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REVIEW ARTICLE

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PROFESSIONAL ETHICS IN THE CARE OF SEROPOSITIVE PREGNANT WOMEN: AN INTEGRATIVE LITERATURE REVIEW

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ABSTRACT

Objective: to systematize, in the updated scientific literature, the ethical conduct of nursing professionals in the care of seropositive pregnant women. **Method:** Integrative literature review, qualitative nature with descriptive and exploratory approach, the study was guided through a formal work structure previously defined, based on a research protocol elaborated and validated by expert reviewers. **Results:** 18 studies were included according to the protocol and the established criteria, Brazil was the country with the highest number of material with 8 (44.44%) production, followed by South Africa with 5 (27.78%), Mozambique 2 (11.11%), Colombia, Malawi, Tanzania, Ivory Coast and Kenya counted 1 (5.56%), each. From the results presented, the following analytical categories were delineated: nursing care for pregnant women living with HIV; the Nursing Professional facing the challenges of caring for pregnant women with HIV; perceptions and experiences of women living with HIV facing pregnancy. **Conclusion:** it is inferred from the study that the Nursing Professional is responsible for surveillance, guidance and care, in order to shelter, take advise, promote health and humanized care to pregnant and postpartum women living with HIV.

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INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) is a chronic sexually transmitted infection caused by the human immunodeficiency virus (HIV). At the beginning of the 80s the first AIDS records appeared in Brazil, in a short time it became an aggravator to the public health of the country⁽¹⁻²⁾. At first, there was no treatment and it was associated with the so-called "risk group", such as homosexuals, and then prostitutes, chemical addicts and hemophiliacs. Probably, as a result of this way of thinking, there was the spread of the epidemic, reaching several population groups, among them, that of women, known as feminization of the epidemic⁽³⁾. In the last ten years, the HIV rate in pregnant women has increased by 21.7% in Brazil, and in 2009, the observed rate was 2.3 cases /thousand live births and 2.8/thousand live births in 2019. This increase is justified, in part, due to the increase in prenatal diagnosis and the improvement of the Prevention of vertical transmission (VT) of HIV⁽⁴⁾. The VT happens in three moments, through the transmission of the Virus from the

mom to the baby during pregnancy, childbirth and breastfeeding, where 35% of this transmission happens during pregnancy, 65% occur in peri-delivery and there is a high risk of transmission from 7% to 22% through breastfeeding⁽⁵⁻⁶⁾. The decrease in VT is possible through antiretroviral therapy (ARV) through two mechanisms: direct reduction of maternal viral load and reduction of the baby exposure to maternal viruses. These medications cross the placental barrier and act prophylactically before and after exposure of the fetus and newborn⁽⁶⁾. The nurse provides direct and uninterrupted care to mothers living with HIV and children exposed to the virus. Together with a multiprofessional team, it develops activities with the intention of preventing HIV VT that permeates the performance of the rapid anti-HIV test, passing through the follow-up and prophylactic treatment of the seropositive pregnant woman and the exposed newborn⁽¹⁾. Based on this premise, a study was proposed that could describe the health care to seropositive pregnant women, in order to provide elements that support the realization of a safer, ethical and humanized nursing practice.

Thus, the following guiding question arose “What is the ethical conduct of nursing professionals described in the updated scientific literature on care of seropositive pregnant women?”. Therefore, the objective was to systematize, in the updated scientific literature, the ethical conduct of nursing professionals in the care of seropositive pregnant women. There was no need to submit the study to the evaluation committee of Ethics in Human Research (CEP) in accordance with resolution 466/12⁽⁷⁾ that provides for the guidelines and norms of research involving human beings because it is an integrative review of the literature.

METHODS

This is an integrative literature review, qualitative in nature and descriptive and exploratory approach. The review is a method that allows to gather the updated scientific production in a synthesized way, in order to analyze the most relevant research, giving greater support to clinical practice, as well as allowing a greater familiarity with a particular subject to be studied^(8,9,10). The study was guided through a formal work structure previously defined, based on a previously elaborated and validated research protocol⁽¹¹⁻¹²⁾. The protocol consists of the following steps: guiding question; objective; study design; inclusion criteria; exclusion criteria; search strategies; selection of studies; critical evaluation of studies; information extracted from studies; synthesis and conclusions.

The research was guided by the following question: What is the ethical conduct of nursing professionals described in the updated scientific literature on care of seropositive pregnant women?

The searches for the publications took place between December 1st and 31st, of 2019, in the DeCS Virtual Library in health (VHL) and the U.S. service. The National Library of Medicine (PUBMED), using the following strategies in the search of the terms “Mother” AND “Nursing” AND “HIV”, “Mother” AND “Ethics,” AND “HIV”, “Mother” AND “Ethics,” AND “Nursing”, “Nursing” AND “Ethics,” AND “HIV”, and PUBMED “Pregnant women” AND “Nursing” AND “HIV”, “Pregnant women” AND “Ethics” AND “HIV”, “Pregnant women” AND “Ethics,” AND “Nursing”, “Nursing” AND “Ethics” AND “HIV”. The following inclusion criteria were applied: papers published in the format of original articles, master's dissertation, doctoral thesis indexed in databases, available in full and in Portuguese, English and Spanish between the years 2014 to 2019. As exclusion criteria, were considered: papers in the format of review articles, articles that are not in full, in languages other than Portuguese, English and Spanish, outside the period of interest, duplicate studies or that did not meet the proposed theme. The keywords used were: “Enfermagem”, “Ética”, “HIV” and “Gestante” in Portuguese and English: Nurse, Ethics, Pregnant women, with the Boolean operator and. The analysis of the data was based on the proposal of Minayo⁽¹³⁾ for qualitative studies, including: pre-analysis, exploration of the material and treatment of the data, interpretation of the results and elaboration of the thematic categories of the study. After the selection and critical analysis, the studies were arranged in a synoptic framework, containing title, objective, author, year, Journal, and database for the definition and composition of the analytical categories that answered the research guiding question⁽¹³⁾. Composition of the studies found in the databases: in VHL: 429 studies were found, of these, 346 were excluded because they were outside the topic, 35 repeated studies, 28 studies unavailable in full, 12 review articles, being included in this review only 08 studies. In PUBMED: 311 studies were found, of which 299 were excluded because they were outside the topic, 1 repeated Study, 1 study unavailable in full, and included in this review only 10 studies.

RESULTS

In this review, 17 articles and 1 Master's dissertation were included. These documents were organized based on their methodological design. This way, 4 (22.22%) were quantitative, 12 (66.67%) were

qualitative and 2 (11.11%) were mixed (quantitative and qualitative) (Tables 1, 2 and 3), respectively. Brazil was the country with the highest number of material produced with 8 (44.44%), followed by South Africa with 5 (27.78%), Mozambique 2 (11.11%), Colombia, Malawi, Tanzania, Ivory Coast and Kenya counted 1 (5.56%), each. As for the language, 10 (55.56%) were in English, 7 (38.89%) in Portuguese and 1 (5.56%) in Spanish. We can observe that, of the four (100%) quantitative studies (Table 1), three (75%) used primary data and one (25%) study used secondary data, characterized as literature review. Twelve (100%) qualitative studies (Table 2), twelve (91.67%) used primary data and one (8.33%) secondary data. In addition, they cover a wide variety of topics. It turns out that two (100%) mixed works (Table 3), One (50%) uses primary data, on the other hand, one (50%) uses primary and secondary data. All the studies included in this review discuss the performance of the nursing professional to the pregnant patient with HIV, as well as the return of patients regarding the conduct adopted by the said professional class. Based on the data obtained, we can understand the dimension of the complexity of care for pregnant women with HIV. From the applied methodology and critical reflection, along with the literature on the factors exposed in the studies, two categories of discussion were raised, which are: nursing care to pregnant women living with HIV and the Nursing Professional facing care to pregnant women with HIV. It is worth highlighting the sociodemographic characteristics of the participants of the studies included in this review, it is found that they converge with findings from other studies, having as characteristic the feminization of HIV in recent years, low education, low income, heterosexual individuals and who have fixed partners^(14,15,16).

DISCUSSION

Nursing care for pregnant women living with HIV: The studies of Langendorf et al.⁽¹⁷⁾; Guelber; Alves; Almeida⁽¹⁸⁾ revealed the importance of the performance of the nursing professional in creating longitudinal links with the users, even interfering in the process of coping with the picture within the family nucleus. Fords; Crowley; Merwe⁽¹⁹⁾; Spindola et al.⁽²⁰⁾, describe that the feelings involving seronegative and HIV-positive pregnant women are the same, with the difference that the seropositive pregnant woman fears if her baby will be born with HIV. This fact is addressed in Silveira's study⁽²¹⁾, where it was found the importance of mental health care for pregnant women throughout the pregnancy process, giving possibilities for comprehensive care, focused on the frailties caused by social stigmas. The Rustagi et al.⁽²²⁾ showed that adequate infrastructure and professional commitment, especially of nurses, influence greater adherence to treatment and follow-up. Quality is something individual, each individual, following his own understanding and culture, will represent different meanings, that is, his own concept about the health service offered to him, the quality of nursing care is influenced by several factors, either through the professionals or by the health services offered⁽²³⁾. Regarding treatment, this reality is described in the study Adeniyi et al.⁽²⁴⁾ which highlights the factors that interfere with their adherence, highlighting as contributors to non-adherence the drug-related side effects, being away from home, forgetfulness, non-disclosure, stigma and demand for work.

The Nurses collaborates with health education, providing subsidies for self-care and monitoring of prenatal and childcare consultations, offering science-based care with the aim of providing qualified and humanized care, always listening to the complaints of pregnant women living with HIV⁽²⁰⁾. Regarding the care provided before pregnancy, it is noted the need of health professionals to inform pregnant women by elucidating the doubts about the diagnosis and the points related to it, the Nursing Professional provides data that instruct the woman to perform this care⁽²⁵⁾. One of the key pieces that integrate emotional care is unconditional support for pregnant women, with a view beyond pathology, which understands the veiled need of the human being, cautious and sensitized satisfactorily to understand, through signs and facial expressions, the expression of what care centered on illness does not allow us to distinguish⁽²¹⁾.

Table 1. Presentation of the summary of quantitative studies regarding author and Year, title, language, country, database, objectives, results and conclusions

Authors (year) and code	Title	Design	Objective	Result	Conclusions
Assis <i>et al.</i> , (2016) E01	Sexual knowledge and practice of HIV positive pregnant women attended in University hospital	Descriptive quantitative; n = 10	Discuss knowledge, how to prevent other sexually transmitted infections and the practice of safe sex in a group of HIV-positive pregnant women.	The use of the male condom as a reference of the practice of safe sex prevailed, mentioned by six women	The pregnant woman has knowledge of safe sexual practice, but the culture that the condom hinders sexual intercourse, in addition to the inequalities in gender relations, are factors that influence the woman's decision regarding the adoption of this practice.
Mulenga; Naidoo, (2017) E02	Knowledge, attitudes and practices of nurses regarding evidence-based practice in preventing mother-to-child transmission of HIV in Malawi	Quantitative; Descriptive; Exploratory; n = 81	Explore and describe nurse's knowledge, attitudes and practices regarding evidence-based practice in PVT in a selected Hospital in Malawi.	The results showed that the nurses had average knowledge of evidence-based practice and, although their attitudes were favorable, their practices were very low.	Nurses need to be provided with the necessary support, including education and evidence-based practice resources in PVT* is to be promoted.
Carvalho; Silva, Augusto (2014) E03	Sociodemographic and health profile of seropositive women in a high-risk prenatal	Quantitative; Cross-sectional; Descriptive; n = 47	Describe the sociodemographic and health profile of HIV-positive pregnant women in a high-risk prenatal	The profile was characterized by pregnant women with an average age of 27 years, non-white, with education between elementary and high school, in a stable union, Housewives, residing in the interior of the state, primiparous or secundigestas, with an average of five prenatal consultations, initiated at 14 weeks of gestation or more.	It is necessary to know the profile of the seropositive pregnant woman in order to plan actions that favor care; standardize the records and readjust the high-risk prenatal according to the guidelines of the Brazilian Ministry of Health.
Rustagi <i>et al.</i> , (2017) E04	Health Service factors and quality of services to prevent mother-to-child HIV transmission in Ivory Coast, Kenya and Mozambique	Quantitative; Cross-sectional; n = 60	Identify facility-level characteristics associated with prevention of mother-to-child HIV transmission service quality.	Each additional first prenatal visit per nurse per month was associated with a 4% (95% confidence interval: 1% -6%) decline in the likelihood that an HIV-positive pregnant woman would receive both HIV and antiretroviral testing.	Investments in infrastructure and human resources, particularly nurses, can be crucial to improving the delivery of services that prevent mother-to-child transmission of HIV.

* PVT = Prevention Vertical Transmission. Source: (Authors, 2020)

Table 2. Presentation of the summary of qualitative studies regarding author and Year, title, language, country, database, objectives, results and conclusions

Authors (year) and code	Title	Design	Objective	Result	Conclusions
Haruna; Assenga; Shayo, (2018) E05	Qualitative study on the voluntariness of counseling and testing for HIV among participants in antenatal clinics: do women have a choice?	Qualitative; Content analysis; n=23	Explore the experiences of prenatal clinic participants of the concept of voluntariness regarding the implementation of prior counseling and subsequent testing for HIV under PITC* as part of their prenatal treatment.	Prenatal participants tell that counseling and testing for HIV during pregnancy was voluntary, and that knowledge of their HIV status led them to access appropriate treatment for the mother and her newborn baby. However, some prenatal participants reported pressure from their partners to test for HIV.	People attended antenatal clinics in MNH undertook PITC for HIV voluntarily. This was reinforced by their prior knowledge of HIV, the need to prevent child-to-Mother transmission of HIV, and the effectiveness of the voluntary policy implemented by nursing agents.
Sarah; Dawson, (2014) E06	Messages about pregnancy and family planning that service providers give to women living with HIV in the context of a positive health, dignity and Prevention Intervention in Mozambique	Qualitative; Content Analysis; n = 31	Explores reproductive health message provider descriptions in order to identify potential barriers and facilitators to successfully address WLHIV's** family planning and Pregnancy Concerns.	The analysis showed clinical messages from providers about family planning, pregnancy and PVT for WLHIV could be organized. Provider statements ranged from saying that WLHIV should not get pregnant and condoms are the only valid form of family planning for WLHIV, to suggesting that WLHIV can have a safe pregnancy.	These data indicate that many providers continue to believe that WLHIV should not have children and this poses a challenge to integrating family planning into WLHIV care. In addition, not offering WLHIV a complete selection of family planning methods severely limits your ability to protect yourself from unwanted pregnancies and to fully exercise your reproductive rights.
Fords; Crowley; Merwe, (2017) E07	The lived experiences of rural women diagnosed with the human immunodeficiency virus in the prenatal period	Qualitative; Descriptive; Phenomenological; n = 10	Explore the lived experiences of women diagnosed with HIV in the prenatal period in a rural area in the Eastern Cape province of South Africa.	Four themes formed the essential structure of the phenomenon to be investigated: a reality that strikes, a loneliness that hurts, hope for a fractured tomorrow and the support of some. Although participants had to accept the harsh reality of being diagnosed with HIV and experienced loneliness and the support of only a few people.	Women diagnosed with HIV during pregnancy are finally concerned about the well-being of their unborn children, and this concern motivates their adherence to art. women's lived experiences are situated in their unique sociocultural context, and despite some known challenges remain, counseling and support strategies.
Spindola <i>et al.</i> , (2015) E08	Perception of motherhood by pregnant women living with HIV	Qualitative; Descriptive; n = 10	Identify the perception of pregnant women living with HIV about motherhood and know the expectations and feelings experienced by these women.	The pregnant women, in their descriptions, revealed that motherhood gives them different perspectives on the present and the future. They see this as a good thing, a responsibility to take care of the child and consider giving a child as a gift.	For pregnant women living with HIV, motherhood is a positive experience in their lives. Nurses should be sensitive to the needs of this group and aware of their role in health care and avoid possible complications that may affect the mother and baby.
Rahim <i>et al.</i> , (2017) E09	HIV-positive pregnant and postpartum women and their care interfaces	Qualitative; Descriptive; Exploratory; n = 3	Understand the perception of being HIV-positive pregnant/puerperal.	Two categories emerged, 1) the perception of the disease; and 2) the HIV-seropositive pregnant/postpartum woman. The outcome of health care is directly related to professional care, in which humanized practices, based on an empathic relationship of support and reception, are effective for the development of self-care and care of the other.	It is considered necessary to create intersectoral actions that impact on the assistance provided to HIV patients, sensitizing professionals to welcome this public, at all levels attention.
Chiya <i>et al.</i> , (2018) E10	Experiences of stakeholders in implementing rapid changes in the South African mother-to-child transmission prevention programme	Qualitative; Descriptive; Exploratory; n = 61	Explore the experiences and perceptions of patients on the implementation of rapid changes in the PVT program*** in four public health units.	A total of 61 participants were interviewed. Four main themes emerged: (1) impact of poor health system design, (2) impact of lack of Change Communication, (3) contextual factors affecting innovation in health and deficit (4) ability in change management and forward planning	A health system that is more sensitive to the experiences of health professionals and pregnant women is needed to effectively implement changes in priority programs.

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Moura MAP, Fernandes SG, Santos C, De Araújo-Silva VM, (2014) E11	The quality of prenatal nursing care from the perspective of the pregnant woman	Qualitative; exploratory; n=20	Describe the vision of pregnant women about the quality of nursing care in prenatal care and identify the expectations and needs of women in this perspective	Satisfactory results emerged regarding the care received by nurses in prenatal care, while dissatisfaction was given by the infrastructure, material resources and lack of a maternal unit for childbirth care.	The mother's view of prenatal care was positive in terms of expectations and needs. The quality of care is focused on the interaction of nursing professionals in the moments of truth in which pregnant women come into contact with care, from admission to discharge.
Miya; Mgutshini, (2016) E12	Female perspectives on the inclusion of male partners in the mother-to-child HIV prevention program in KwaZulu-Natal	Qualitative; Exploratory; Descriptive; n = 15	Describe and explore female perspectives of male inclusion in the mother-to-child HIV prevention program in KwaZulu-Natal.	The results of the study revealed that the existing project of public hospitals was not entirely conducive to facilitating the inclusion of males in maternal and Child Health Services. Resources were largely insufficient to support the participation of pregnant women and all attempts to support the inclusion of men needed to be based on a clear increase in service delivery.	The study recommended the inclusion of male partners in the Prevention of mother-to-child HIV transmission, to support effective HIV management in pregnancy and PVT programs. The inclusion of men will provide the holistic support needed by pregnant women in PVT programs.
Langendorf et al., (2015) E13	Understanding the experience of being-couple in the face of prophylaxis of vertical transmission of HIV	Qualitative; Phenomenological; n = 14	Understand, from the perspective of the couple, the experience of care for prophylaxis of vertical transmission of HIV	The Being-couple was revealed in the disposition of fear, initially in the variation of fear when he was terrified to discover HIV infection, later in the variation of horror when he needed to do the treatment during gestation and finally in the variation of terror when he considered the chance of transmission of the virus to his son.	Health care is indicated when allows the couple to play a leading role in the prophylaxis of vertical transmission, which will positively reflect on the health of the pregnant woman and the reduction of neonatal and infant morbidity and mortality due to aids.
Guelber; Alves; Almeida, (2019) E14	The construction of the bond between nurses of the family health strategy with HIV-positive pregnant women	Qualitative; sensitive Ratio; n = 10	Understand the nurse's perception regarding the construction of the link in the care provided in the FHS with HIV-positive pregnant women, thus knowing how this link is built or thought in their daily lives.	After analysis, two categories emerged: 1) The bond lived and thought as solidarity and humanistic care; and 2) The construction of the bond as a link that favors the development of Health actions. It was possible to understand that nurses maintain the bond after referring the pregnant woman to the specialized service or this bond could be built even when referring them.	In this relationship, the nurse visualizes the possibility of being with the pregnant woman, providing actions that allow her to be monitored in the unit.
Lima et al., (2017) E15	Vertical transmission of HIV: reflections for Health Promotion and nursing care	Qualitative; Review	Reflect on the vertical transmission of HIV in the context of Health Promotion and nursing care.	It was verified the importance of educational actions as one of the main elements for health promotion in the context of vertical transmission of HIV, contributing to the establishment of a dialogic relationship between nurses and HIV-positive women, leading to their empowerment.	This document helps nurses reflect on their praxis and seek to carry out their care with a view to promoting the health of this public in a differentiated, individualized, ethical and effective way, in order to address their real health problems and ensure a holistic, humanized and resolute care for this clientele, which has specific characteristics.
Silveira, (2017) E16	Emotional care in nursing for pregnant women living with chronic diseases: a sociopoetic study	Qualitative; cross-sectional; Sociopoetic; n = 12	Understand the demands of emotional care of pregnant women living with chronic diseases during prenatal care and the role of nurses in this context.	The following categories were defined: the crossings of a high-risk pregnancy from the emotional point of view; coping strategies of emotional problems used by high-risk pregnant women; the evaluation of the group "Mothers who overcome their negative emotions" from the perspective of pregnant women; the application of Hidelgard Peplau's theory in Sociopoetics with high-risk pregnant women; and, the care of the emotional in nursing developed through mutuality: the care of the other taking care of oneself.	However, it is evident the need for reorganization of the prenatal service in secondary care, where emotional care should be seen as an element to be evaluated and developed throughout the gestational period and the nurse's action should be effected through nursing consultation and assistance to women in an integral way, becoming recognized as an integral and fundamental part of the multiprofessional health team responsible for the care of these women.

* PITC = Initiated Provider of Counseling and Testing; ** WLHIV=Pregnant Women with HIV; *** PVT=Prevention of Vertical transmission.

Source: (Authors, 2020)

Table 3. Presentation of the synthesis of studies of a mixed nature (quantitative and qualitative) as to the author and Year, title, language, country, database, objectives, results and conclusions

Authors (year) and code	Title	Design	Objective	Result	Conclusions
Adeniyi et al., (2018) E17	Factors affecting adherence to antiretroviral therapy in pregnant women in the Eastern Cape, South Africa	Quantitative and qualitative; Multicenter; n = 1816	Analyze adherence levels and reasons for non-adherence during pregnancy in a cohort of parturients enrolled in the PMTCT * program in Eastern Cape, South Africa.	A high proportion (69.0%) of women reported perfect adherence. In the logistic regression analysis, after adjustment for confounding factors, marital status, smoking, alcohol use and non-disclosure of a family member were the independent predictors of non-adherence. Analysis of qualitative data revealed that drug-related side effects, being away from home, forgetfulness, non-disclosure, stigma and related work demand were among the main reasons for non-adherence to ART.	Non-adherence to antiretroviral therapy among pregnant women in this definition are associated with lifestyle behaviors, HIV-related stigma and side effects. In order to eliminate mother-to-child transmission of HIV, doctors need screen for these factors at each antenatal clinic visit.
DiCarlo et al., (2019) E18	Experiences of health professionals with Option B + for prevention of mother-to-child HIV transmission in eSwatini: results of a two-year follow-up study	Quantitative and Qualitative; n = 50	Describes the perceptions and experiences of HCW in two months and two years after the transition to Option B +.	Two years after the transition, 80% of health professionals surveyed reported that Option B + was easy for health professionals, noting that it was particularly easy to explain and coordinate. Art immediate initiation also reduced by delays eliminating the need for laboratory tests before ART initiation. In addition, health professionals reported ease of patient follow-up (58%), documentation (56%), and counseling (58%) under Option B +. The results also indicate that most	Overall, HCWs found Option B + to be acceptable and feasible, providing a critical insight into the practical issues of universal art. Health system reinforcement may be needed to relieve the workload and ensure effective monitoring of customer retention and adherence. Perceptions and experiences with Option B + HCW should be considered more broadly, as countries implement Option B +and consider universal treatment for all HIV + individuals.

* PMTCT = Mother-Child Transmission Prevention Program; HCW = health professionals.

Source: (Authors, 2020)

The Nursing Professional facing the challenges of caring for pregnant women with HIV: The Mulenga; Naidoo study⁽²⁶⁾ revealed in his results that the level of knowledge of nursing professionals was average regarding the evidence-based practice in the care of pregnant women with HIV. It is observed the importance of the nursing professional to know the work practices and use techniques that allow the users to adhere to the means of HIV diagnosis and that define the practice in front of the ethical dilemmas related to the secrecy in the outcome and the behavior towards the partners of the pregnant women⁽²⁷⁾. The nursing team needs to be active to require the self-care of women living with HIV, with the nurse acting as an educator, acting in the prevention of these women of childbearing age to mitigate the number of seropositive and, if they have serology, prevent vertical transmission of HIV⁽²⁸⁾. Health care providers need to guide women of reproductive age by stimulating the performance of the diagnostic test for HIV, those who already live with the virus need to be included in the reproductive health care and family planning program, offering contraceptive methods to women who do not want pregnancy, recommending the use of condoms and for those who want to become pregnant, they need guidance from the multidisciplinary team⁽²⁰⁾. It is essential to develop a bond and welcome for acceptance to treatment, given that continuous care brings users closer to professionals, in a study conducted with seropositive clients, it was possible to note the importance of professional care, since they are considered as components of the family, because there is an affinity, trust, shelter and respect, reflecting on how women experience their health condition⁽²⁵⁾. In her master's dissertation, Silveira⁽²¹⁾ observed that the attention to emotional care performed by nursing with high-risk pregnant women was reciprocal. The care practiced was established differently from what is usually practiced, in which, most of the times, influenced by the multiple tasks, we find a unilateral care where the nurse is considered as the bearer of knowledge and the client is considered as the exceptional subject who yearns for care, there is no environment for exchanges of information and knowledge. Secrecy is a transverse point in the establishment of a bond, where the pregnant woman feels a security to talk about her difficulties, about a pathology that, currently, is still stigmatized and surrounded by prejudices. This guarantee of secrecy promotes the affirmation of the connection between the nurse and the pregnant woman, through an open affinity, in favor of overcoming the difficulties experienced in the face of HIV⁽¹⁸⁾.

Perceptions and experiences of women living with HIV before pregnancy: In the opinion of the pregnant women about quality care, the authors noticed that they describe the care of nurses as the most dedicated, most complete, respectful and concerned with resolving doubts. They perceive the difference regarding medical care due to the rapid way with which they perform the consultation and highlight the emptiness they feel when the medical professional does not listen to them⁽²³⁾. In a study conducted with pregnant women with HIV, it was observed that many of them expressed sudden transformations in their socialization models, in which they spent most of their time alone. They did not go out with friends in the same way they used to before they tested positive for HIV, others found in their spiritual faith ways to deal with their diagnosis⁽¹⁹⁾. A formidable point refers to the improvement of understanding about pathology, the participants affirm that the reaction to the initial shock of the discovery of the diagnosis represents an inadmissible occasion, however, with the passage of time, they begin to face their new existential situation with maximum naturalness⁽²⁵⁾. It is not easy to find out that you have HIV, it is very complex also to tell the spouse, however, after telling the partner, the couple comes to the combination that they will stay together, having knowledge that you are a carrier of this disease still leads to believe that you can die and this thought causes evil feelings that interfere in the beginning and the continuation of the treatment⁽¹⁷⁾. Women expect to take good care of themselves, so they can promote the care of their children in the future, and long for healthy children after childbirth, so they can have a normal life, although some interviewees have cited that, regardless of the result of seroconversion or not, the care will be the same, except for food, referring that they will not be able to breastfeed them⁽²⁰⁾. The

perceptions and experiences of women living with HIV are opposite the pregnancy is minimized, and mitigated when you are experiencing it, and realize that there is, in fact, a relationship, the trust, pursuant to, and respect for, relieved at the different stages of the care will be essential for the action to humanizing it is based on the guarantee of the rights set out and provided for in the law, ethics and bioethics, as well as in professional practice, and in search of a better guide decision-making in the multidisciplinary team that aims for the safety of the patient, the baby's birth, and the team^(18,27,25,19,20,23).

CONCLUSION

It follows from the study that the role of the nurse professional generates important bonds that determines the co-participation on self-care, including the process of fronting the family, their feelings, and involving pregnant women, seronegatives, and HIV-positive, are respected, and that generates confidence in the fight against the mother's hiv-positive during pregnancy and childbirth. This bond of trust created is relevant, especially, to the mental health of pregnant women throughout the pregnancy process, giving possibilities for comprehensive care, focused on the frailties caused by social stigmas. Another evidence identified in the study is that the adequate infrastructure of the service and the professional commitment, especially of nurses and the multiprofessional team, positively influences a greater adherence to treatment and follow-up throughout the prenatal period, to safe and humanized delivery. It is of paramount importance to understand the meanings that each woman give herself to her moment, understood in such a way that each individual fully expresses his perception in the meeting/reception each individual, following his own understanding and culture, will represent different meanings, his own concept about the health service offered. Thus, it is up to the nursing professional to monitor, guide and care with the binomial, in order to promote counseling, health promotion and humanized care to pregnant and postpartum women living with HIV. The nursing team needs to be active to require the self-care of women living with HIV, with the nurse acting as an educator, acting in the prevention of these women of childbearing age to mitigate the number of seropositive and, if they have serology, prevent vertical transmission of HIV. The pregnant women realized that the care of the nurse is covered with greater dedication, more complete, respectful and concerned to solve the doubts, they understand the difference regarding the medical care, by the differentiated approach in carrying out the nursing consultation, and highlight that they feel insecure, afraid, with sensation and perception of insignificance, because they are not listened to in their demands.

REFERENCES

- Adeniyi OV, Ajayi AI, Ter Goon D et al. Factors affecting adherence to antiretroviral therapy among pregnant women in the Eastern Cape, South Africa. *BMC Infect Dis.*, (online),18, 175 (2018).
- Benefield L. E. Implementing evidence-based practice in home care. *Rev. Home Healthc Nurse.* 2003,21,(12):804-11.
- BRASIL. Ministério da Saúde. Boletim Epidemiológico Especial. Secretaria de Vigilância em Saúde. Ministério da Saúde. Número Especial, Dez. 2020. 68p.
- BRASIL. Ministério da Saúde. Protocolo para a prevenção de transmissão vertical de HIV e sífilis: manual de bolso / Ministério da Saúde, Secretaria de Vigilância em Saúde, Programa Nacional de DST e Aids.
- BRASIL. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 466, de 12 de dezembro de 2012. Normas regulamentadoras de pesquisas envolvendo seres humanos.
- Carvalho S F, Silva CR, Augusto R. Perfil sociodemográfico e de saúde de mulheres soropositivas em um pré-natal de alto risco. *Rev. Cogitare Enfermagem*, (online)19(2):292-298, abril-junho, 2014.

- Cechim PL, Perdomini FRI, Quaresma LM. Gestantes HIV positivas e sua não-adesão à profilaxia no pré-natal. *Rev. bras. enferm.* (online), 2007;60(5): 519-523.
- Fords GM, Crowley T, DER MERWE ASV. The lived experiences of rural women diagnosed with the human immunodeficiency virus in the antenatal period. *Rev. Journal of Social Aspects de HIV / AIDS*,(online)14(1):85-92, 2017.
- Friedrich L, Menegotto M, Magdaleno AM, Silva CL. Transmissão vertical do HIV: uma revisão sobre o tema. *Bol Cient Pediatr.* 2016;05(3):81-6.
- Ganong LH. Integrative reviews of nursing. *Rev. Nurs Health*, 1987, fev;10(1):1-11.
- Guelber FACP, ALVES MS, Almeida CPB. A construção do vínculo das enfermeiras da estratégia de saúde da família com as gestantes HIV positivo. *Rev. J. res.: fundam. care.* (Online), 11(4):976-983, jul/set, 2019.
- Haruna TS, Assenga E Shayo J. A qualitative study on the voluntariness of counselling and testing for HIV amongst antenatal clinic attendees: do women have a choice? *Rev. BMC Med Ethics.* (online)19(92),2018.
- Langendorf TF, Padoin SMM, Paula CC, Souza IEO. Compreensão do vivido do ser-casal diante da profilaxia da transmissão vertical do HIV. *Rev. Gaúcha Enferm.* (Internet). 2015.
- Lima SS, Silva LCS, Santos MV, Martins JP, Oliveira MC, Brasileiro ME. HIV na gestação: pré-natal, parto e puerpério. *Ciência&Saúde* (online), 2017;10(1):56-61.
- Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Rev. Texto Contexto Enferm* (online), 2008, 17(4):758-64,Out-Dez.
- Menezes EG, Santos SR, Melo GZ, Torrente G, Pinto AS, Goiabeira YN. Fatores associados à não adesão dos antirretrovirais em portadores de HIV/AIDS. *Acta Paul Enferm.* 2018;31(3):299-304.
- Minayo MCS. Análise qualitativa: teoria, etapas e fidedignidade. *Ciênc. saúde coletiva* (Internet),17(3):621-626, Mar de 2012.
- Moura MAP, Fernandes SG, Santos, C, De Araújo-Silva VM. La calidad de asistencia de enfermería en el periodo prenatal desde la perspectiva de la mujer embarazada. *REV. Aquichan*, (online)14(2):196-206, 2014.
- Mulenga C, Naidoo JR. Nurses' knowledge, attitudes and practices regarding evidence-based practice in the prevention of mother-to-child transmission of HIV programme in Malawi. *Curationis.* (online) 40(1):1656, 2017.
- Polit DF, Beck CT. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática da enfermagem. 7. ed. Porto Alegre: Artmed, 2011.
- Rahim SH, Gabatz RIB, Soares TMS, Milbrath VM, Schwartz E. Gestantes e puérperas soropositivas para o hHIV e suas interfaces de cuidado. *Rev enferm UFPE* (on line),11 (supl. 10):4056-64, out., 2017.
- Reis RK, Melo ES, Gir E. Fatores associados ao uso inconsistente do preservativo entre pessoas vivendo com HIV/AIDS. *Rev Bras Enferm* (Internet),6(1):40-6, 2016.
- Rustagi AS et al. Health facility factors and quality of services to prevent mother-to-child HIV transmission in Côte d'Ivoire, Kenya, and Mozambique. *Int Rev. J STD AIDS.* (online)28(8):788-799, 2017.
- Scherer LM, Borenstein MS, Padilha MI. Gestantes/puérperas com hiv/aids: conhecendo os déficits e os fatores que contribuem no engajamento para o autocuidado. *Rev. Enferm Esc. Anna Nery* (online),2009;13(2):359-23.
- Silva TCF, Sousa LRM, Jesus GJ, Argolo JGM, Gir E, Reis RK. Fatores associados ao uso consistente do preservativo masculino entre mulheres vivendo com HIV/AIDS. *Texto Contexto Enferm* (online). 2019.
- Silveira PG. O cuidado emocional em enfermagem às gestantes que convivem com doenças crônicas: um estudo sociopoético. 2017. 166 f. Dissertação (Mestrado Acadêmico Ciências do Cuidado em Saúde) - Escola de Enfermagem Aurora de Afonso Costa, Niterói, 2017.
- Spindola T, Dantas KTB, Cadavez NFV, Fonte VRF, Oliveira DC. Maternity perception by pregnant women living with HIV. *Invest Educ Enferm.* 2015; 33(3): 440-448.
- Whittemore R, Knafl K. The integrative review: updated methodology. *Rev. J. Adv. Nurs.*, 52(5):546-553, 2005.
