

Congenital Human Immunodeficiency Virus Risk during Pregnancy

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EDITORIAL

Human Immunodeficiency Virus (HIV) is the virus which is responsible for causing Acquired Immune Deficiency Syndrome (AIDS). The virus destroys or impairs cells of the immune system and destroys the body's ability to fight infections and certain cancers. In adults and adolescents, HIV is most commonly spread by sexual contact with an infected partner.

HIV can pass from mother to baby during pregnancy or birth or via breastmilk. Mothers infected with HIV usually do not have any symptoms unless she has very recently been infected, or has had the infection for a long time and has progressed to AIDS. If she was recently infected, she may have cold or flu-like symptoms.

HIV can be transmitted to the fetus or the newborn during pregnancy, during labor or delivery, or by breastfeeding. Only blood, semen, vaginal fluids, and breast milk have been shown to transmit infection to others. The virus is not spread to infants by casual contact, such as hugging or touching, touching items that were touched by a person infected with the virus, such as towels, saliva, sweat, or tears that is not mixed with the blood of an infected person.

HIV-positive women who are on treatment and have stable undetectable viral load, have a 1-2% chance of transmitting HIV to their baby if they breastfeed for 12 months. So, although it

is unlikely that a woman will transmit HIV to her baby when breastfeeding it is currently advised not to breastfeed.

It is important to know that not all antiretroviral medications are safe during pregnancy, and some small treatment changes may be required. Pregnancy can be relatively safe for an HIV-positive mother and her baby – if HIV transmission reduction strategies are followed. For HIV-positive women, ways to reduce the risk of transmission include taking antiretroviral medications before conception to reduce your viral load. The lower the viral load, the lower the risk of transmission to your unborn baby.

The care of HIV-infected pregnant women is complex, and multiple issues must be addressed, including the current and future health of the woman, minimization of the risk of maternal-infant HIV transmission, and maintenance of the well-being of the fetus and neonate. Several maternal and obstetrical factors influence transmission rates which can be reduced by optimal medical and obstetrical care.

It is essential that health care workers providing care to these women fully understand the natural history of HIV disease in pregnancy, the factors that affect vertical transmission and the management issues during pregnancy. Close collaboration among a multidisciplinary team of knowledgeable health professionals and, most importantly, the woman herself can improve both maternal and infant outcomes. Careful systematic research is needed for many aspects of HIV in pregnancy.

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