

Needs Assessment

Case Study 16: HIV and Pregnancy

HPRB 3700

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Angie is White, 27 years old, married, and newly pregnant. During her first prenatal visit she learned she is HIV Positive. She is unsure how she could be HIV positive. Angie's family lives nearby and is supportive of her. She has health insurance through her job but fears losing her job over this diagnosis. Thus, she does not want to tell her employer she is HIV positive. Her husband is covered under Angie's health insurance. How will they find good information, medical care, and prenatal care? What will they need to do to keep the baby healthy? What does her husband need?

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Health Section

Introduction to HIV

Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system, and without proper treatment, HIV can lead to AIDS or Acquired Immunodeficiency Virus (CDC, 2025). HIV is a global epidemic that affects millions across the world and is a significant public health issue (Denu et. al., 2023). Continued research is needed to reduce the amount of people who acquire the infection as data from 2022 shows that approximately 1.2 million Americans are impacted by HIV every year. Out of the 1.2 million Americans, 13% of HIV-positive persons are unaware of their infection status (Fanfair 2024). There is a dire need to improve preventative measures, treatment options, and educational efforts about HIV as it continues to impact millions of people annually.

Risk Factors for HIV

HIV can be spread through direct contact with body fluids such as blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk (HIV, 2023). Transmission occurs when these fluids reach the bloodstream of an HIV-negative individual through a mucous membrane that is present in the rectum, vagina, mouth or tip of the penis. Open cuts, a sore, or injection drug use increases the potential of transmitting HIV (HIV, 2023). Engaging in vaginal or anal sexual intercourse can spread HIV from person to person, especially with improper condom usage (HIV, 2023). Pregnant-persons are also at risk of transmitting HIV because of the factors named, and have the potential of spreading it to their child during pregnancy, birth, or breastfeeding (HIV, 2023). Despite some misinformation, HIV can't be spread through saliva, sweat, tears, swimming pools, telephones, toilet seats, or insect bites (Stanford Medicine Health Care, n.d.). HIV becomes integrated into the human genome once it's transmitted from person to

person and develops into AIDS (CDC, 2024). The period between infection and development of disease averages between five and ten years in untreated persons (Meyer et. al., 2024).

The most common ways HIV is transmitted is through risky sexual behaviors and intravenous drug use. Risky sexual behaviors increase the likelihood of HIV transmission as preventative measures, such as condom usage and PrEP, are less likely to be utilized (Damtie et al., 2022). Men who have sex with men (MSM) have an increased likelihood of HIV transmission as condom use is less common among this population. Many HIV-positive MSM report being married which increases the possibility of spreading the STI to their partners and beyond the MSM population (Le et al., 2016). Persons who engage in sex work also engage in risky sexual behaviors that increase the possibility of acquiring HIV. These persons usually have multiple sexual partners and are less likely to use condoms consistently (Feelemyer et al., 2023). Persons who engage in intravenous drug use are more likely to transfer HIV as sharing or reusing needles is more common among this population. Needles, syringes, or other infection equipment typically contain blood and can have HIV-positive blood which will be spread if they are shared or reused (HIV & Substance Use Research, n.d.).

HIV Prevention

The development of pre-exposure prophylaxis (PrEP) has contributed to the decreased transmission of HIV from person to person. PrEP is prescribed through a medical provider and prevents the spread of HIV, throughout the body, and hinders the development of AIDS. It is recommended for high-risk populations to take PrEP to decrease the likelihood of contracting HIV through sexual intercourse or injection drug use. PrEP can be taken in the form of an oral pill or by injections. The oral form of PrEP is the most common treatment and should be taken once a day for maximum protection (CDC, 2024).

Although PrEP is a beneficial and important preventative measure, high risk populations should engage in safe sexual practices. To decrease the likelihood of spreading or contracting HIV, sexually active adults should engage in regular condom usage and STI testing. Condoms are a barrier that prevents bodily fluids from entering their sexual partner through vaginal, anal, or oral sexual intercourse. This prevents HIV-positive persons from transmitting the STI to their sexual partners (National Institute of Medicine, 2018). Sexually transmitted infections (STI) testing screens sexually active persons for infections that are spread through sexual contact (Planned Parenthood, n.d.). The Center for Disease Control and Prevention (CDC) suggests that sexually active persons get tested for STIs annually or with a change or sexual partners. It's especially important for high risk populations to engage in regular STI testing to reduce the chance of further complications. High risk populations include pregnant persons, sexually active women under 25, MSM, and injection drug users (CDC, 2025). The use of PrEP, condoms, and STI testing contributes to the decreased chance of HIV transmission from person to person.

Local Prevalence

Georgia faces a high prevalence of HIV that contributes to HIV related mortality rates. This has become a significant public health issue as data from 2021 shows that approximately 40,931 Georgia residents, living in the Atlanta metropolitan area, had HIV (Morehouse School of Medicine, n.d.). The STI disproportionately affects men of color (MOC) who identify as Gay, Bisexual, or are MSM. Marginalized groups experience a lack of access to STI testing, prevention, and treatment that contributes to the increased transmission rates among MOC who are MSM. Other barriers to HIV care include socioeconomic status, perceived stigma and discrimination, medical mistrust, and misinformation (Lanier et. al., 2013). Rural areas in Georgia experience lower rates of HIV transmission because of smaller populations. Despite this,

many HIV-positive persons are unable to access care because of transportation barriers, a lack of education about HIV and treatments options, and shortages of hospital and healthcare providers (Medrxiv, 2020). Regardless of the efforts of public health professionals, Georgia continues to face a high prevalence of HIV. January 2025 data highlights that there are about 23.1 cases of HIV per 100,000 residents, which is more than double the national average (NYPost, 2025). There is a need to address the disparities in care in, both rural and urban areas of Georgia, to decrease the prevalence and mortality rates of HIV in the state.

Health Rates and Outcomes

Research shows that HIV-positive persons are at risk of developing a weakened immune system that makes the body vulnerable to other infections, chronic diseases, and cancers. HIV also affects a person's digestive system, skin, and contributes to the increased chance of weight loss. Not only does it affect the physical body, HIV-positive individuals are more likely to face neurological and mental health challenges. HIV can cause dementia, neuropathy, and cognitive impairment. Dealing with the infections creates a strain on the mental health of HIV-positive persons and increases the development of chronic stress, depression, and anxiety (Pietrangelo, 2023). Untreated HIV leads to the possibility of mortality as 2020 data highlights that 1.5 persons per 100,000 Americans die of HIV per year (CDC, n.d.).

Culture Section

Social Determinants

Pregnant persons with HIV are more likely to develop depression and anxiety compared to pregnant persons without HIV. The development of depression and anxiety can be attributed to multiple stressors, including: perinatal HIV transmission, HIV status disclosure, and perceived stigma from medical professionals, friends, and family. Poor mental health may lead to a

decreased likelihood of self-care, prenatal care, and the prevention of perinatal HIV transmission. Although improving the mental health of pregnant persons with HIV, many are afraid to disclose their mental health status to providers, family, or friends in fear of perceived mental health stigma. Mental health stigma is a large barrier to accessing mental health services and improving mental health. While the decreased utilization of mental health services is alarming, pregnant persons with HIV were more likely to engage in care with the support of family and friends. Pregnant persons with HIV disclosed that social support was a dominant motivator in seeking mental health services and attending prenatal appointments (Waldron et. al., 2022).

Those infected with HIV have to deal with the repercussions of our society's ignorance and misinformation. Real people are being affected by stigma that has continued to perpetuate and create fear in sharing their HIV status. A sample of HIV positive older adults addressed their concerns and shared experiences they had, including refusal of shop owners to sell to them, receiving dirty looks, and rumors being spread alleging sexual promiscuity. Additionally, they noted difficulty finding acceptance in friendships and romantic relationships (Jerry Paul Ninnoni et al., 2023). These factors often create feelings of loneliness in those who are HIV positive. Additionally, these feelings may contribute to self-stigma and feelings of worthlessness, driving those affected to self-isolate (Jerry Paul Ninnoni et al., 2023).

As medication advances lengthen lifetimes for those living with HIV, the risk of loneliness and social isolation increases as it is coupled with the additive influence of aging. Experiencing social isolation for long periods has been documented to have negative impacts on not only mental health, but also chronic inflammation and acceleration of aging. Social isolation as a specific sector of mental health outcomes creates an important area of necessary research in

public health and funding towards resources, as the population living with HIV continues to age (Blanco et al., 2025).

Economic Determinants

Being diagnosed with HIV can be very challenging in many regards, but it can significantly impact employment opportunities. Some challenges faced by employees who have HIV are job security, insurance issues, and stigmas within the workplace. Employment status is positively associated with engagement in healthcare, insurance, and medication adherence. (PubMed, 2024) Although people who have HIV can continue working at a job site and create financial stability, challenges still remain. Some challenges include fear of discrimination and avoidance by co-workers, benefit and insurance exclusions, and disclosure fear. While some employers offer insurance benefits, people living with HIV may face difficulties due to discrimination, like being excluded from employment benefits or being excluded due to pre-existing condition exclusions.

Another way that HIV can hinder employment status is discrimination. Homophobia and HIV-related stigma can cause individuals living with HIV limited job opportunities, hostile work environments, and limited career advancements. Stigma faced also can lead to depression and other mental health issues, which hinder one's ability to perform their job. Lastly, many individuals living with HIV fear disclosing their HIV status to administrative figures or co-workers, due to misconceptions about HIV. Misconceptions about HIV transmission and the fear of getting fired from the workplace are challenges faced by individuals living with HIV. While medical advancements are evolving for HIV, structural and societal barriers persist that impact employment.

Cultural Determinants

Stigma surrounding HIV and individuals affected by HIV is primarily due to a lack of understanding about the virus itself and misinformation online and on social media. Even though extensive research has explained that HIV can only be transmitted through fluid, when infected with HIV enters the bloodstream through mucous membranes, there are still many myths that simply being in a pool with someone with HIV will spread the virus. False information like this can be detrimental, leading to outward discrimination and internalized stigma (Anderson, 2009). Stigma and discrimination cause individuals living with HIV to be 2.4 times more likely to delay enrolling in care because of high levels of HIV-related stigma and fear of judgment (UNAIDS, 2021).

Even though HIV-positive individuals may fear judgment from friends, family, or strangers, it is important to use this opportunity to educate yourself and others on risky behaviours like avoiding HIV testing, not using condoms, hiding HIV-positive status from sex partners, and not taking your diagnosis seriously (John Hopkins, 2024). Using this opportunity to advocate and educate others is important in opening up the conversation and reducing the fear and stigma surrounding HIV. Under the Americans with Disabilities Act (ADA) and Fair Housing Act, HIV-positive individuals are legally not required to disclose their HIV-positive status to an employer or property management (John Hopkins, 2024).

While condom usage is one of the best ways to prevent HIV and other STI's acquisition and transmission between partners, it still remains that the decision remains mostly in the male or penetrating partner's hands. This is because oftentimes condom use is not discussed before intercourse, and the non-penetrating partner may need to begin negotiations of condom use, or simply be ignored. This conversation requires strength and self-efficacy to ensure both partners are safe and consenting participants (Osakwe et al., 2024). However, in relationships in crisis or

where one partner is experiencing physical, emotional, or verbal abuse, they may not feel they are in a safe environment to negotiate condom use (Peasant et al., 2018). Additionally, it is important to recognize the way that gender roles may interact with condom negotiation in a heterosexual relationship, inadvertently giving one partner much greater power (East et al., 2007). This delicate power dynamic often shifts the responsibility of contraception to female partners, forsaking the role condoms play in protection against sexually transmitted infections such as HIV. A simpler reason for the lack of condom usage is the inconvenience and discomfort. Men and women both report discomfort and decreased enjoyment of sex while using a condom (Crosby et al., 2005).

Bridge

Case study sixteen is focused on finding resources as an HIV-positive that has health insurance and a job. In our case study, Angie, her husband, and her baby are the subjects of concern. Angie is a 27-year old pregnant woman that is residing in Athens, Georgia. She recently discovered she is HIV positive during her first prenatal visit. Angie is unsure of how she could be HIV positive and what causes HIV transmission. Angie and her husband have health insurance through her job, but she is nervous about disclosing her HIV positive diagnosis and losing her job. Angie has a family that lives close by and is supportive of her during this time in her life. Angie's situation requires her to be guided through her concerns. She needs to be advised of her rights as a working pregnant person and as a person working with HIV. Her familial support will be key to her success and positive health outcomes, but she also needs emotional and mental support. Her HIV acquisition can be attributed to her husband, suggesting infidelity. This infidelity may create issues in their relationship and require support and consulting with a professional. Resources needed in this case include medical care, support, prenatal care, and postnatal care.

Those with HIV primarily need access to treatment and support in different areas. Most importantly, tertiary prevention through access to ART is integral to limiting disease progression and preventing the development of AIDS (NIH, 2021). Aside from conversations between sexual partners, those with HIV require support. HIV positive status can be isolating and create issues in work between coworkers, or cause self-isolation based on feelings of fear and discrimination. The isolation experienced can worsen HIV outcomes and emphasizes the need for familial and community support.

In the United States, typically after receiving a HIV diagnosis the clinic or testing facility will report the results to the state health department but all personal information is removed to keep anonymity (Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission, 2024). Many states have partner-notification laws whereby, if you receive a positive HIV diagnosis, your healthcare provider is legally obligated to tell your sexual partner(s). The Americans with Disabilities Act (ADA) clearly outlines specific laws that provide confidentiality for employees with HIV unless it may affect their ability to perform their job (Lambda Legal, 2025). Even if you are receiving health insurance from your workplace, you do not need to disclose your diagnosis to your health insurance provider or your boss.

Pregnant women present with unique risks when they are HIV positive. This is because of the possibility of perinatal transmission through birth, pregnancy, or breastfeeding. Married women who acquire HIV are most likely to have been infected through their intimate partner. Pregnant women and their newborns will need ART treatment during the pre and postnatal periods. Pregnant women with HIV are recommended to use ART throughout pregnancy and childbirth, as well as to treat the newborn with ART for two to six weeks after birth. These precautions can lower the risk of transmission to 1% (Panel on Treatment of HIV During

Pregnancy and Prevention of Perinatal Transmission, 2025). Additionally, birth through caesarean section can reduce the risk of birth-related perinatal transmission (NIH, 2024). For the pregnant woman specifically, she is at higher risk of depression and anxiety compared to other pregnant persons who are not HIV positive. Stigma surrounding mental health may combine with HIV stigma, further establishing barriers to care for pregnant women with HIV. Thus, access to affordable medical care and birth planning are necessary.

Medical Care

Angie and her husband will need to consult with medical providers to learn how to prevent their HIV infections from becoming AIDS, most likely through ART. In addition, they may be symptomatic or asymptomatic. If they have reached the asymptomatic stage, they most likely will not need additional medical care related to HIV, but if they are suffering from bothersome symptoms, they may need further treatment. Common symptoms they may experience include fever, muscle aches, night sweats, chills, oral ulcers, fatigue, and swollen lymph nodes, though they are more likely to persist in early stages and may not be relevant currently.

As Angie is pregnant, she most likely is already receiving care from an OBGYN, which will need to continue. Recommended treatment includes prenatal visits every 2-4 weeks, and measuring maternal viral load each month after beginning ART treatment, and then every three months once undetectable. Ideal viral load is below 1,000 copies/mL, and can help inform the decision to proceed with vaginal delivery or a scheduled cesarean section (ACOG 2018). Visits may be more or less frequent depending on the mother's viral load and risk of transmission, but she would still receive proper care that an HIV negative mother would receive. Basic medical

care during pregnancy generally includes ultrasound imaging, glucose tolerance testing, and monitoring blood pressure. Monitoring of these basic health markers is helpful in lowering the risk of preeclampsia, gestational diabetes, and high-risk pregnancy (HHS 2024).

Support

Along with medical care, support is critical for an individual's handling of an HIV diagnosis. Fortunately, Angie has a family that lives close by and is supportive of her during this time. Some people who receive an HIV diagnosis find themselves ostracized from friends and family due to negative associations with HIV and its transmission, and how that specific individual contracted HIV. Along with familial support it is important for Angie to have access to individual therapy so that she can speak to a professional about how she is feeling concerning her HIV diagnosis, the treatment plan she will have to continue throughout her entire life, how this will affect her marriage and also how this could impact her unborn child. Therapy is critical in navigating this uncertain time in her life and can help her to process her emotions and gain advice from an unbiased source.

Concerning this specific case, it would be beneficial for Angie and her husband to have access to marriage counseling as they deal with their diagnosis. Acknowledging how this diagnosis will impact their child and affect their marriage is critical, and they would need professional counseling to help them handle the hard conversation and emotions they would both feel during this time. As Angie's husband had to have had sex with a man or multiple men, contracted HIV, and passed it to Angie and potentially their child, it could have a major impact on their marriage and the trust they have with each other.

Although some people may feel uncomfortable disclosing a HIV diagnosis, having access to an HIV support group and a mother-baby group could help give them a sense of community and support. A HIV diagnosis can make many people feel lonely and separated from the rest of society, but having a support group with people who are facing a similar situation to you can make a huge difference in how you view yourself and your situation.

Prenatal Care

Regarding prenatal care, it is crucial that Angie gets prenatal care for her unborn baby. Angie's unborn baby is at risk for transmission during pregnancy, childbirth, or breastfeeding. Since Angie is HIV positive, ART is needed to lower her viral load. If your viral load is so low that a standard lab test can't detect it, this is called an undetectable viral load. Taking HIV medicine and getting and keeping an undetectable viral load is the best thing you can do to stay healthy and prevent transmission to your baby. (Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission, 2025). Taking ART lowers the amount of HIV in your body, ultimately lowering the risk of transmitting HIV to the baby. Angie could also take prenatal supplements, such as multivitamins B, C, and E. Taking these multivitamins can reduce the risk of adverse pregnancy outcomes. Folic acid is also good for all expecting mothers, but especially for someone like Angie to prevent neural tube defects (NIH.com 2018). Taking prenatal vitamins is good for all expecting mothers, but especially Angie, since she is considered a high-risk pregnancy due to her HIV status.

Birth planning is critical in reducing the odds of HIV transmission from mother to baby during childbirth. In general, working with a physician to create a birth plan that works best for you and your family is critical in reducing the stress that comes with childbirth. HIV positive

mothers who have a low viral load may choose to deliver vaginally, while mothers with high viral loads may choose a cesarean delivery (Hughes et al, 2024). A birthing plan can help reduce stress for both parents and also reduce the chance of transmission. Many mothers with an HIV diagnosis typically have an induced labor so that the doctors and nurses have as much control of the birth as possible, which would reduce the chance of mother-to-baby HIV transmittance.

Postnatal Care

Postnatal care that is important for Angie to do is to continue to keep her viral load low. Infants born to infected mothers should start receiving ART within 6 to 12 hours after birth (Medlineplus 2025). Since Angie is taking ART, she needs to continue to give HIV medicine to her baby for 2-6 weeks after giving birth. The risk of transmitting HIV to your baby can then be less than 1% (Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission, 2025). This could result in Angie not transmitting HIV to her baby if she gives her baby ART. If Angie's baby were to come out HIV positive, symptoms may not appear for the first 2-3 months (Medlineplus, 2025). To determine if babies are out HIV positive, the mother can have her baby tested at birth, and again later as the baby begins to develop. If any of these tests are positive, then the baby has developed HIV. If the baby is HIV positive, then ART and one other antiretroviral drug should be taken so the baby doesn't contract other infectious diseases (Medlineplus, 2025). If Angie's baby is HIV positive, then they will have to take ART for the rest of their life. If proper ART is taken throughout the child's development, they will live a normal life (Medlineplus, 2025). In regard to breastfeeding, Angie should not breastfeed her baby if her baby is HIV negative. This gives the child a higher risk of contracting HIV and transmitting it to them. If the baby is confirmed HIV positive, then breastfeeding can still be

done, but with proper maintenance. This includes a low viral load from Angie, so the baby isn't being fed more HIV (Medlineplus, 2025).

Asset Mapping

To have a healthy pregnancy and baby, Angie needs to ensure that she is taking care of her mental, physical, and spiritual health. Angie is worried about how she will be able to keep her job with an HIV-positive diagnosis, how she will maintain her marriage, and how she will have a healthy pregnancy while being HIV-positive. Many people who live with HIV lead a normal and healthy life once they begin taking antiviral medication. It's important for Angie to have an HIV case manager or counselor with her so she can make the best decisions for her and her family (Employment and Health, n.d.). It's important for Angie to take the necessary steps, after her diagnosis, to ensure that she will be mentally and physically healthy to carry out a pregnancy.

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AID Atlanta

AID Atlanta provides many services to HIV-positive persons. They are a non-profit (501(c)(3)) organization that provides HIV/AIDS-related services, care, and education. Their services include – but aren't limited to – HIV medical care, HIV/STD testing, PrEP, Case Management, and educational programs. Through this organization, Angie will be able to access an HIV Case Manager who will help her access and coordinate medical and psychological services to ensure that she has a healthy pregnancy. Angie will need to call their number to book an appointment to see an HIV Case Manager. Once the appointment is booked, Angie will need to provide the necessary documents to make sure she qualifies for a case manager. After the documentation is provided, a brief screening will occur to understand the services that Angie needs. Once the screening is done, Angie will be presented with the opportunity to enroll in the 6-month program. An intake form is then conducted, and Angie will be provided with an Individualized Service Plan (ISP). Then, Angie will be referred to the appropriate services that will allow her to access medical care that caters to HIV-positive and pregnant persons. By having a case manager, Angie will be able to have the extra support she needs to go through her pregnancy (AID Atlanta, 2025).

Americans with Disabilities Act-Employee Rights

Angie's biggest concern is that she will lose her job once she discloses that she is HIV-positive. Angie's case manager will go over her rights with her and ensure that she understands the legal laws that will allow her to keep her job. Under the Americans with Disabilities Act (ADA), Angie's workplace is unable to discriminate against or harass her because of her HIV-positive diagnosis. The ADA protects HIV-positive employees from losing their jobs because of their diagnosis. Under the ADA, Angie will be able to keep her

HIV-positive diagnosis private because employers can't ask their employees if they have HIV or another medical condition. The only instance that Angie will need to disclose her HIV status is if she is asking for workplace accommodations. Angie can request workplace accommodations if she needs frequent breaks to rest or modify her schedule for medical appointments. To request accommodations, Angie will need to tell her supervisor or HR manager that she needs accommodations because of her medical condition. Her employer will then ask her to put her request in writing, to describe her condition, to describe how it will impact her work, and provide documentation from a medical provider that she has the condition and needs accommodations. Even after requesting accommodations, Angie does not need to disclose that she is HIV-positive, instead, she can provide documentation and information that she has an autoimmune condition or a viral infection that will impact her job performance (*Living With HIV Infection: Your Legal Rights in the Workplace Under the ADA*, 2015).

Emory University-Perinatal Care

Angie's case manager will also make referrals for her to access a medical provider that specializes in HIV-related pregnancies. Emory University, which is located in Midtown, Atlanta, has an obstetrics and gynaecology specialist (OBGYN) who specializes in HIV and pregnancy. Dr. Jane Ellis practices maternal and fetal medicine and will be able to help Angie understand HIV and its impact on perinatal outcomes and ensure patient safety. Angie can make an appointment online or call Dr. Jane Ellis' number to receive the proper perinatal care. Dr. Ellis will suggest that Angie take antiviral medication to reduce the HIV-related symptoms and reduce the likelihood of perinatal transmission (*Dr. Jane E Ellis, MD, PhD - Atlanta, GA - Maternal and Fetal Medicine - Book Appointment*, n.d.). Angie will need to make frequent visits to Emory Hospital to ensure that her pregnancy is going well.

To access mental health services that will help Angie with any HIV-related issues. Angie may need to consult her case manager, primary care physician, or OBGYN. These individuals will make a referral to Angie for mental health support when she undergoes her pregnancy and HIV-positive diagnosis. Since the case manager specializes in HIV-related issues, they would recommend Angie to mental health services and marriage counseling services that provide the services that Angie is looking for. Some other resources that Angie can access that will provide her with more support are the Clarke County Health Department, Live Forward, Athens Area Diaper Bank, WIC, and Piedmont Healthcare systems.

The Clarke County Health Department

The Clarke County Health Department serves as the prime and central resource for accessing HIV treatment and services for anyone affected by an HIV diagnosis. The Northeast Health District is made up of 18 clinics across 10 counties in Georgia, including Clarke County. Some of the services provided by the Clarke County health department include clinical, child health, HIV prevention and treatment, and perinatal home visiting. Due to the expansive options of clinics across 10 counties in Georgia, these services are easily accessible for any person living within these counties. Access to the services of these clinics is not dependent upon a person's county of residence. For example, if someone lives in Clarke County, they are still able to go to the health department in any of the 10 counties that belong to this health district. For services that require payment, credit/debit cards and cash are widely accepted at all county clinics; however, for those with health insurance, estimated costs and fees may vary by insurance plan. It is not necessary to have health insurance to access any of the health department services. The ability to physically access the health department may vary based on whether the person has a car and the county they live in. For example, Clarke County has a decent enough public

transportation system by bus, which makes it easy for those without cars to go to the health department. However, in other counties with very limited to no options of public transportation, access to these health departments is much more complicated without access to a car. In relation to the case study, services like HIV treatment, the Perinatal Home Visiting program, child health, and general clinical services may be the most applicable for the woman in this case study.

Live Forward

Live Forward is a nonprofit organization that focuses on helping its clients reach healthy outcomes, housing stability, and independence. Some of the services Live Forward provides are related to housing, like their Permanent Supportive Housing program that helps homeless persons transition from the streets/shelter to permanent housing, and the HOPWA Programs, which is a federal program dedicated to housing the needs of people living with HIV/AIDS. Aside from the residential services, Live Forward also provides more supportive services like access to a food pantry, transportation assistance, individual and group counseling, as well as an HIV Outreach and Prevention Program. Access to these services is done through the completion of a case management intake, which is done by appointment, although walk-ins are accepted. To physically access the services by Live Forward, a car may be the easiest way to access these services, although it is accessible by Athens Transit by bus. However, if someone did not live inside Clarke County and did not have access to a car, it would be much harder to get to Live Forward. In relation to the case study, one of the services that may be most applicable could be the individual and group counselor, as well as the General Support Group that provides a safe and non-judgmental environment to those infected or affected by HIV/AIDS.

Athens Area Diaper Bank

Athens Area Diaper Bank is a nonprofit organization that provides diapers to low-income families in the Athens area. Currently, Athens Area Diaper Bank services Barrow, Madison, Clarke, Oconee, Jackson, and Oglethorpe counties. Access to diapers is done through Walk-In Partner Agencies, where there is a list of agencies that receive a monthly allotment of diapers that they are able to distribute to walk-in clients. Access to diapers through the partner agencies is dependent upon the county the person lives. These partner agencies make accessing these diapers more accessible for the person needing them, as there are numerous agencies that are allotted the diapers. To physically access these partner agencies, a car would be the most ideal way to receive the diapers, although within Clarke County, many of these partner agencies are accessible by the Athens Transit bus system. In relation to the case study, this service provided by the Athens Area Diaper Bank may be applicable to the woman in the case study, as she may need to access diapers for her newborn once she gives birth.

Women, Infants, & Children

WIC, standing for Women, Infants & Children, is a federal government program that provides special supplemental nutrition programs for that population. The main service that WIC provides is food benefits through the use of an eWIC card used to purchase nutritious food and infant formula. Also, breastfeeding support, health counselor, and referrals to services like dentists, preschools, and doctors are offered by WIC. To qualify for WIC, a pre-screening tool is used to assess whether the applicants are eligible to receive WIC benefits. Visiting the local WIC office is also recommended to find out if a person is eligible for WIC benefits. However, it is stated by the Georgia Department of Health that WIC is available to Low-Income pregnant, breastfeeding, and postpartum women, and Low-Income parents or guardians who are the sole providers of children under age five who are at nutritional risk. Sign-up for WIC can be done

online through the WIC application, and once a person is deemed eligible for benefits, their local clinic will contact them with an appointment for their Nutrition Assessment and Food Benefits. In relation to the case study, WIC may not be applicable for the woman in the case study as she is not low-income.

Piedmont Healthcare

Piedmont Healthcare is a large not-for-profit health system in Georgia that has numerous hospitals, urgent care centers, QuickCare locations, and physician practices. One of the unique services that Piedmont Hospital in Athens provides is a prenatal breastfeeding class. This class is designed to discuss ways that the mother-to-be would establish a good milk supply, prevention and management of common feeding challenges, and how to know if the baby is getting enough to eat. To sign up for this class, online registration is required as well as a form of payment. To physically get to this class, public transportation by Athens Transit makes it accessible by bus to get to this service. In relation to the case study, this class may be applicable and beneficial to Angie, as this information is important to know regardless of whether she chooses to breastfeed or not.

Sustainable Solutions

In our case, there are many solutions that can be implemented. Angie is most likely shocked and confused, and worries for her health as well as her baby's health. Beyond her emotions about the situation, Angie must navigate her “new normal” for the sake of her health as well as her babies. Angie’s situation highlights the urgent need for sustainable systems that support her and her unborn baby all the way through diagnosis and lifelong management of HIV. Our paper presents these sustainable solutions, aimed at focusing on Angie’s situation as well as

others who battle HIV every day. Our focus is not only on medical care but also on mental health, obstetrics health, and public health infrastructure.

Our proposed strategies fall under two primary factors: Access to healthcare and public health initiatives. We advocate for expanded access to Medicaid, the importance of ART, and the integration of telehealth services. Recognizing the emotional toll that HIV has on people can really alter the care they receive, as well as have an impact on Angie and her baby. To help Angie with her new normal and the emotional toll, providing mental health services as well as support groups for women who are expecting and have HIV is important. Looking at HIV on a broader scale, people need to be educated about it. Our public health initiatives include comprehensive sex education in schools, expanding HIV awareness by using campaigns, encouraging regular testing, and providing individuals with case management.

We believe that these solutions will not only help Angie but also the millions of people affected by HIV every day. These solutions aim to reduce HIV transmission rates, improve maternal health, and create a more equitable healthcare system. By focusing on these solutions, we can create and transform the HIV experience for Angie and all others like her. Focusing on these solutions now can help change the way HIV is viewed and handled and help future generations overcome HIV as a whole.

Access to Healthcare

Expand Medicaid and Insurance Access, and Mental Health

Currently, in Georgia, Medicaid eligibility is dependent upon being low income and matching one of the following descriptions: pregnant, child or teenager, 65 or older, legally

blind, have a disability, or need nursing home care (Georgia Medicaid). However, other states in the country, specifically 41 states, have expanded Medicaid coverage to all adults with incomes up to 138% of the Federal Poverty Level (KFF, 2025).

Regarding our case study, Medicaid Expansion would greatly support and benefit not only Angie but also all pregnant individuals, regardless of income status. From this, individuals would have more access to regular prenatal care, which is pertinent to reducing the risk of vertical transmission, as well as the general health of the pregnant individual. Treatment for HIV would also become more accessible and affordable for those who would become eligible for Medicaid under its expansion, like with ART.

Mental Health services also play an important role in the long-term solutions to Medicaid Expansion and Insurance Access with pregnant individuals and HIV diagnoses, like with Angie. Under Medicaid expansion, Mental Health services like Individual and Group therapy, mental health screenings and assessments, psychiatric services, postpartum support, case management and care coordination, and many others.

Angie would benefit greatly from increased access to mental health services during and after her pregnancy due to Medicaid Expansion. Navigating her life moving forward with the help of either individual or group therapy would not only benefit her mental and physical health long term, but also her baby's.

With the expansion of Medicaid, the number of insured individuals in the state would decrease as the eligibility threshold increases. Currently, there are roughly 1,200,000 people uninsured in the state of Georgia, which is approximately 11.4% of the state's population (KFF). In general, increasing access to insurance, whether it's public or private insurance, would be

beneficial for all individuals, regardless of being pregnant or having contracted HIV. Common solutions to increasing access to insurance include healthcare reform, like as a single-payer system, access to marketplace private insurance, increasing funding for HIV health programs, and development of employer-sponsored insurance solutions.

Ongoing ART Access

For our case, Angie is most likely overwhelmed with emotions that concern her and her baby. First and foremost, she needs to find an accepting or experienced OBGYN who can help her with her new HIV diagnosis and how to handle her health and her baby's health. Angie should have begun ART as soon as she was diagnosed, so that her HIV viral load can stay low, for various reasons like keeping Angie healthy and not at risk for other infections, and for the sake of her baby. Additionally, Angie's OBGYN needs to make sure her viral load is low, so her transmission is at risk to the baby. Angie needs to stick with her ART plan and ensure her insurance will help with the cost, as well as ensure she has a consistent pharmacy that she has access to where she can get her prescription. Furthermore, ART can be costly, and improving the financial burden of ART by expanding Medicaid and making it more affordable, so Angie doesn't have problems getting it. Also, across all medication supply chains, there are issues with getting ART across some states and regions, and setting up a consistent place and time of month that Angie can go and can be sure that her medication will be ready will help reduce this risk of not receiving ART. Also, for the baby, Angie needs to continue giving the baby ART, for both outcomes. If the baby is negative or positive, Angie should still give the baby ART. If the baby is negative, ART should be taken for a few weeks as a precaution until the baby tests HIV negative. If the baby is positive, then Angie will have to give the child ART. Overall, Angie needs to make sure she sticks to her plan for the sake of her health, as well as the baby's health. It is important

for Angie to understand that the more she adheres to her ART plan and has set up proper access to ART, she will keep her viral load low, reducing her risk of other infections, as well as reducing the risk of transmission to her loved ones. For the baby, Angie needs to ensure that the baby gets their ART medication. This will keep her and her baby safe and healthy.

Telehealth

Improving telehealth services across all platforms will not only help with HIV but help with numerous conditions. Improving telehealth increases access to care for everyone who is impacted and needs medical attention. In regard to improving telehealth for HIV, this would help numerous people because many people who seek medical care are ashamed and do not want to receive care due to stigma. This would allow people not to have to go into public settings to get care, but instead see them virtually. Stigma plays a huge factor in why people do not receive care, and seeing a doctor who can help you virtually might help with it. In Angie's case, telehealth services can benefit her significantly. Since Angie is pregnant and assumed to be following her ART medications, she can check in with her OBGYN and keep them updated on side effects, refill questions, and any baby questions she has. This would help Angie be more comfortable with her OBGYN helping her walk through it instead of having to go in for a visit. Also, if Angie and her OBGYN set up a way to monitor her viral load, she can let her OBGYN know, and then tell Angie what she needs to do virtually instead of physically. Overall, improving telehealth across all platforms will help the field of medicine tremendously, especially in HIV. For Angie, doing this will help her balance her new "normal" as well as not have to have that feeling of being stigmatized.

Public Health Initiatives

Sexual Health Education

Currently, in the United States, 30 out of 50 states have laws that require sexual health education to be mandated in their school districts. Only 39 out of 50 states include instruction and education on HIV and AIDs in their sexual health classes (SIECUS, 2024). Despite these laws and regulations, a majority of middle and high school students receive limited to no sexual health education. A majority of sexual health education classes focus on abstinence-only and don't provide students with comprehensive sexual education. This causes students to miss important information on STIs, safe sexual practices, and STI testing. Comprehensive sexual education provides medically accurate and age-appropriate information about sexuality, sexual health, and reproductive health (*Comprehensive Sexuality Education*, n.d.). Comprehensive education reduces the likelihood of risky sexual behavior and unplanned pregnancies (Siecus et al., 2024). Comprehensive sexual health education shouldn't be limited to only middle school or high school students. Sexual health education is important to discuss in every stage of life as the body goes through many sexual and reproductive changes.

In regard to our case study, it's important for Angie and her husband to learn about sexual health during this stage of their relationship. Comprehensive sexual health education would provide them with information about HIV/AIDS and how to reduce the symptoms associated with the immunodeficiency virus. Angie and her husband should reach out to HIV/AIDS specialists so that they can learn more about how to keep themselves healthy and how to keep their child healthy. Sexual health education on HIV/AIDS would also provide them with knowledge on how to engage in safe sexual practice while being diagnosed with HIV. This would reduce the risk of spreading it to potential partners.

STI Testing.

It's important for those who are sexually active to get regular STI testing, despite being in a monogamous relationship. About 50 percent of those with STIs usually have no to little symptoms and can go undetected for prolonged periods of time. Not treating STIs can cause further complications such as pelvic inflammatory disease and infertility. Some high-risk individuals who should get yearly STI testing are those between the ages of 13 to 64, pregnant women, sexually active men who have sex with men (MSM), and those who share injection drug equipment. It's important for pregnant women to be screened for syphilis, HIV, hepatitis B, and Hepatitis C starting in their early pregnancy so that they can combat the STIs before they impact their health and their infants' health. MSM should get yearly tests for syphilis, chlamydia, gonorrhea, and HIV, and they should get tested every 3 to 6 months if they have multiple partners. Getting tested regularly reduces the likelihood of spreading STIs to other partners. (*Getting Tested for STIs*, 2025).

Although Angie and her husband were in a monogamous relationship, it was still important for them to get yearly STI check-ups because of the likelihood that an STI could be dormant for years. It was especially important for her husband to get tested if he was engaging in sex with other men or sharing injection drug equipment. By getting tested, he would have been able to start PrEP to reduce the likelihood of spreading HIV to Angie and their future children. Getting regular STI testing overall reduces the likelihood of adverse health effects that could potentially occur because of untreated STIs. Angie and her husband can get yearly STI screenings from their local health department or their primary care providers (PCP).

Condom Usage.

A common false assumption is that condom usage is more important in MSM sexual relations than it is in heterosexual relations. Yet, the stigma and complications surrounding HIV status and acquisition can sometimes make this a complicated relationship, as made obvious in Angie's situation. Angie believed she was in a monogamous relationship in which she would not need to worry about having a sexually transmitted infection, and most likely felt she was an exception to condom usage suggestions. This is likely due to the normalization of monogamous heterosexual relationships in the United States. However, polygamy is becoming more present than ever, with some estimating one in five adults engage in some form of non-monogamy at a point in their lifetimes (Moors et al., 2021). For this reason, among others, condom usage is important in preventing the spread of sexually transmitted infections, including HIV. Further, these results varied across demographic factors, showing higher rates of non-monogamous experiences in participants who reported non-heterosexual relationships and/or non-cisgender identities (Hauptert et al., 2016). Public education specifically relating to the importance of condom use for all sexual relations is integral to promoting the use of condoms and preventing the spread of HIV.

Acknowledgement of the importance of the importance of condom use is needed by all parties participating. However, in Angie's case, she may have thought it strange had her husband suggested using a condom when they engaged in sex, without the context of his infidelity and eventual HIV infection. For this reason, open conversations between sexual partners about disclosing their sexual history and HIV status should be commonplace, regardless of sexual identity. Interestingly, MSM who identify as heterosexual are more likely to discuss HIV with their partners than MSM who identify as part of the LGBTQ community, but this may be due to an instinct to preserve an image of heterosexuality (Ayer et al., 2021).

Drug Use

HIV uniquely impacts those who are addicted to intravenous drugs because of the propensity to reuse and share needles amongst each other, for various reasons. In fact, those who admit to daily intravenous drug use have a significantly higher prevalence of STIs in comparison to their peers (Kpelly et al., 2022). Of all those infected with HIV outside of sub-Saharan Africa, 30% of infections can be attributed to intravenous drug use (Lambert et al., 2010). Current objectives to decrease the prevalence of STIs and HIV specifically in this population include education of drug-using populations about their risks, encouraging them to test, and aiding in treatment acquisition if they are HIV positive (Lambert et al., 2010).

Since the late 1990s, Syringe Service Programs (SSPs) have provided sterile needles to drug users in exchange for used or “dirty“ needles. Additionally, they provide vaccinations for HIV, Hepatitis B and C, addiction and recovery resources, and education about safe injection practices. This program has proved effective, showing users of SSPs are five times more likely to attend drug treatment, and three times more likely to stop drug use altogether (*Syringe Services Programs*, 2020). These results suggest that improved public knowledge of these programs, as well as how to access them, could not only reduce drug use but also overall HIV infections.

HIV Awareness Campaigns

Misinformation and stigma are huge factors as to why individuals are less likely to get tested, treated, or disclose their HIV diagnosis to family or partners. There are many negative connotations associated with HIV transmission, including unprotected sex with multiple partners and drug use/addiction (sharing needles). By creating HIV awareness campaigns, communities can learn what HIV is, how it can be transmitted from person to person, how to know if you or

someone you know is at risk for contracting HIV, HIV testing, HIV treatment, and how to limit its progression into AIDS. Local public health departments can work with their community to provide sexual health information, educational meetings, and events to raise funds for HIV awareness and treatment for community members affected. Raising awareness about HIV is crucial in reducing the number of HIV cases in the United States and reducing stigma and the isolation individuals with a HIV diagnosis feel within their community. Research has found that providing information on HIV through various ways, including mass media, is useful in reducing global HIV/AIDS disparities and cases (JAIDS, 2014).

When considering this case study, it would have been helpful if Angie and her husband had been provided information about HIV from an HIV campaign. Angie's husband would have learnt how to keep himself safe from contracting HIV and how to limit the spread of HIV to his wife, Angie, and their child. There is a chance that Angie's husband could have been more open with her about his sexual partners and begun PrEP if he was more at risk for contracting HIV. HIV campaigns also provide resources on what to do once you have an HIV diagnosis and the importance of keeping up with your treatment plan, especially while pregnant.

Post-diagnosis

Case Management Services

Navigating life with an HIV diagnosis can seem daunting for many people. Understanding the strict treatment plan you need to undergo, especially during pregnancy, to reduce transmission to sexual partners and your child, is very important; Knowing what your medical insurance covers and where to get mental health support is crucial in keeping yourself as healthy as possible. A policy that could be implemented to reduce the rising number of HIV

cases is to provide individuals with a positive HIV diagnosis, a case manager. Case managers dedicate their time to helping individuals navigate healthcare, insurance, and mental health support resources. Social workers aim to build relationships with clients and act as a form of support and stress relief for them and their families during this time. They can help with planning and coordinating medical appointments, get insurance or Medicaid, providing you information on healthcare and mental health resources that your insurance covers, and also help you apply for other programs including supplemental security income (SSI) or temporary assistance to needy families (TANF) (*HIV Case Management*). Research found that case management interventions led to improvement in quality of life and reduction in risk behaviours for individuals with HIV (Tolley et al., 2022).

When considering the case study, it would be important for Angie and her husband to have an assigned case manager(s) who can help them understand what resources are available to both of them. Considering Angie's pregnancy and HIV diagnosis, it is important that she keeps track of the numerous medical appointments she will have to reduce the development of her HIV into AIDS or to transmit HIV to her child. A case manager would also help to aid her husband in keeping track of his medical appointments and also provide both of them information on their medical insurance policy.

Reflections

Olivia Della Torre

In this situation, learning and researching things in regard to Angie and her new HIV status, I was able to develop more understanding of HIV as a whole and HIV that impacts pregnant women.

In order to fully understand this case, I think I had to come to an understanding of how Angie contracted HIV, as well as every new thing she was going to have to go through. Although I do not know Angie, she learned about her new normal while I was learning and doing my own research, and I fully was able to understand that new normal for her. By doing this case like this, I think it fully helped me understand everything she was going through, as if it were me who just got this diagnosis. Her emotions, what her future looked like, and what she could do to help HIV as a whole were all very real to me.

Learning how many resources were available to Angie was interesting to me, because I think more times than not, for HIV care, people who are HIV positive run into not having the proper access to things like healthcare professionals, medication access, and overall proper care. Learning just how many were in the Athens area was comforting to me because of how compassionate I am about HIV. Many of the resources found for Angie in the Athens-Clarke County area typically covered those who are low income, for Angie she is employed and not considered low income. These services are still offered for her, which makes it even better for Angie. A challenge that Angie may face is finding mental health services. Due to all these new feelings Angie is going through, depression and anxiety are now at a higher risk for Angie to have. Angie's HIV positive diagnosis may make her feel ashamed and worry about her baby. This may result in not receiving the proper care, as well as the proper perinatal care. Something that Athens offers for Angie is support groups with other HIV positive women who face the same challenges.

Looking ahead, learning about Angie and her situation taught me so much more about HIV and pregnancy. HIV really interests me, and I was less knowledgeable about HIV and pregnancy. Doing something that already interested me, made this project easier, and not

knowing much about being HIV positive and pregnant, was all new for me. Something that also interests me is pediatric care and, more specifically, neonatal care. Learning about Angie and her case taught me a lot about what the future for the baby means, so I can use this information one day when I work one-on-one with newborns. Going forward, for me personally, I hope to help people get the comfort and care that they need when they get a HIV diagnosis. I feel like since learning about Angie, I will be able to sympathize with people who get a diagnosis, because of the significant impact it has on people. Also, moving forward, I think there is a lot more research to be done on HIV. HIV impacts millions of people, and I think it's a wonderful thing that management services like PrEP and ART have been created, but I just think that the lack of access and knowledge about these services is what causes such high prevalence and disparities of HIV across the World. HIV matters to me because the more you know about the more change you are making for people. Being educated helps me spread my knowledge and bring awareness for HIV, and by doing this, I am helping with that solution that is needed.

RJ Daniels

From researching and finding resources to help Angie through her HIV diagnosis and pregnancy, I was able to learn more beyond my current scope of HIV/AIDS.

Finding information and resources from local community agencies that would benefit anyone with an HIV diagnosis, but with someone who is also pregnant, like Angie, was a bit more difficult. Many of the local community agencies in Athens that provide resources and information for HIV/AIDS mainly have their target population as MSM. And while this is completely understandable, as MSM has the highest population in the US to be diagnosed with

HIV, it makes it harder for those who are not part of that population to find resources that fit their demographics.

However, from finding these local resources, I was surprised at how many there were in the Athens-Clarke County area. And then to find resources that would best benefit Angie's situation, there was, shockingly enough. I also found it very interesting how a lot of these resources were more targeted towards people with low income, and while Angie is not part of that population, she can still access many of the other resources available. And since Angie has a job and so does her husband, her access to medical services and treatment for HIV can be covered by her health insurance through her job. The resources that she may have difficulty finding are ones that deal with the emotional and psychological aspects of being pregnant and having HIV. While we were able to find them for her, they were a bit hard to search for.

I truly learned a lot more about HIV and pregnancy from researching this case study. I will say that a lot of what I learned was more based on the resources and ways to support and help people with an HIV diagnosis and pregnancy, rather than the medical effects of an HIV diagnosis. Personally, doing this case study is a big benefit to me and my career. I'm very interested in doing work with sex education and sexual health, so any way that I can expand my sexual and reproductive health knowledge through a public health lens, is a complete benefit for me. Also, just doing a case study with a topic that I have a genuine interest in made it easier to research and do the work for this project.

I believe that learning anything about public health matters. Reading an article, researching a random healthcare topic, or just talking with peers in class, it all matters. Intaking, spreading, and sharing knowledge is probably the best thing that we can do within public health.

I think that improving and increasing your knowledge about HIV/AIDS is always important to do, as it affects many people worldwide.

Going forward, I think that I'll continue to research and learn about HIV/AIDS, and hopefully one day work in a job where this knowledge is more than useful. I hope to one day help people with their HIV diagnosis and help them find resources and care for treatment. Or even help people with prevention, like finding access to PrEP.

Molly Floyd

Lots of time was taken to focus on researching and understanding what resources are available to Angie, her husband, and their baby during this time. We found that Angie having a steady income and healthcare insurance, provided by her employment, positively impacted this search and allowed her to access more resources than someone with a low income and no insurance. I think the biggest issue we found was that some of the resources were in Atlanta, GA. Even though Atlanta is not too far from Athens, and we assume Angie has a car, her ability to access those resources depends on their hours of operation and if Angie can make time with her work schedule to receive medical care at these facilities. Aside from this, Athens has numerous HIV services that will help Angie and her family deal with this diagnosis and treatment plan to reduce HIV transmission to their child. For many of the services, the ability to access care and the cost of care are dependent primarily on insurance plans. It is important for Angie to determine what care her insurance plan covers and if she will have to pay out of pocket for certain services, and how manageable that may be for her finances.

Having an opportunity to learn more about the resources available in Athens for this specific case helped put HIV care into perspective. I was surprised by the number of clinics and

resources available in Athens-Clarke County and felt hopeful about the support system we have for individuals, like Angie, who are struggling to navigate this uncertain time in their lives. I believe I learnt critical skills in analyzing what the community needs, what the community has access to, what needs to be created or developed, and how to help aid in accessing resources. I think these skills will positively impact my future career as a Physician's Assistant and allow me not only to diagnose patients, but also help them understand the resources available to them in their local area. Especially when considering a life-threatening diagnosis like HIV, understanding the resources available to you and how to access them is critical in maintaining overall health and limiting the possibility of transmission and/or development into AIDS. Moving forward, I think there is still a lot of work that needs to be done in terms of preventative HIV care. Educating people on HIV and the risk factors associated with it would be effective in reducing the increasing number of cases. Understanding that anyone can receive an HIV diagnosis and that societal stigmatizing and discrimination against those impacted only hurts this community more and makes people less likely to disclose a diagnosis or get tested for HIV. Opening up the conversation about healthy sexual behaviour, needle use, and PrEP would really benefit our community and overall reduce HIV transmission nationwide.

Dione Geiling

Working on the HIV and pregnancy needs assessment was an enriching experience. As someone who is passionate about women's health, child health, and sexual health, I knew this topic would be impactful towards my future aspirations. I have had the opportunity to intern at Brightpaths and provide community resources to pregnant persons and families at Piedmont hospital. I knew prenatal care, especially for someone living with HIV, is important for pregnant persons to receive and this case study is an important topic to assess and discuss. I was super

excited to see what resources would be available to an HIV-positive pregnant person. I am currently seeking my Bachelors of Science in Health Promotion and pursuing a Masters in Public Health in Epidemiology. Through my Bachelors and Masters degree, I am hoping to gain the knowledge and experience to go into women's health, child health, and sexual health issues. I was determined to see how my group could best serve Angie and others who may be HIV-positive and pregnant.

I had an adequate amount of knowledge about the prevalence of HIV and how it affects HIV-positive persons. However, I never was able to research or work on a case about someone that was HIV-positive or pregnant. This made me realize that HIV not only affects those that engage in risky sexual behaviors, injection drug users, or MSM. This case study highlighted that anyone can get HIV and there needs to be more comprehensive sexual education and research done to improve the preventative measures.

Researching the resources that are available to Angie, who has a job and health insurance, was challenging. Whenever we would find a good resource, the eligibility for those resources would be geared towards HIV-positive low-income persons. It felt like we weren't doing Angie justice because we were struggling to find resources for her. Eventually, we were able to find resources. It just took a lot more time and research to find the sources that her and her husband were eligible for.

I enjoyed working on this project with my team members as I was able to learn how to help someone in the community. It was impactful to see how an HIV-positive pregnant person can struggle with finding medical, mental health, economic, social, and cultural support. I am thankful for this experience and will be able to take the knowledge I learned here into my future.

Amanda Pelay

An overarching theme in our case was the lack of knowledge Angie had regarding her diagnosis. She expressed fear over losing her job and whether she needed to disclose her HIV status to employers or those around her. However, many may be in this same situation if they are diagnosed with HIV. The lack of comprehensive sexual education in Georgia contributes to these gaps in knowledge and can create worse health outcomes. For someone in Angie's position, there are not many resources specifically available since she is insured and employed. Because of this, our group had to look at what would be needed and what is available if she were to lose her job. While protections exist under the Americans with Disabilities Act (ADA), it's possible that employers could get around this and still discriminate against employees if they found out they were HIV positive.

Needing to implement practical solutions for Angie was definitely eye-opening, and it is especially complicated to consider if Angie were to lose her job, as she is pregnant and could have more difficulty finding another one. If Angie were to lose her job, she and her husband would both lose their health insurance. This further complicates things because she would be eligible for Medicaid, but her husband would not, since it has not been expanded yet in Georgia. Therefore, we looked at resources from all different income levels and insurance statuses. Due to the high rates of poverty in Athens, there seem to be many resources, such as Mercy Health Center and Athens Nurses Clinic. More specific information about Angie's insurance plan was not provided, but it is possible that she is underinsured by her plan and has to pay large amounts out of pocket. This would affect her more during pregnancy, but of course, now finding out she has HIV would only add to the care she needs and the expenses associated with that care.

In this situation, it was really complicated to look at how Angie's life and her family would be affected. She has HIV because her husband had sex with someone who was HIV positive and later infected her. However, she has not only herself to think about but also her unborn child. She may choose in the future to stay with her husband, despite his infidelity, for the sake of the child, or to leave and start on her own as a single mother. Both of these options would require more support, which luckily, Angie has nearby in her family. However, this was a common theme throughout our case. Angie seems to be lucky because she has insurance, family who lives close by, and an income, but this doesn't mean that she does not have issues that need to be addressed.

The area of women being infected with HIV, I don't believe, has been investigated as much as it should have been at this point. We know that HIV can spread through bodily fluid transfer from men or women, and affect anybody. The top preventative measure recommended is condom usage. However, it was really interesting to research influences on condom usage and why or why not someone may choose to use a condom, and if it is even a choice at all. This is something I found really interesting that had to do with power dynamics and relationships. Women in unsafe relationships may not feel as though they have the power to negotiate condom usage. Further, relationship dynamics can affect the ability to discuss condom usage amongst partners, and fostering an environment of open and honest communication about HIV status, frequent testing, PrEP usage, and intent to use condoms can help improve outcomes overall. For these reasons, healthy relationship building is imperative to limiting HIV transmissions. Additionally, public education about the risks of HIV spreading and preventative measures, such as syringe swap programs that allow drug users to use clean needles rather than sharing dirty ones, can be helpful in mitigating risk. While there are many resources for uninsured and

low-income Georgians, Angie may be uninsured and lacking the resources that she needs. Additionally, the stigma and culture around HIV may lead to loss of her job and loss of her health insurance. For these reasons, it's important that Angie is aware of the resources available to her now and, if she were to lose her job, to ensure that she and her baby have access to the medical care that they need.

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