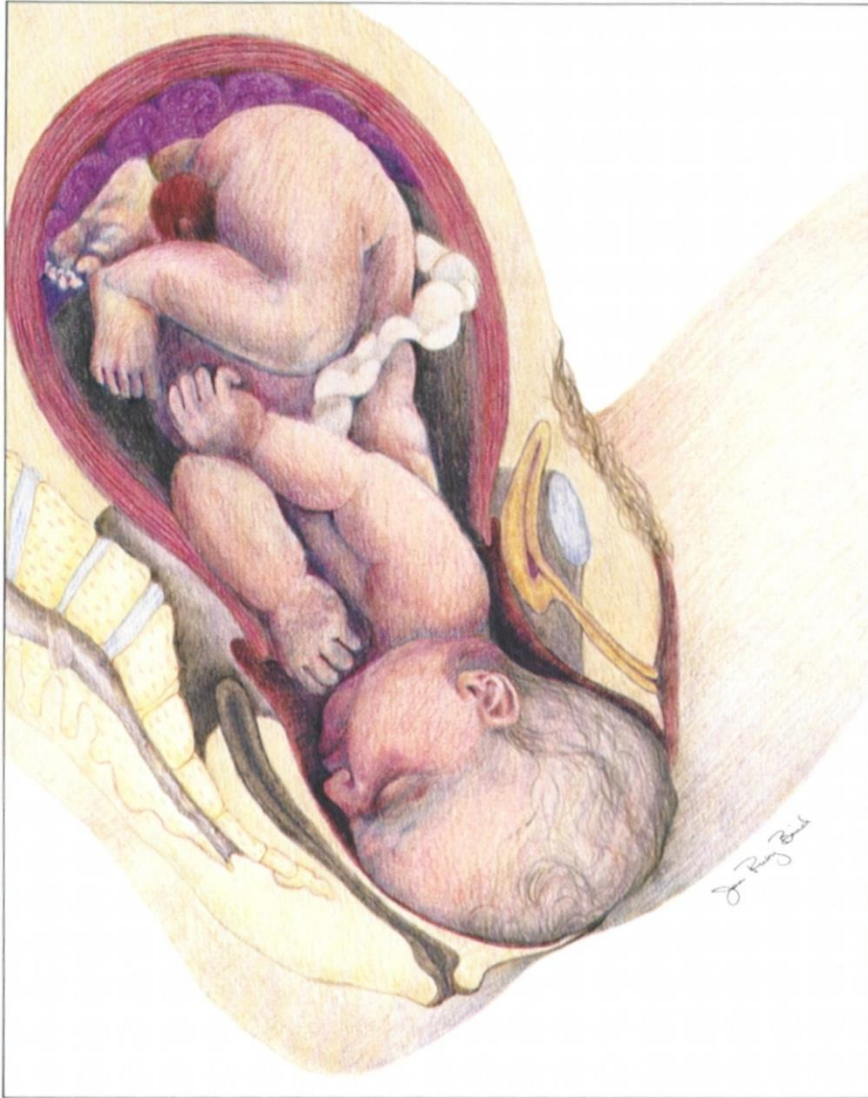
Spinal
cord

Epidural
space

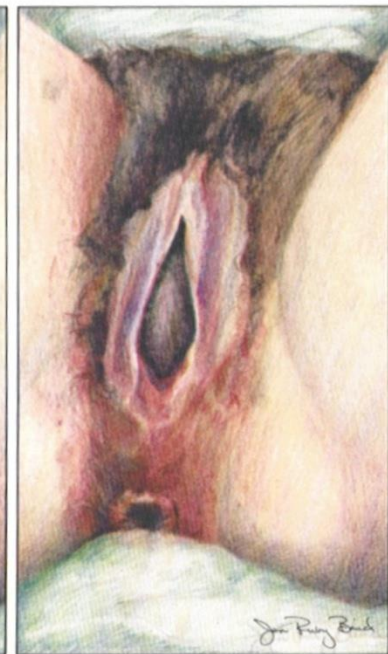




Extension Beginning

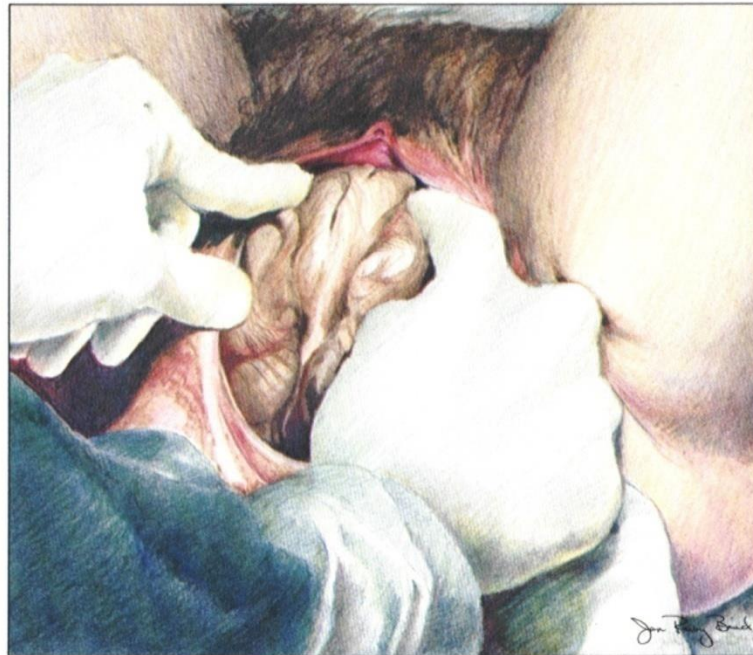
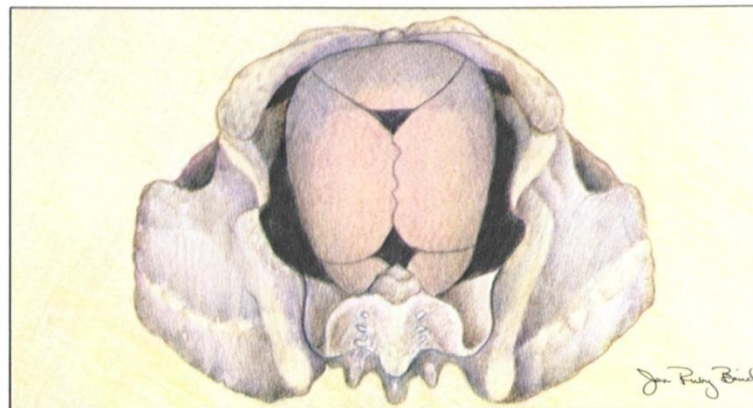
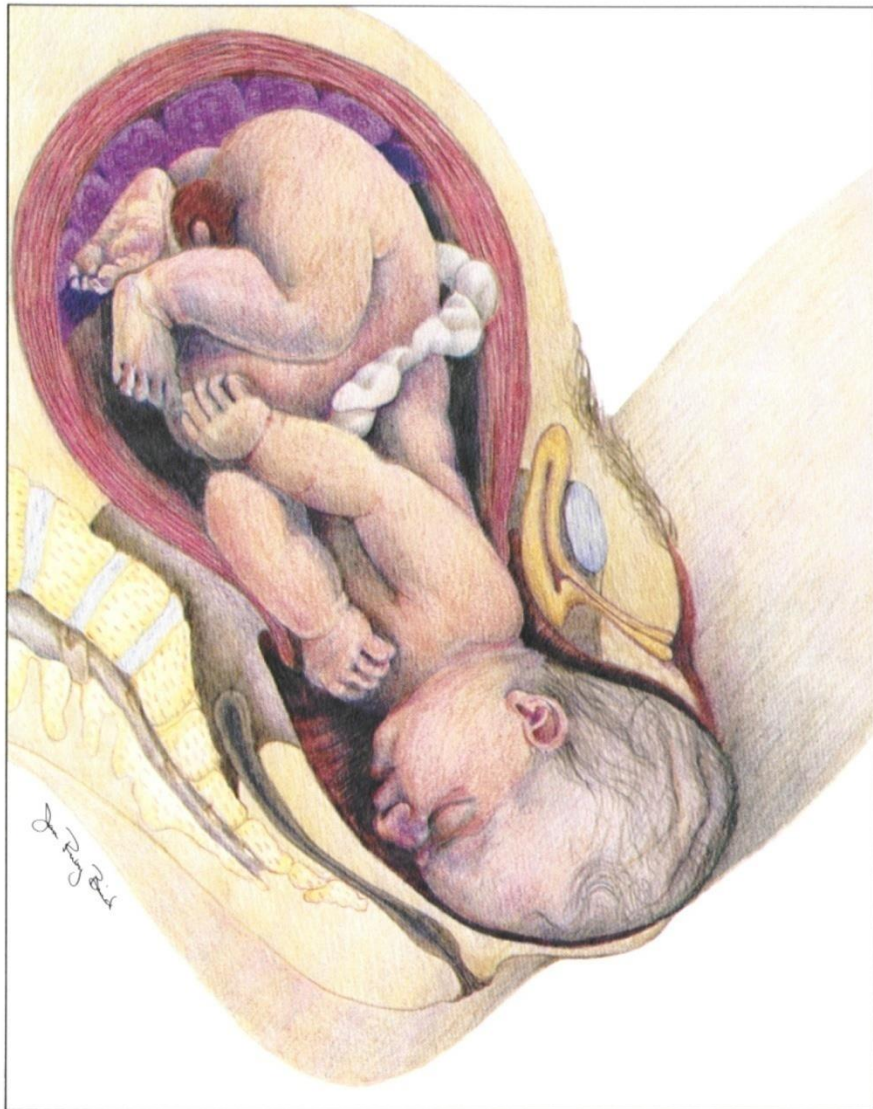


possible episiotomy

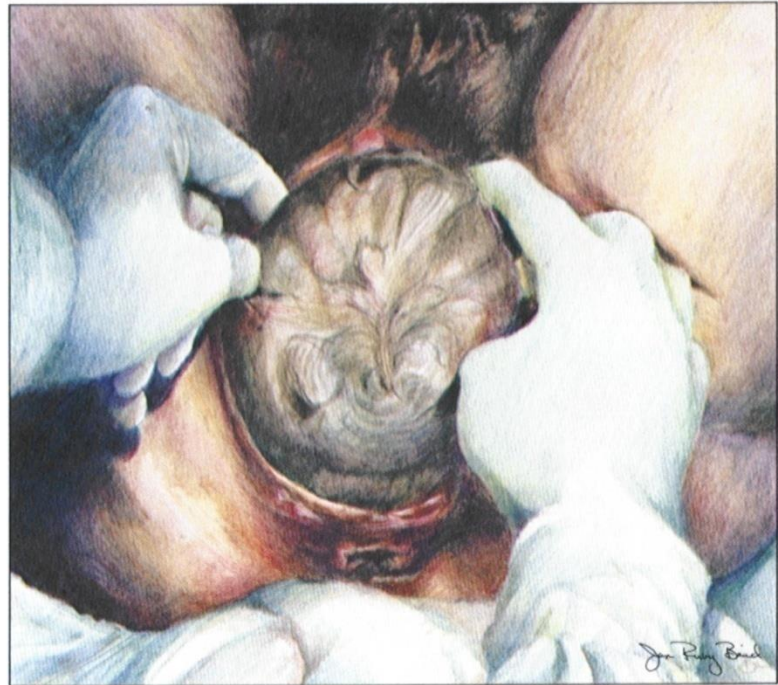
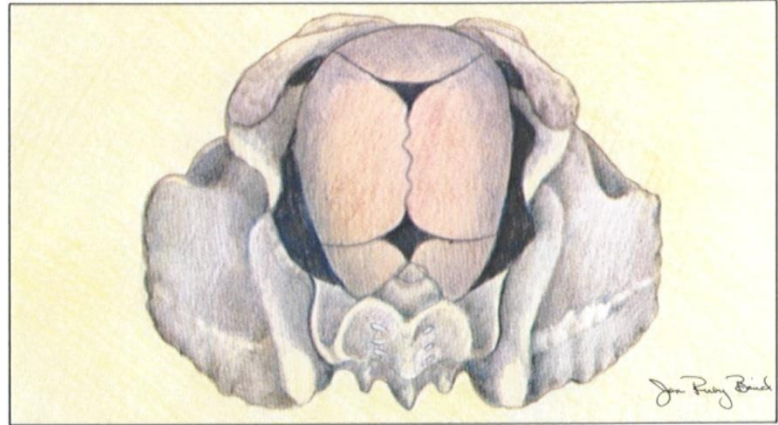


retreat of fetal head
after contraction

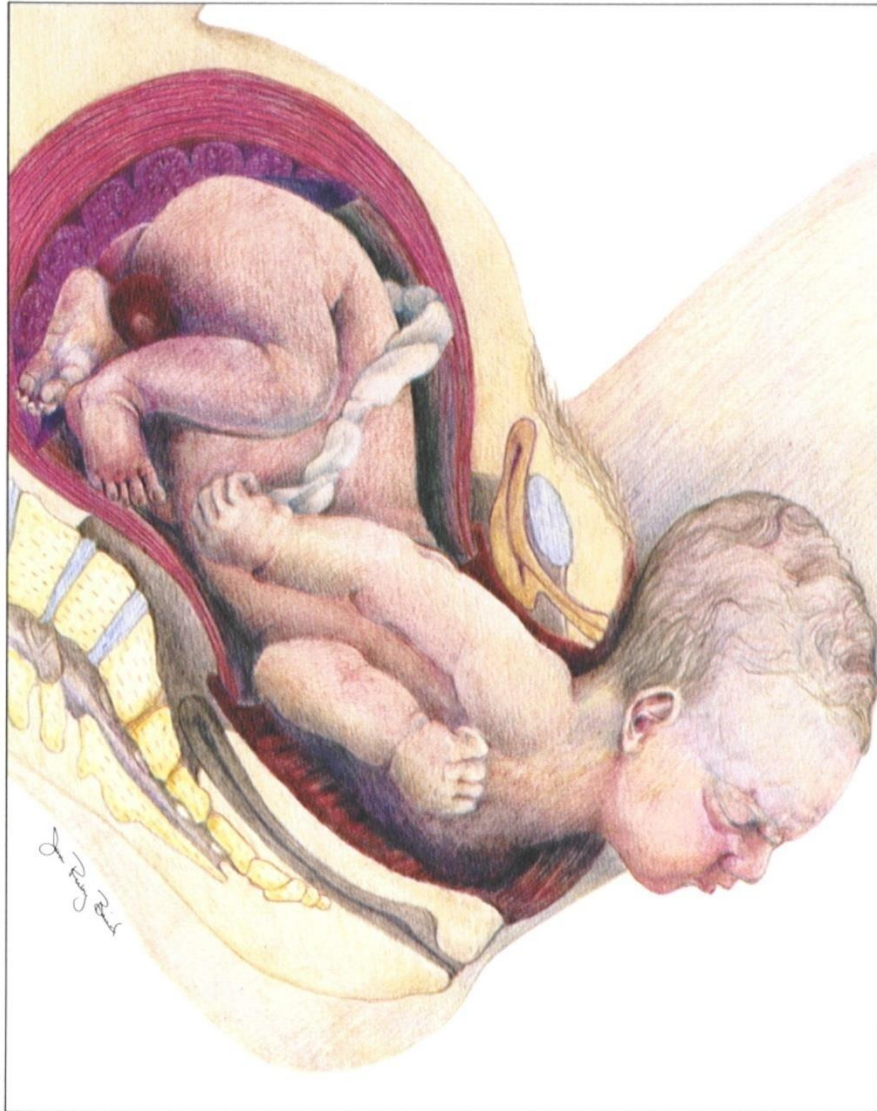
Fetal Head Emerging



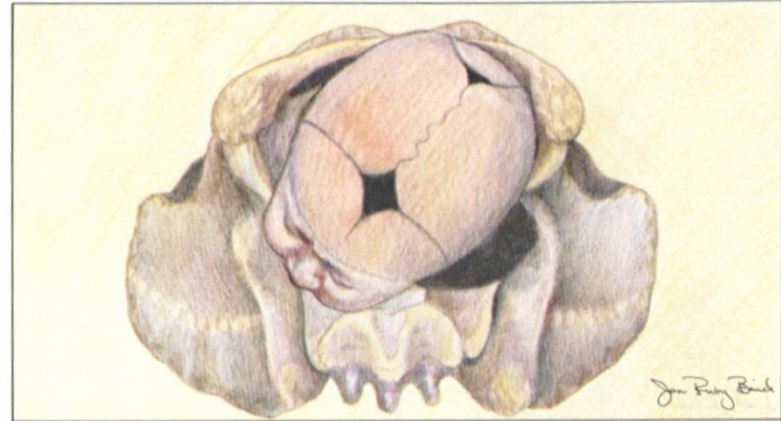
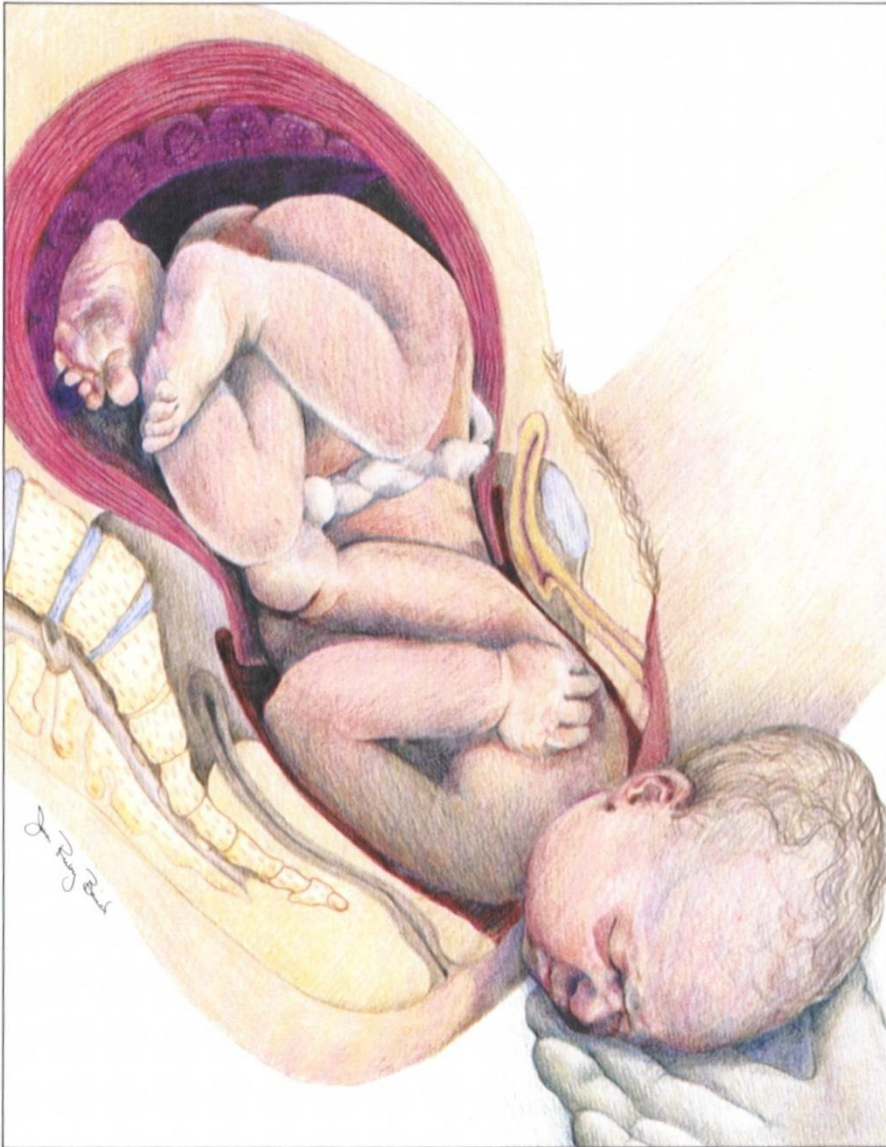
Crowning



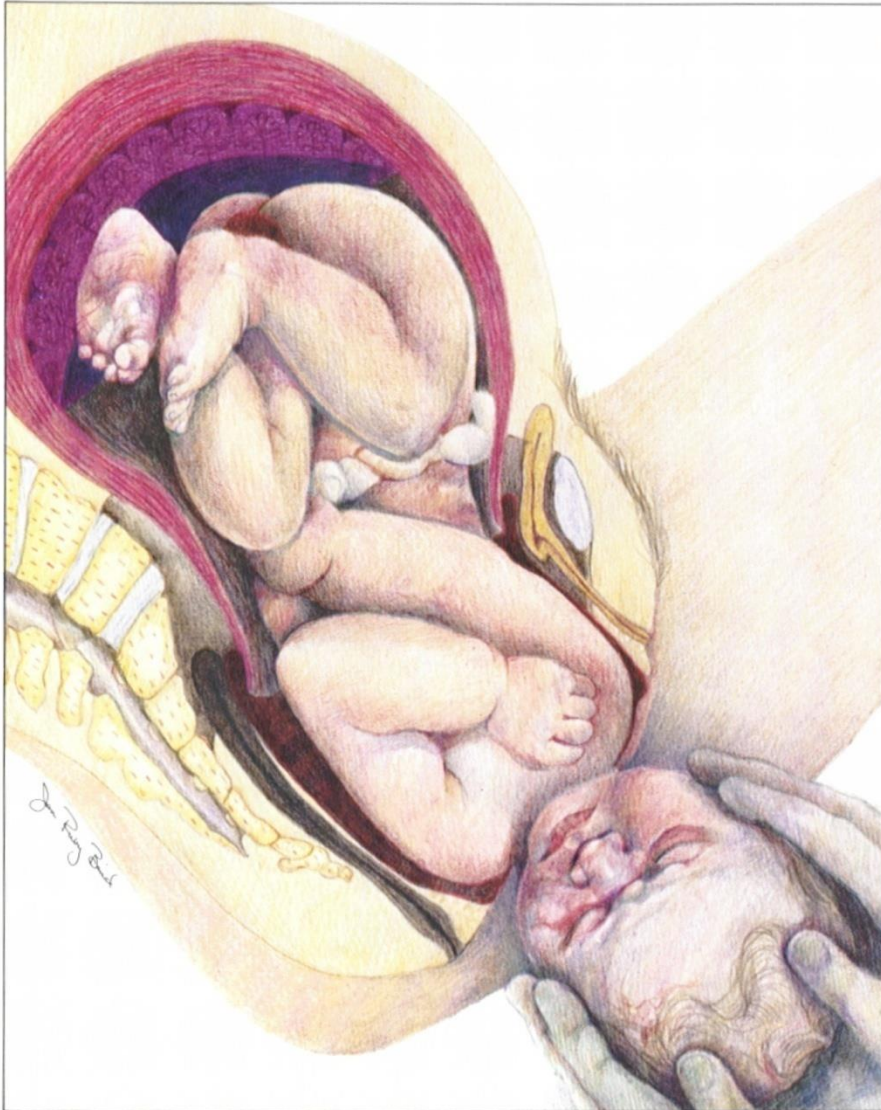
Extension Complete



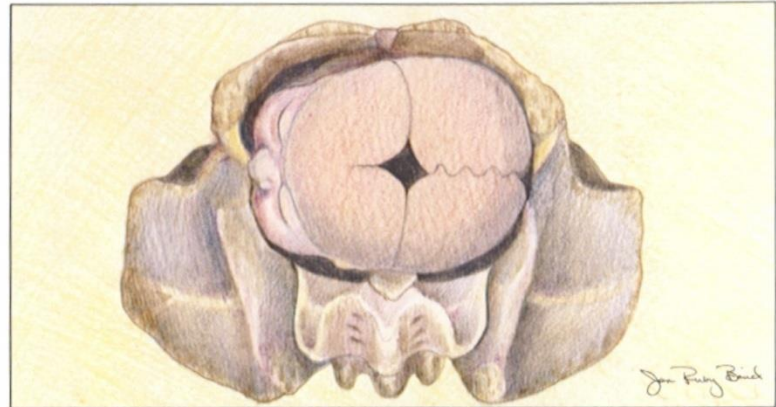
External Rotation (Restitution)



External Rotation (Shoulder Rotation)



delivery of anterior shoulder



Expulsion



Newborn



Apgar Evaluation of the Newborn:

Heart rate

Respiratory effort

Muscle tone

Reflex response

Color

Cesarean Section Protocol

- Reasons for Cesarean Section: Obstetric vs. HIV
- Scheduled at 38 weeks gestation
- Nothing to eat or drink 6 hours prior to surgery
- 4 hours of IV AZT prior to surgery plus current prescribed HIV medications
- Anesthesia
- Foley catheter in bladder
- Shave prep

Breast Care Instructions for Bottle Feeding Mothers

- Wear a tight-fitting bra (like a sports bra) for firm support after you deliver your baby. This keeps pressure on the milk-producing cells and prevents breasts from filling with milk. If swelling and pain develops, use ice packs directly on the breasts for 10-15 minutes throughout the day. The most convenient ice pack is a bag of frozen peas or vegetables.
- Take Tylenol or Ibuprofen for the pain. (Tylenol: 2 325mg tablets every 4 hours, or Ibuprofen 2 to 3, 200mg tablets every 6 to 8 hours)
- Decreasing fluid intake will **NOT** help to dry up milk production.
- If breasts become very painful, swollen and firm, you may need to remove a small amount of breast milk to relieve the pressure. The goal is to lessen the discomfort, **NOT** to empty the breasts. First, take a brief hot shower or bath or soak your breasts in a basin of warm water. This may help some of the milk to leak out. If this relieves the pressure, put on a tight-fitting bra and immediately try the ice packs and Tylenol as listed above.
- If you are still very uncomfortable, squeeze some milk out to relieve the pressure. Place your thumb and first finger at the six and twelve o'clock positions on your breasts at the outer edge of the areola (the dark circle that surrounds the nipple.) Press your fingers into the breast towards your back and pinch them together. This should make at least a few drops come out. Rotate your fingers to another position and squeeze again. Remove only as much as is needed to relieve pressure. If you continue to express milk, it will stimulate the breasts to continue to fill with milk. After you remove the milk, use a tight-fitting bra, ice packs, and Tylenol.
- Breast discomfort should only last for a few days. If you continue to experience problems especially a high fever, contact your doctor or nurse.

Breast Care Instructions for Bottle Feeding Mothers

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Decreasing fluid intake will **NOT** help to dry up milk production.

If breasts become very painful, swollen and firm, you may need to remove a small amount of breast milk to relieve the pressure. The goal is to lessen the discomfort, **NOT** to completely dry up milk production. To express a small amount of milk, place your thumb and index finger on both sides of the areola in a C-shape and gently press them together. This may help some of the milk to leak out. If this relieves the pressure, put on a tight-fitting bra and immediately try the ice packs and Tylenol as listed above.

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Maternal Follow-up Care

- Continue HIV medications
- Go to all medical appointments
- Lactation / milk suppression
- Contraception
- Household precautions



Contraception

What are my options ?!?



Hormonal Therapy and Barrier Methods

Hormonal Therapy

- Birth Control pills
- Patch
- Vaginal Ring
- Shot
- IUD
- Intradermal implant

Barrier Methods

- Male / Female Condom
- Diaphragm
- Cervical Cap

Hormonal Contraception

- Combination Therapy: Estrogen and Progestin
- Monotherapy: Progestin only

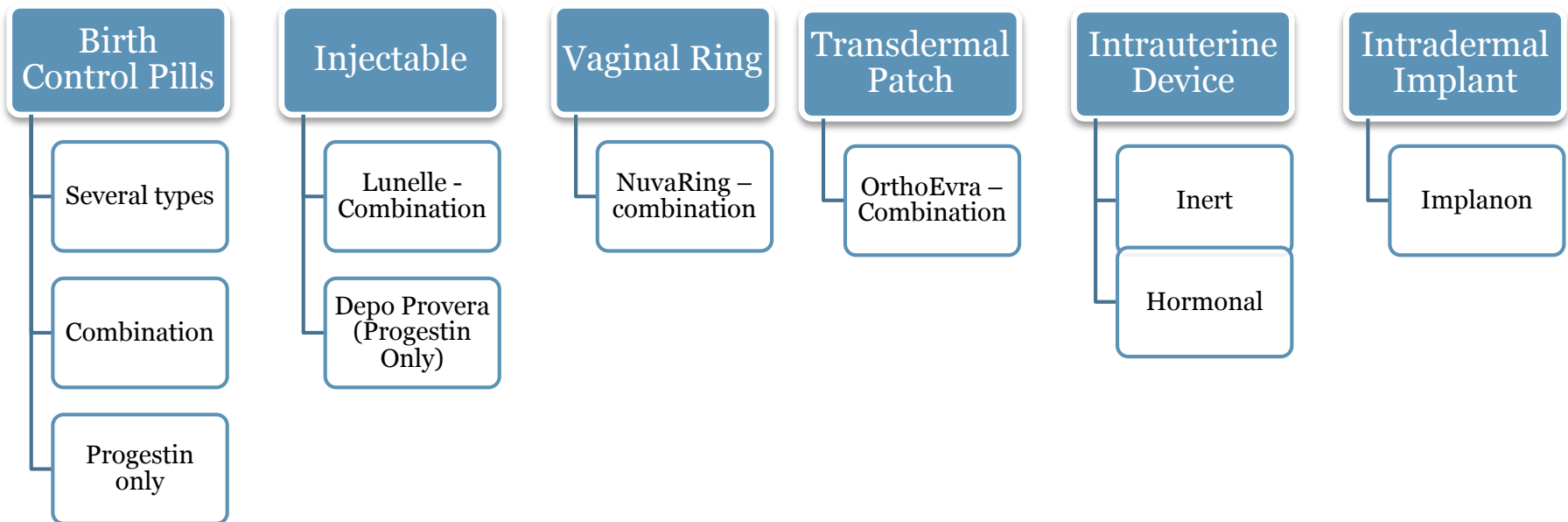
Estrogen

- Provides cycle control

Progestin

- Provides contraception
- Suppresses ovulation
- Thickens cervical mucus
- Prevents a fertilized egg from implanting in the uterus

Types of Hormonal Contraceptives

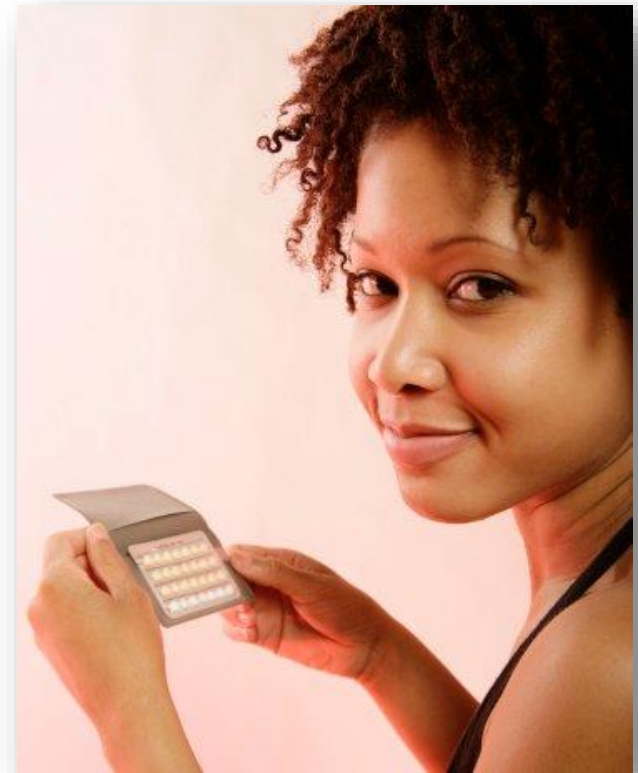


Common Pro's and Con's of Hormonal Contraception

- Pro's
 - Promotes spontaneity
 - Regulates cycle
 - Decrease risk of ovarian and endometrial cancer
 - May help acne
 - Decreases blood loss and cramping
- Con's
 - Breast tenderness
 - Weight Gain
 - Increased potential for blood clots
 - Should not smoke
 - Should not take if you have history of vascular problems
 - May interfere with antiviral meds and other medications
 - Need a prescription

Birth Control Pill

- 99% effective
- Regulates cycle
(three weeks on & 1 week off)
- Must take daily



The Patch

- 99% Effective
- Apply patch 1 time a week
- for 3 weeks, then 1 week off
- Rotate sites
- May cause skin irritation



Injection Hormone Therapy

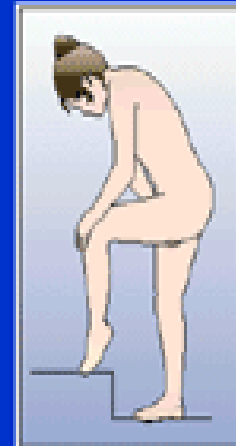
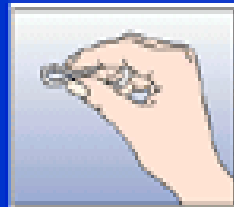
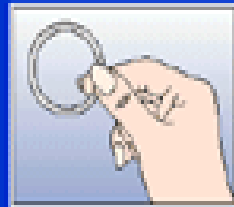
- Depo Provera
 - Injection every 3 months
 - May experience spotting for several days – weeks
 - Eventually will not have a period
 - May gain weight, 5-10 lbs
- Lunelle
 - Lower amount of hormone than Depo Provera
 - Injection once a month
 - Will have monthly period

The Vaginal Ring

- 99% effective
- Insert ring into vagina
- Leave in for 3 weeks, take out for 1 week
- Need to see doctor to learn how to insert and remove ring



Vaginal Contraceptive Ring: Insertion



**There is no wrong way to insert.
If it lies comfortably in the vagina, it is in correctly.**

IUD

- 99% effective
- Must be inserted by doctor
- IUD's can remain in for 5-10 years
- Recommended in women who have already had children and are monogamous
- Increased chances of infection
- Heavier bleeding and cramping during menses
- Not always recommended in HIV+ women due to infection



IMPLANON

- Three years of protection
- 99% effective
- Progestin only
- A plastic rod (the size of a matchstick) that is inserted under the skin of your arm – a minor surgical procedure.
- Stops ovulation, changes mucous of the cervix and lining of the uterus
- May cause a change in menstrual cycle, irregular periods, spotting, weight gain, hatches, and mood swings.
- If you would like to get pregnant, the rod must be removed by your doctor.
- Not recommended for women with a history of blood clots, liver or cardiac disease, breast cancer, or women who smoke and are over 35 years old.

Barrier Methods

- Barrier methods must be used at all times!
 - Male Condoms
 - Female Condoms
 - Diaphragm
 - Cervical Cap

Some Do's and Don'ts



Practice Makes
Perfect!

- DO

- ALWAYS use a condom regardless of other methods used
- Check expiration date – condoms do expire
- If male or female is allergic to latex – use polyurethane, or natural condom under the latex condom
- Use water based lubricant, not oils or lotions
- Store in a COOL and DRY place

- DON'T

- Use a condom more than once
- Nonoxynol 9 – Often causes irritation of the vaginal lining, can lead to greater susceptibility to STI's including HIV
- Dispose of condoms in toilet! – only in waste can, wrapped in tissue

How to use a condom



- The man should be hard before applying the condom
- Hold the condom by the tip to squeeze out the air
- Leave some space at the tip to hold the cum
- Unroll the condom all the way over the erect penis
- After sex, the man should hold the condom at the rim and pull slowly while the penis is still hard

Female Condom

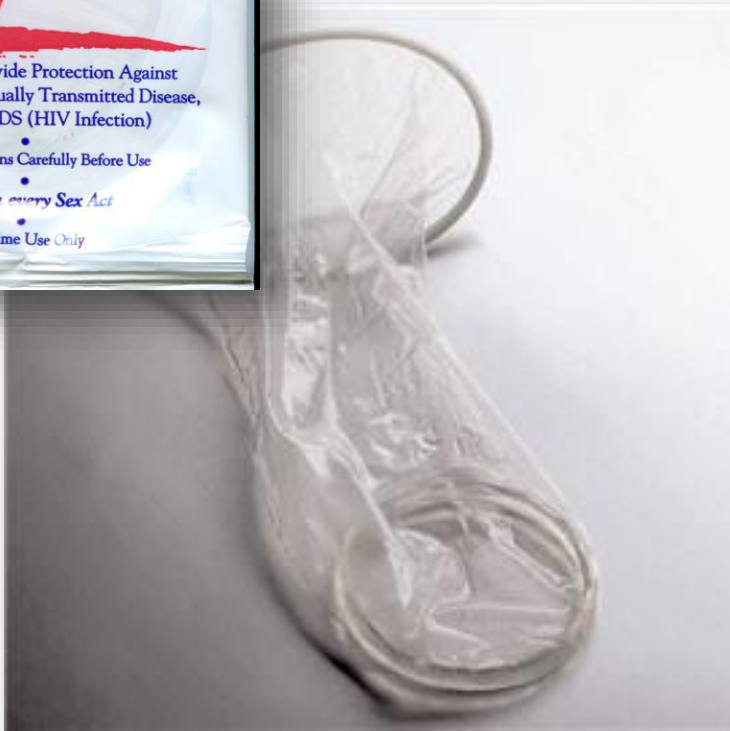
Protects vagina, cervix, and external genitalia

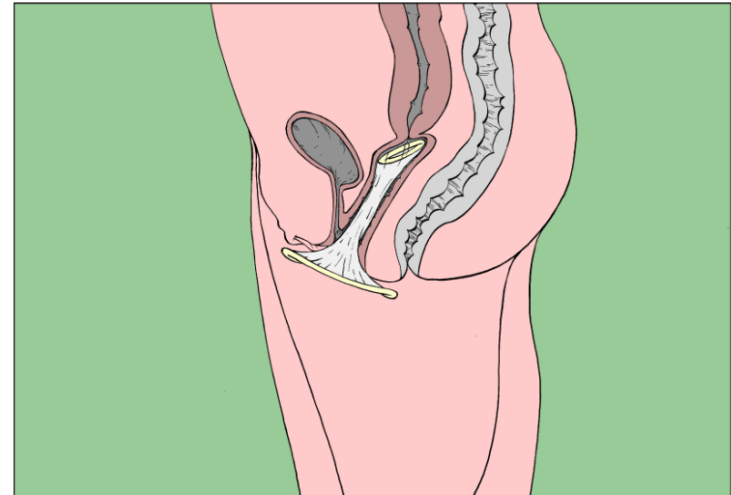
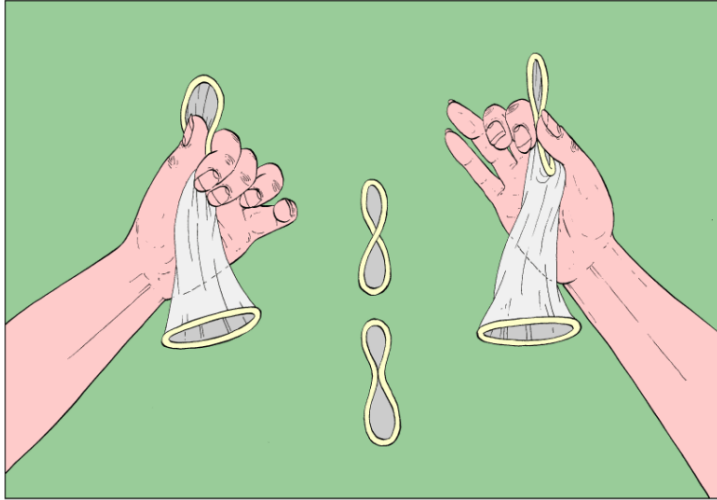
Maybe inserted 8 hours prior to sex

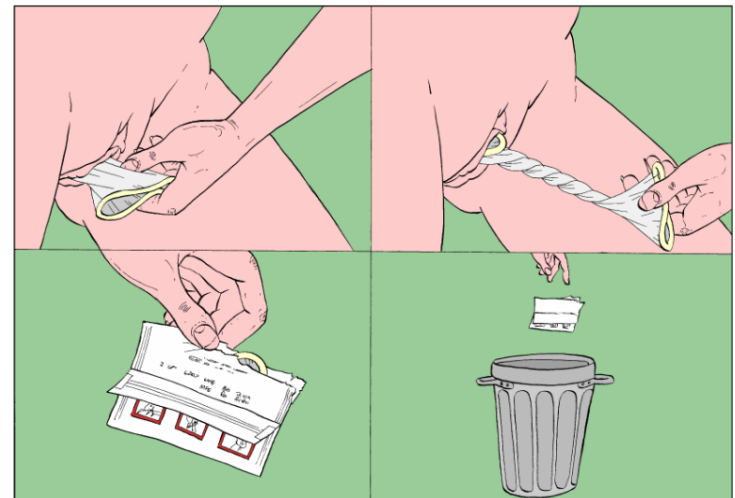
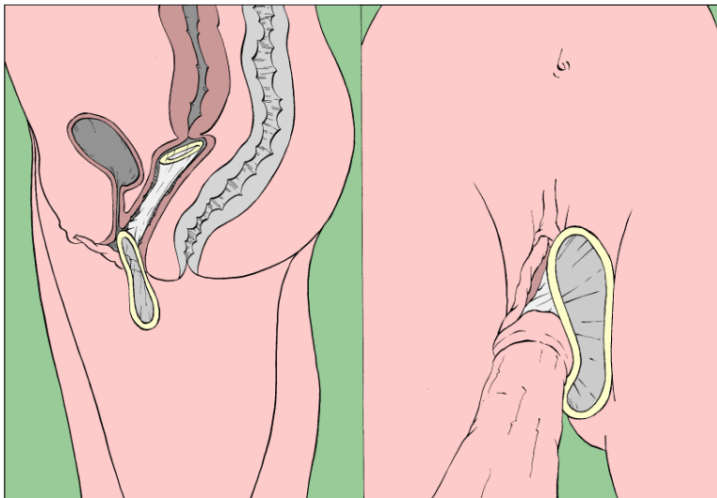
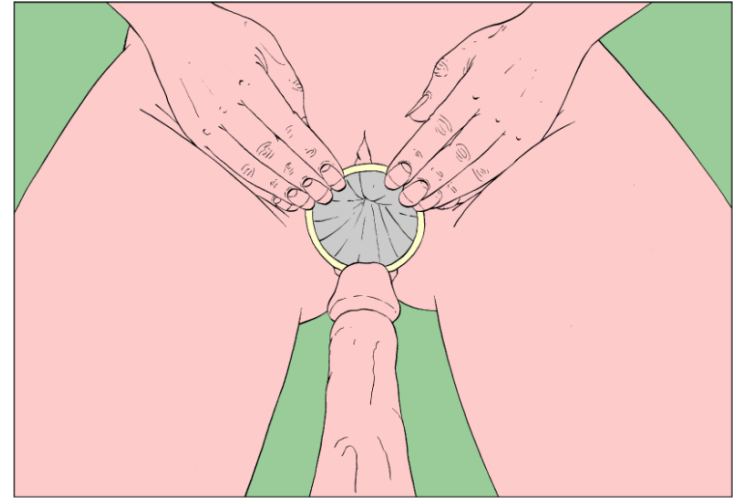
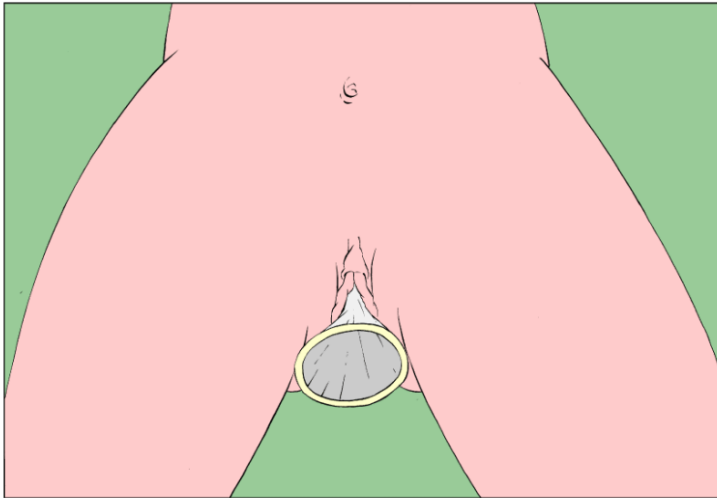
Is not dependent on male erection

Does not need to be removed immediately following sex

It is for one-time use only







The Cervical Cap

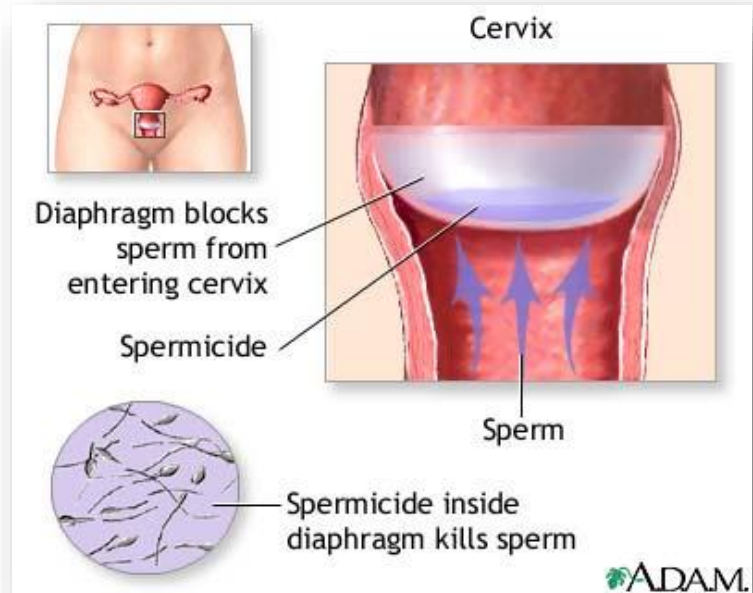
- Cap covers the cervix
- 84% effective if had a child, 91% if has not had a child
- Variety of sizes, must be fitted and taught to use by practitioner
- Apply spermicide to cap before inserting & check for tears
- Must be left in place for 6 hours after intercourse
- Continual protection for 48 hours



Barrier method:
The cervical cap fits snugly over the cervix, preventing sperm from entering the uterus

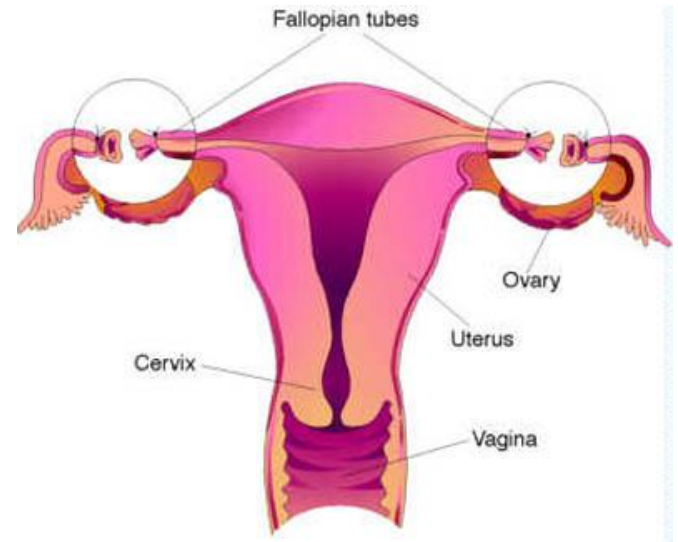
Diaphragm

- Larger version of the cap
- Covers the cervix
- 94% effective
- Variety of sizes (size may change after weight gain or pregnancy)
- Must be fitted and taught how to use by doctor
- Must insert spermicide and check for tears every time
- Must remain in 6 hours after intercourse



Tubal Ligation

- Permanent contraception
- Surgical procedure (cuts the fallopian tube)
- Same day surgery or following delivery
- Must sign consent 1 month prior to surgery
- Discuss with your partner



Sexually Transmitted Infections

- Chlamydia
- Gonorrhea
- Human Papilloma Virus
- Herpes
- Syphilis
- Hepatitis B
- HIV
- Crabs
- Trichomonas

Mandatory Reporting in Illinois

Department of Public Health

Infection	Year	# Chicago	# Cook
HIV	2011	837	1,094
Syphilis	2011	778	934
Gonorrhea	2011	6,353	8,161
Chlamydia	2011	20,861	28,467

This data reflects cases reported per year not cumulative cases

Chlamydia

- Chlamydia grows in the cervix
- Transmitted through sexual contact during vaginal, anal, and oral sex
- Transmitted during birth process = eye infections, pneumonia
- 75% of infected women and 50% of infected men show no symptoms
- Symptoms show up 7-21 days after being infected if there are symptoms

Women

- Itching in genitals & burning or pain when you urinate
- White or yellow vaginal discharge
- Dull pelvic pain (can lead to PID)
- Bleeding from vagina between periods or during intercourse
- Can lead to sterility in both men and women

Men

- Watery, white, or yellow drip from penis
- Burning or pain during urination
- May cause prostatitis or epididymitis

Chlamydia



Gonorrhea

- Gonorrhea grows in the cervix
- Transmitted through sexual contact during vaginal, anal, and oral sex
- May not have symptoms, if symptoms occur, they show up 2-9 days after being infected

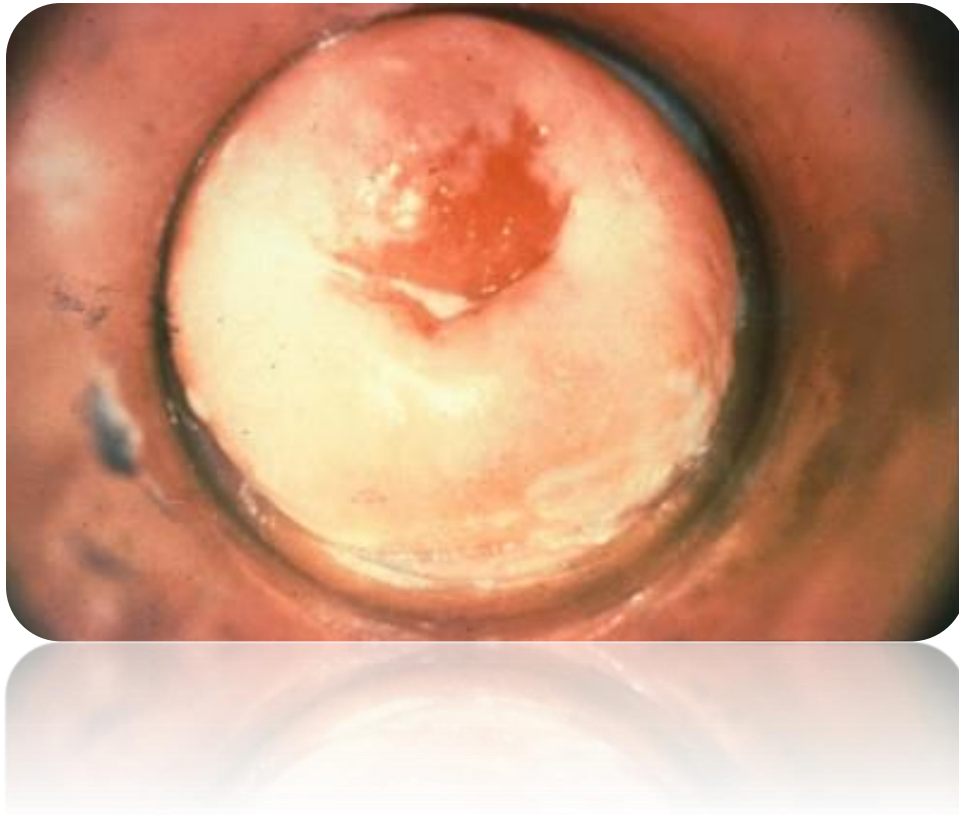
Symptoms

- Frequent painful burning urination
- Greenish or yellow discharge from vagina, penis, or anus
- Sore throat
- Swollen glands
- Abdominal pain (may cause pelvic inflammatory disease in women)
- Testicular or prostate pain (may cause prostatitis or epididymitis)
- Chlamydia is often present with gonorrhea and both can lead to sterility on both male and females if not treated

Gonococcal Urethritis



Gonococcal Cervicitis



Trichomonas

- Tiny parasite that lives in the vagina and urethra in women and in the urethra in men
- Sexually transmitted and transmitted through damp wash cloths, towels, bathing suits
- You can harbor Trichomonas in your body for years with or without symptoms

Symptoms

- Greenish yellow discharge with odor from vagina and penis

Treatment

- Treat both partners with Flagyl

Human Papilloma Virus: Genital Warts

- Virus is spread through sexual contact with someone who has HPV
- Women are at risk for abnormal paps & cervical cancer
- Women with HIV have higher risk that babies born to women with HPV can get warts
- Very contagious

Symptoms

- Possibly no symptoms at first, warts may appear months-years later
- May appear like cauliflower or flat bumps
- May appear inside and/or outside of the genitals, cervix, and rectum
- May cause irritation of itching

Treatment

- Virus has no cure
- Warts treated by freezing, laser, or electric needle
- Women with HIV should receive a pap smear every 6 months

Condyloma acuminata, vulva



Herpes

- 500,000 to 1 million new cases each year
- Transmitted during sex by direct contact with someone who has herpes

Primary Outbreak

- Shows up 1-30 days after exposed
- May have flu-like symptoms
- Burning/itching in the area where blisters appear
- Blisters last 1-3 weeks, crust up and then go away

Secondary Outbreak

- Blisters may return
- Prodrome symptoms
- Contagious

Treatment

- Virus has no cure
- Acyclovir medication

Primary Herpes, Male



Primary Herpes, Female



Crabs / Pubic Lice

- Parasites that live in the hair
- Spread by close contact, towels, bedding, toilet seats, very contagious

Symptoms

- Small black or red dots in pubic hair, head or other hairy area of the body
- Very itchy in these areas

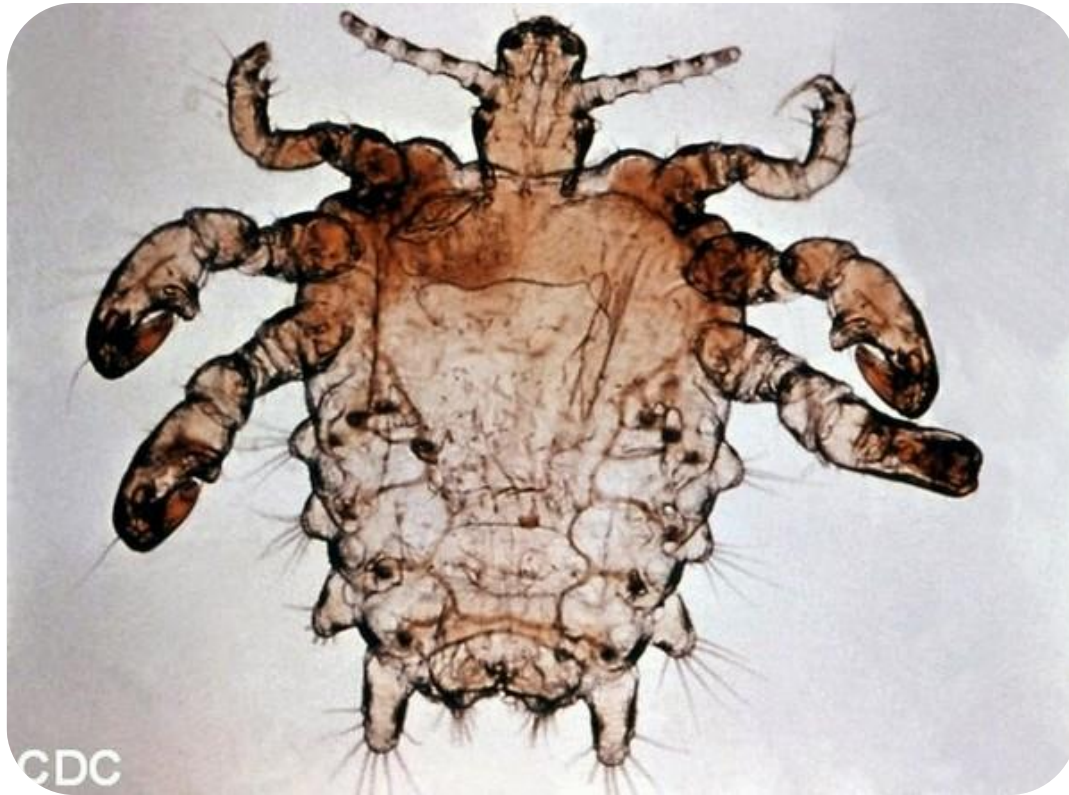
Treatment

- Kwell (prescription) or RID cream/shampoo as directed
- Wash all clothes, towels and bedding in hot water and repeat treatment
- No sex until treatment completed

Lice in pubic area



Crab Louse



Hepatitis B & C

- Life long infection, can cause chronic liver problems
- Spread through vaginal secretions, semen, and blood
- Transmission through high risk behavior – Sex with someone infected, sharing needles, tattooing, infants born to infected mothers

Symptoms

- Jaundice
- Fatigue
- Abdominal pain
- Nausea, vomiting, and joint pain
- Can develop liver and immune problems
- Symptoms may go away, still a carrier

Treatment

- Virus has no cure
- Consult medical professional
- Medication, rest, avoid alcohol
- Everyone should receive the Hepatitis B vaccine

Syphilis

- Transmitted through sexual contact (vaginal, anal, or oral) from infected person

Symptoms

- 1st Stage : 10-90 days after exposure, hard, red, painless sores appear on genitals or mouth disappears after 2-6 weeks
- 2nd Stage: 1 week – months later rash on hands and feet, flu like symptoms, rash goes away
- Tertiary: Untreated leads to blindness, organ damage, and death

Treatment

- Treat both partners with penicillin

Chancere

- Clean painless lesion



Chancre



Secondary Syphilis Rash on Hands



Seattle STD/HIV Prevention Training Center
Source: Connie Celum, Walter Stamm



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