HIV And OB/GYN

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Which statement is false concerning epidemiology of HIV in women?

A. About 25% of HIV is in women in the U.S.
B. Women accounted for 20% of new cases in the U.S.
C. About 64% of new infections were in Caucasian women.
D. Globally women represent 50% of HIV cases.
E. HIV is the leading cause of death worldwide in childbearing women.

Which statement is false?

A. Over 80% of new HIV infections in women are from heterosexual spread.
B. Women are twice as susceptible to HIV with unprotected vaginal sex than men.
C. Behavior interventions and condom use are effective in reducing risk.
D. Women aged 15-24 years are eight times more likely to acquire HIV than men.
E. Adherence of prep was not found in failures of prep in women.
Which statement is false regarding pregnancy and HIV?

A. The use of HAART in pregnancy has reduced transmission to less than 2%
B. Didanosine (DDI) and Stavudine (D4T) are still acceptable drugs to use in pregnancy *
C. All pregnant HIV positive women should receive HAART regardless of CD4 count or viral load
D. Patients with HIV viral load >1000 should have a C-section
E. Nevirapine should not be given if CD4 is > 250

Which statement is false regarding HIV and breastfeeding?

A. It is not advised in the USA
B. It can be done in developing countries if the women are suppressed virally on HAART
C. The incidence of transmission with breastfeeding is 16%
D. Taking HAART reduced transmission to 1.1%
E. Women given single dose of Nevirapine followed by 1 week of ZDV while breastfeeding had transmission risk of 9.5%
F. Formula feeding is as healthy as breastfeeding *

Which statement is false regarding oral contraceptives in HIV women?

A. Estrogen contraceptives with PI have high levels with risk of thromboembolism
B. Estrogen contraceptives with NNRTI have lower levels with increased risk of pregnancy
C. Using Medroxyprogesterone resulted in no drug-drug interactions with HIV medication
D. Several Ritonavir boosted PI may decrease some of oral contraceptive estradiol levels
E. Hormonal contraception can definitely increase acquisition and transmission of HIV even with HAART *
Maternal risk factors for perinatal HIV transmission include all of the following except

A. Decreased CD4 count
B. ARV resistance
C. STD coinfection
D. High viral load
E. Lack of ARV in 1st trimester *

Obstetrical risk factors for perinatal HIV transmission include all of the following except

A. Vaginal delivery if viral load <1000 *
B. Preterm delivery
C. Prolonged rupture of membranes
D. Chorioamnionitis
E. Invasive fetal monitoring

A 35-year-old pregnant female comes to the ER with ruptured membranes. She is in her 3rd trimester but has never had prenatal care. She admits to IVDA and high risk sex. A rapid HIV test is performed and is positive. What would you do now?

A. Do a standard 4th generation HIV test to verify the rapid test before treating
B. Do a HIV/PCR/RNA and await confirmatory results before treating
C. Do a CD4 count and treat if less than 200
D. Initiate HAART therapy only
E. Initiate antiretroviral prophylaxis for PMTCT while awaiting confirmatory test *
A C-section is performed on an HIV positive female with a viral load of 3500. What post-op complications is she at higher risk for?

A. Post partum fever  
B. Endometritis  
C. Wound infection  
D. Pneumonia  
E. All of the above *

What post partum complications are seen most frequently in HIV positive women?

A. Puerperal sepsis  
B. infected episiotomies  
C. Massive condyloma acuminata  
D. Urinary tract infections  
E. Pneumonia  
F. All of the above *

Which statement is true regarding initiation of HAART in pregnancy?

A. If a patient has a CD4 count >500 there is no need to start HAART regardless of viral load  
B. If a patient is in her 1st trimester HAART is never to be started even if CD4 count is less than 200  
C. If HAART is already present when a women becomes pregnant it is o.k. to continue *  
D. If a woman has a stable CD4 and viral load it is o.k. to wait until she is ready to deliver before starting HAART  
E. Efavirenz containing regimen can be started safely during any trimester