

Case 2

Kristy is a 26 year old woman who presents at 20 weeks' (about 4 and a half months') gestation for her first prenatal care visit. This is her third pregnancy. She has 2 children, a son who is 5 and a daughter who is 4. They are healthy and are in the custody of her sister, Alicia, who lives in Atlanta. Kristy has a history of substance use disorder that started at age 16. She smokes methamphetamines and marijuana. She states she uses meth to help her deal with her mood. She states it gives her energy. She states that the marijuana helps with anxiety. She states she has never used injection drugs. She is unemployed and exchanges sex for food, housing and drugs. She reports that she usually couch-surfs with acquaintances whenever she can. Otherwise, she sleeps in a neighbor's backyard shed. She initially did not realize she was pregnant and states that is why she did not seek care sooner.

She was found to have HIV infection a year ago when tested while donating plasma. She was located by a Department of Health DIS/linkage coordinator and was notified of her HIV diagnosis. Kristy requested anonymous partner notification through the health department for the sex partners she knew, but states she sometimes has anonymous sex, so she is not sure who she acquired HIV from.

She was scheduled for a test and treat visit the day after her HIV diagnosis disclosure, but she got high and did not show for her appointment. After that, the linkage team was unable to locate her. She has never been in care for her HIV.

Kristy worried about her children and eventually contacted her sister, Alicia, and asked her to have the children tested for HIV. The requested testing was done and both children tested negative.

Kristy's Initial pregnancy labs: HIV viral load 200,000 and CD4 count 450. Urogenital gonorrhea and chlamydia tests were positive. Urine drug screen (UDS) was positive for marijuana and methamphetamines. Otherwise, there were no abnormalities. She is immune to hepatitis A and B through vaccination and she does not have hepatitis C.

Kristy was started on tenofovir alafenamide/emtricitabine and dolutegravir as well as prenatal vitamins. She was counseled regarding risks and benefits of her medication regimen in pregnancy. She was also counseled to separate her vitamins from her antiretrovirals by taking the HIV medications at least 2 hours before or 6 hours after her vitamin or to take them together with her HIV medications and food.

She was treated for gonorrhea with ceftriaxone 500 mg IM x 1 and chlamydia with azithromycin 1 gram PO x 1. Follow-up testing during pregnancy was negative for bacterial sexually transmitted infections..

She was very receptive to linkage to a perinatal coordinator who is also an HIV peer who has also experienced a pregnancy while undergoing treatment for HIV. Kristy tells her OB team that she wants to “get this right” because she has been very depressed about losing custody of her prior 2 children and feels like she has wasted a lot of her life. She is very concerned that she might pass HIV on to her unborn child. With the support of her perinatal coordinator, Kristy reaches out to her sister, Alicia, who is receptive to the idea that Kristy is motivated to change her situation. Alicia wants to make sure she helps her sister as much as she is able.

Kristy agrees to enter a residential treatment program for her substance use because she does not think she will be able to stop on her own, even though she really wants to. Kristy is anxious about reaching out to her mother at the present time because they have been estranged for a long time after Kristy stole money from her and left home.

She reports she is working hard on managing her addiction and mental health issues and has been an active member of the community at her treatment program. She is working on building the support system that she has been needing for such a long time. She laughs to think about the “old Brittney” who would run out of treatment center as fast as she could. She does not want to disappoint her sister or her kids who have been very positive about her changes and have been calling frequently.

At her follow-up visit to the OB 6 weeks after starting HIV therapy, her HIV viral load is now < 20 copies/ml and her CD4 count is 520. Overall Kristy reports feeling

well. The team acknowledges Kristy's success in achieving a suppressed viral load and encourages her to stay focused on her goals.

Because she is motivated to not use substances, members of the rehab program provide lots of support and cheer Kristy on. Kristy completes the inpatient portion of her substance use treatment program and becomes an active member of her local 12-step program. She identified a supportive sponsor who provides Kristy with helpful feedback. At her 34-week check up with her OB, Kristy has a suppressed HIV viral load. She is counseled about care of her baby after delivery including the importance of avoiding breast feeding or giving her baby pre-masticated food, the need for post-exposure antiretroviral treatment for her baby, and the need for follow-up care, both for herself and the baby. She is aware she will not know for sure about the baby's HIV status for 18 months, assuming the initial tests are all negative.

Kristy went into labor at 39 weeks (about 9 months) and 2 days and delivered a healthy baby girl. Her sister made it down from Atlanta just in time to be present for the delivery. After a lot of work on their relationship, Kristy's mother is back in her life and watched the two older children during the delivery. The family celebrated the safe arrival of Tesha (name means survivor). The baby receives post-exposure prophylaxis and at 18 months is confirmed to be HIV uninfected. Kristy remains abstinent from drugs, is currently being treated for bipolar disorder and has remained adherent to her antiretroviral therapy and follow-up appointments. She currently works as a receptionist at her OB's office. She successfully completed parenting classes and is in the process of studying for her GED. Her goal is to move to Atlanta where she and her sister will raise Kristy's three children together.