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INTEGRATIVE REVIEW OF THE LITERATURE

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NURSING CARE AND CLINICAL MANIFESTATIONS OF HIV POSITIVE PREGNANT WOMEN: LITERATURE REVIEW

*Cuidados de enfermagem e manifestações clínicas de gestantes hiv positivo: revisão da literatura**Atención de enfermería y manifestaciones clínicas de mujeres embarazadas positivas al vih: revisión de la literatura***Thayna Martins Gonçalves¹** **Ana Laura Souza¹** **Isabella de Sousa Gonçalves¹** **Anna Cláudia Freire de Araújo Patrício²** 

ABSTRACT

Objective: to identify the necessary nursing care for pregnant women with HIV based on clinical manifestations found in a literature review. **Method:** literature review conducted in the Virtual Health Library and Medline/Pubmed, between April and June 2021. **Results:** regarding nursing care, 24 (50%) reported following and guiding the treatment of antiretroviral therapy; 14(29.2%) provide guidance regarding care; main clinical manifestation/alteration with 13 (27%) was fear of judgment, vertical transmission, effects of antiretroviral therapy, dying, opportunistic infections, stigma, discrimination, obstetric complications. As for the nursing diagnoses, the fear related to a little-known scenario, evidenced by apprehension, feeling of fear and focus directed to the source of fear stands out. **Conclusion:** nursing care aimed at pregnant women diagnosed with HIV will contribute to a more assertive, effective, inclusive and respectful care.

DESCRIPTORS: HIV; Pregnancy; Nursing; Patient care planning.

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RESUMO

Objetivo: identificar os cuidados de enfermagem necessários às gestantes com HIV partindo das manifestações clínicas encontradas em revisão da literatura. **Método:** revisão na literatura realizada na Biblioteca Virtual de Saúde e na Medline/Pubmed, entre abril e junho do ano 2021. **Resultados:** quanto aos cuidados de enfermagem 24(50%) referiram acompanhar e orientar no tratamento da terapia antirretroviral; 14(29,2%) orientar quanto aos cuidados; principal manifestação clínica/alteração com 13(27%) foi o medo do julgamento, transmissão vertical, efeitos da terapia antirretroviral, de morrer, de infecções oportunistas, estigma, discriminação, complicação obstétrica. Quanto aos diagnósticos de enfermagem destaca-se o medo relacionado a cenário pouco conhecido evidenciado por apreensão, sensação de medo e foco direcionado para a fonte do medo. **Conclusão:** os cuidados de enfermagem direcionados a gestante diagnosticada com HIV contribuirão para uma assistência mais assertiva, eficaz, inclusiva e respeitosa.

DESCRITORES: HIV; Gravidez; Enfermagem; Planejamento de assistência ao paciente.

RESUMEN

Objetivo: identificar los cuidados de enfermería necesarios para la gestante con VIH, a partir de las manifestaciones clínicas encontradas en una revisión de la literatura. **Método:** revisión de la literatura realizada en la Biblioteca Virtual en Salud y Medline / Pubmed, entre abril y junio de 2021. **Resultados:** en el cuidado de enfermería, 24 (50%) refirieron seguir y orientar el tratamiento de la terapia antirretroviral; 14 (29,2%) brindan orientación sobre la atención; La principal manifestación / alteración clínica con 13 (27%) fue miedo al juicio, transmisión vertical, efectos de la terapia antirretroviral, muerte, infecciones oportunistas, estigma, discriminación, complicaciones obstétricas. En cuanto a los diagnósticos de enfermería, destaca el miedo relacionado con un escenario poco conocido, evidenciado por aprensión, sentimiento de miedo y enfoque dirigido a la fuente del miedo. **Conclusión:** la atención de enfermería dirigida a la gestante diagnosticada con VIH contribuirá a una atención más asertiva, eficaz, inclusiva y respetuosa.

DESCRIPTORES: VIH; Embarazo; Enfermería; Planificación de atención al paciente.

INTRODUCTION

The increasing number of HIV/AIDS cases in women of reproductive age impacts the rates of Vertical Transmission (VT), becoming an important challenge for public health policies.¹ VT can occur in four ways: during pregnancy, labor, delivery, or breastfeeding.² HIV during pregnancy interferes with quality of life and has negative consequences for mother and child, especially when diagnosis is delayed.¹

In Brazil, between 2000 and June 2020, 134,328 pregnant women were notified with HIV. It was observed that the highest percentage of these pregnant women resided in the Southeast region (37.7%), followed by the South (29.7%), Northeast (18.1%), North (8.6%), and Center-West with 5.8%.³

HIV infection causes immunological depression and affects TCD4+ cells, making the organism more susceptible to opportunistic infections and diseases.⁴ In pregnant women, when no treatment is available, the rate of VT for HIV can be approximately 20%.

The newborn of a pregnant woman diagnosed with HIV has a life with specific care, such as early treatment and lack of lactation, interfering with immunity, because several antibodies are passed through breast milk. Early HIV treatment provides side effects to the newborn, such as dyslipidemias, renal and hepatic toxicity, reduced bone mass, and insulin resistance.⁶ In addition, HIV generates a high risk of neonatal morbidity and mortality, which may lead to premature labor, ruptured membranes, low birth weight, fetal malformation, miscarriage, and fetal death.⁷

Nursing plays a key role in caring for the HIV/AIDS population.⁸ In prenatal care, besides the extreme importance of HIV testing, the nursing professional must also offer humanized care, antiretroviral therapy (ART), promoting and adapting a care plan in order to provide comprehensive care to pregnant women, identifying risk factors, vulnerabilities and also provide guidance on antiretroviral therapy, care for the newborn and inhibition of lactation and breastfeeding.^{1,9}

Thus, the Systematization of Nursing Care (SAE) is fundamental to the planning of nursing actions for HIV-positive pregnant women, applying the Nursing Process, where the care prescribed is guided by nursing diagnoses (ND) recognized by nurses through the needs of each patient.¹⁰

The objective was to identify the nursing care required by pregnant women with HIV based on the clinical manifestations found in a literature review.

METHOD

Research of the integrative literature review type, conducted between March and June 2021, based on the PVO strategy, in which population (P), variables (V), and outcome (O) are considered.¹¹ The stages to conduct the research were subdivided to facilitate and provide more details essential to its realization following recommendations.¹²⁻¹³

In the first stage the research question was defined, being: "What are the nursing care and clinical manifestations of pregnant women diagnosed with HIV?"

The second stage was characterized by the definition of the descriptors (decs) Pregnancy AND Nursing Care AND HIV for the searches performed in the Virtual Health Library (VHL) and considered all the databases of the VHL. We also searched the Pubmed/Medline Portal with the descriptor (MeSH) Pregnancy AND Nursing Care AND HIV.

In the third step, the eligibility criteria were defined, including articles available in full, with no cost for access, that addressed the theme of care for pregnant women diagnosed with HIV and/or clinical alterations/manifestations/signs/symptoms of pregnant women with HIV, available in English, Portuguese and Spanish, published in the last five years (2016 – 2021). Articles of the type letter, integrative review, case report, repeated articles were excluded.

In the fourth step, we listed the variables based on a validated instrument¹⁴: type of research (cross-sectional, qualitative,

cohort, case-control, meta-analysis, experimental), place of data collection, sample, changes/after-effects/signs/symptoms of pregnant women with HIV, care directed to pregnant women with HIV.

In the fifth step, we searched the VHL and Pubmed/Medline considering the established criteria and found a population of 235 articles in Pubmed/Medline and 50 in the VHL. After that, we read the titles and abstracts, selecting those that met the eligibility criteria to be read in full in the next step. Each excluded article was justified after reading the titles and abstracts, as shown in the Prism flowchart in Figure 1.

In the sixth step, the articles were read in full, and those that had been excluded were given their reasons. The selected articles contributed to the data collection instrument. In the seventh stage the data were consolidated, absolute and relative frequency.

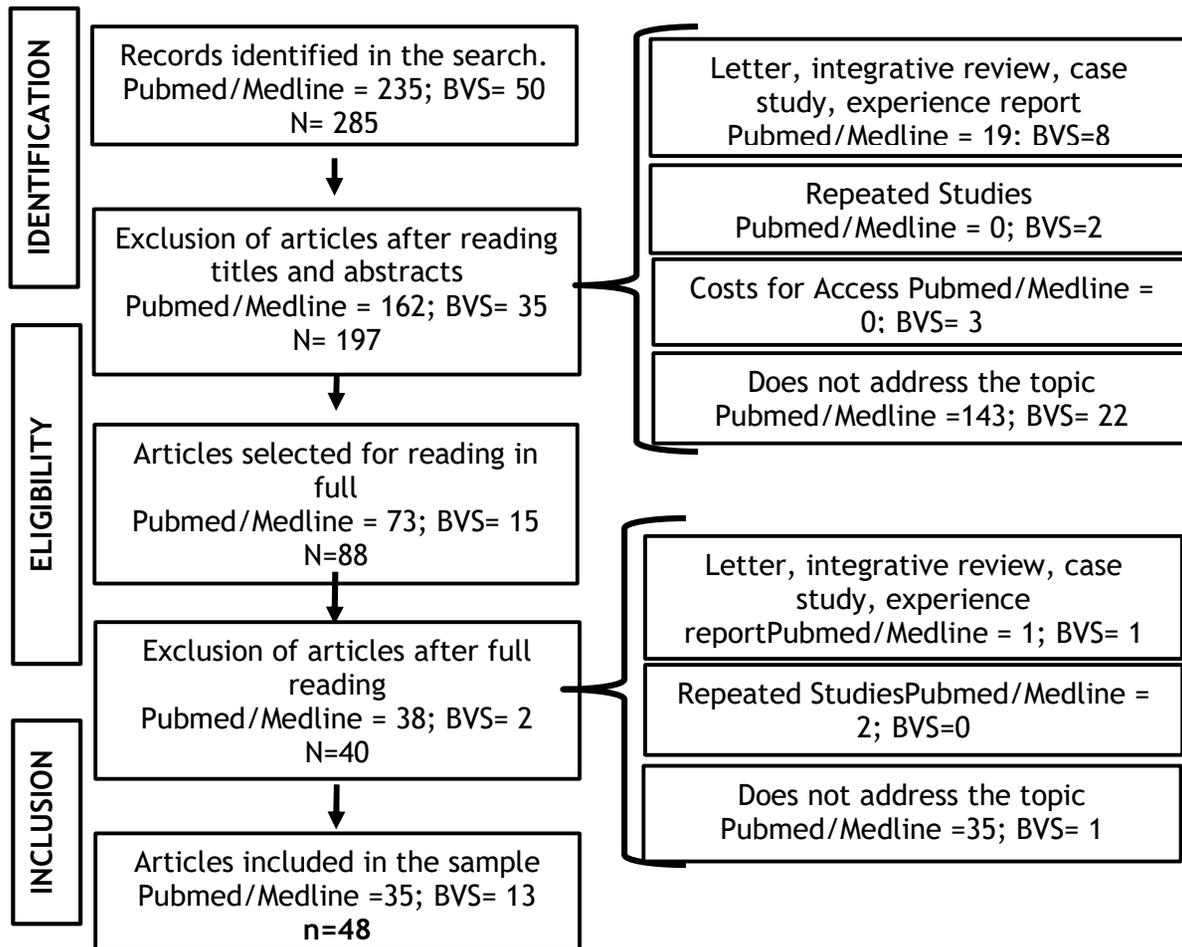


Figure 1 – Prism Flowchart of this literature review, demonstrating the steps followed for its construction. Uberlândia, MG, Brazil, 2021

To define the main nursing care for pregnant women with HIV, all the results were considered, and the nursing diagnoses and their respective interventions were listed, considering the theoretical basis.¹⁵⁻¹⁶ Subsequently, the results were discussed based on the literature.

RESULTS

This review included a sample of 48 articles, the majority with 15(31.25%) being qualitative research as listed in Table 1.

As for the nursing care that should be provided to pregnant women with HIV, it was grouped according to similarity in large categories related to the physiological, safety, social, esteem and self-actualization dimensions, as shown in Table 2.

The main clinical manifestations/signs/symptoms/changes found in pregnant women with HIV are shown in Table 3.

Thus, after addressing these manifestations, diagnoses and nursing interventions were made for HIV-positive pregnant women, as shown in Chart 1.

Table 1 – Type of study, data collection site and sample, integrative review on nursing care in HIV-positive pregnant women. Uberlândia, MG, Brazil, 2021

Variable	n	%
Type of study		
Qualitative	15	31,25
Transversal	9	18,75
Cohort	5	10,41
Randomized Clinical Trial	5	10,41
Exploratory descriptive	4	8,33
Phenomenology	4	8,33
Prospective Quantitative	1	2
Quasi-experimental	1	2
Longitudinal	1	2
Meta-analysis	1	2
Comparative	1	2
Data Triangulation	1	2
Data collection site		
Brazil	13	27
South Africa	10	20,83
Kenya	5	10,41
Ethiopia	3	6,25
Ghana	2	4,16
Tanzania	2	4,16
Uganda	2	4,16
Zimbaube	2	4,16
China	1	2
Eastern Cape	1	2
Malawi	1	2
Nigeria	1	2
Indonesia	1	2
Mozambique	1	2
India	1	2
South Carolina	1	2
Not applicable	1	2

Table 2 – Nursing care directed to pregnant women diagnosed with HIV, integrative review. Uberlândia, MG, Brazil, 2021

Care	n	%
Physiological		
Follow up and orientate on ART treatment	24	50
Guide as to the care	14	29,2
Prenatal care before, during and after pregnancy	12	25
Perform quick tests for HIV and other STI's	9	18,75
Reproductive Planning	7	14,6
Guidance not to breastfeed	6	12,5
Mental health care, emotional support	6	12,5
Guide and administer prophylaxis of vertical transmission	5	10,41
TCD4 lymphocyte count	3	6,25
Monitor Viral Load	3	6,25
Tracking Depression	3	6,25
Perform HIV test in NB	3	6,25
Orientation on how to feed the newborn	3	6,25
Provide zidovudine to the newborn until 2 hours of life and continue for 42 days	2	4,2
Testing Partner	2	4,2
Pay attention to other STIs	2	4,2
Attention to side effects of ART	2	4,2
Partner self-test	1	2
Promote a contraceptive plan articulated with the pregnant woman	1	2
Postpartum follow-up	1	2
Monitor opportunistic diseases	1	2
Pay attention to the risk of ruptured membranes	1	2
Security		
To know all the assistance and support network to refer the pregnant woman in a safe way	2	4,2
Social		
Active listening from the clinical and psychosocial point of view	10	20,83
Carry out health education for the whole community to clarify doubts about HIV and pregnancy	8	16,7
Couple-based interventions	5	10,41
Promote family support and interaction	4	8,33
Maintain confidentiality	2	4,2
Promote father participation	2	4,2
Home visit	2	4,2
Provide care and guidance according to (rural) context	2	4,2
Separate in specific joint housing for mothers who cannot breastfeed	1	2
Esteem		
Establish bonding and trust	6	12,5
Do not judge	5	10,41
Receive	5	10,41
Humanized service	5	10,41
Conduct counseling over the phone and in person at consultations	5	10,41
Reduce HIV-related stigma	1	2
Self-Realization		
Not telling a woman that she can't get pregnant	2	4,2

*A single article may refer to more than one manifestation. Percentage was based on article sample n=48. STI's = Sexually Transmitted Infections. NB = Newborn.

Table 3 – Main changes in pregnant women diagnosed with HIV found in this integrative review. Uberlândia, MG, Brazil, 2021

Clinical manifestations/signs/symptoms/changes	n	%
Related to mental health		
Fear of judgment, vertical transmission, effects of ART, dying, opportunistic infections, stigma, discrimination, obstetric complication	13	27
Sadness for not being able to breastfeed	5	10,41
Depression	5	10,41
Lack of support from friends and family	5	10,41
Sadness	3	6,25
Child Denial	3	6,25
Partner Abandonment	3	6,25
Desperation	2	4,16
Insulation	2	4,16
Guilt	2	4,16
Nervousness	1	2
Frustration	1	2
Overcoming	1	2
Acceptance	1	2
Disillusionment	1	2
Satisfaction	1	2
Denial of the disease	1	2
Anxiety	1	2
Suicidal ideation	1	2
Stress	1	2
Use of alcohol	1	2
Biologicals		
Effects of ART: nausea, dizziness, vomiting, headache, abdominal pain, insomnia, rash, hallucination	4	8,33
Loss of sexual desire	1	2
Impaired immune status	1	2
Membrane rupture	1	2
Prematurity	1	2
Low birth weight	1	2
Individuals		
Deficit of knowledge about HIV and preventive methods	3	6,25
Desire to become pregnant	3	6,25
Low adherence to ART	2	4,16
Satisfactory knowledge reduces vertical transmission	2	4,16
Not using a condom	1	2
Multiple Partners	1	2
Religious Beliefs	1	2
Related to the health professional's care		
Support Groups	2	4,16
Negative attitude of the nurse (judgment, prejudice)	1	2
Partner-related		
Intimate Partner Violence	2	4,16
Perform pre- and post-test HIV counseling	2	4,16
Lack of trust from the partner	1	2

*A single article may refer to more than one manifestation. Percentage was performed based on the sample of the article. n=48.

Chart 1 – Diagnoses and Nursing Interventions for HIV-positive pregnant women. Uberlândia, MG, Brazil, 2021

Nursing Diagnostics	Nursing Interventions
Fear related to unfamiliar scenario evidenced by apprehension, feeling of fear, and focus directed toward the source of the fear.	Encourage coping, motivate expression of feelings, offer emotional support; Monitor anxiety, refer to psychologist; Promote family involvement and explore family facilitating aspects.
Interrupted breastfeeding related to the need to abruptly wean the infant, contraindications to breastfeeding, and illness of the mother evidenced by interrupted breastfeeding.	Assist the mother in cup feeding the newborn; Guide the mother to hold the cup to the newborn's lips resting lightly on the lower lip with the edges of the cup touching the outer parts of the upper lip; Monitor the newborn's intake and satiety mechanism; Provide emotional support.
Sadness related to chronic illness evidenced by feeling that interferes with well-being and sadness.	Assess the patient's understanding of the disease process; Provide information about the diagnosis, treatment, and prognosis; Assess the patient's needs/ desires for social support; Assist the patient in identifying positive strategies for coping with limitations and managing the necessary lifestyle.
Poor knowledge related to insufficient information, evidenced by information deficit.	Provide guidance on newborn care and non-breastfeeding; Teach home use of prescribed medication; Provide guidance on vertical transmission; Provide guidance on referral of children for HIV testing; Provide advice on pre-testing and post-testing for HIV; Provide guidance on the implications of not telling a partner about the patient's HIV+.
Risk of infection related to chronic illness, premature rupture of amniotic membrane, and immunosuppression.	Collect blood for specific laboratory tests; Monitor and control vital signs; Check if the pregnant woman is notified or notify; Monitor results of viral load, TCD4 lymphocytes; Monitor appearance of opportunistic diseases; Guide the mother to immediately report deviations in the normal condition of the mother and / or fetus.
Ineffective health control related to insufficient knowledge about the therapeutic regimen, insufficient social support, evidenced by failure to include the treatment regimen.	Monitor adherence to ART; Monitor attendance at appointments and actively search for the patient if she does not attend; Refer the patient to community groups/support sites as appropriate; Assess the patient's current level of knowledge related to the therapeutic regimen and orient her.
Dysfunctional family processes related to insufficient problem-solving skills and biological factors, evidenced by self-blame, difficulty with intimate relationships, social isolation, denial of problems, anxiety, abandonment, low self-esteem, guilt, depression, fear, frustration, unhappiness, insufficient paternal support, and denial of family.	Offer support group support and community help; Establish a therapeutic relationship based on trust and respect; Provide privacy and ensure confidentiality; Determine how the family's behavior affects the patient; Help the patient recognize their feelings, such as anxiety, anger or sadness; Encourage the patient to express their feelings of anxiety, anger or sadness; Discuss the consequences of not dealing with guilt and shame; Provide support during the grief periods of denial, anger and acceptance.
Anxiety related to situational crisis and major change evidenced by apprehension, fear, and helplessness.	Offer emotional support; Assist and encourage the patient to recognize her feelings; Talk to the patient; Guide the patient on methods to decrease anxiety such as slow breathing techniques, distraction, visualization, meditation, progressive muscle relaxation, listening to soft music.
Impaired comfort related to treatment regimen evidenced by altered sleep pattern.	Determine the effects of the patient's medications on her sleep pattern; Adjust the environment to promote sleep; Adjust the medication administration regimen to sustain the sleep cycle.
Depression-related role performance and insufficient support system evidenced by insufficient trust, discrimination and domestic violence.	Investigate risk factors associated with domestic abuse such as history of domestic violence, abuse, rejection, discrimination; difficulty trusting others; depression; social isolation; Provide support to empower victims to take action and make changes to prevent further victimization; Provide emotional support.
Defensive coping related to fear of repercussions and insufficient support system evidenced by denial of problems, insufficient participation in treatment, projection of guilt.	Offer support group and community help; Establish a therapeutic relationship based on trust and respect; Provide privacy and ensure confidentiality; Determine how the family's behavior affects the patient; Offer emotional support.
Ineffective sexuality pattern related to impaired relationship with a significant person evidenced by altered and difficult sexual activity.	Encourage the patient to verbalize fears and ask questions about sexual function; Determine the duration of sexual dysfunction and potential causes; Discuss the effect of health and illness on sexuality; Refer the patient as appropriate.
Suicide risk related to guilt, insufficient social support, helplessness, grief, and reported desire to die.	Determine presence and degree of suicide risk; Determine if patient has means to execute suicide plans; Counsel patient on coping strategies (e.g., impulse control and progressive muscle relaxation), y/n; Interact with patient at regular intervals to convey care and openness to create opportunity for conversation about feelings; Offer support group support and community assistance.

*s/n=if necessary.

DISCUSSION

Brazil, the most cited study site, followed by South Africa, have shown an increasing trend over the last ten years. Estimates reveal that every year approximately 17,000 pregnant women are infected with the HIV virus.¹⁷ Moreover, it is estimated that 1.4 million pregnant women have HIV worldwide, and about 90% are in 19 countries in South Africa.¹⁸

With regard to nursing care directed to this population, the most prevalent was “monitor and guide the treatment of ART”, followed by “guide on the care”, highlighting the importance of the health professional’s guidance, as they contribute to reducing the viral load in the pregnant woman’s body, consequently the VT.¹⁹ It is also noted that it is essential the early approach of pregnant women in prenatal care before, during and after pregnancy to have an effective action in the control of VT and a quality nursing care.¹

Another care cited was that of “performing rapid tests for HIV and other STIs”, which must be done according to protocols from reproductive planning to prenatal care.²⁰ Rapid testing can also reduce the risk of infant morbidity and mortality by discovering early infections, directing an appropriate treatment to the pregnant woman and her partner, ensuring safety and well-being to both mother and fetus.²¹⁻²²

The care “orientation not to breastfeed” also stands out, because breast milk is contraindicated even if the puerperal woman makes the correct use of antiretroviral drugs, so it is necessary that the nurse assists and guides in blocking the production of milk immediately after birth, preventing VT.²³

Regarding the care related to the mental health of HIV-positive pregnant women, the nurse’s support must be based on humanization and empathy in care, using the moment of conversation offering active and qualified listening as emotional support to the pregnant woman and, thus, understanding the individuality of each one.²⁴ Furthermore, establishing a bond and trust is fundamental. Along with this, one must understand how pregnant women understand pregnancy, favoring their self-worth, enabling them to solve doubts, in addition to creating perceptions about possible health risks, generating strategies together with the patient so that there is a healthy life within the reality of living with HIV.²³

Before finding out that they have been diagnosed with HIV, women are weakened and frightened by the situation, which can trigger fear of judgment and death, VT, the effects of ART, discrimination, and even sadness for not being able to breastfeed.²⁵

Therefore, nurses should pay attention to family repercussions, observing how they can influence the behavior of pregnant women and their adherence to ART. Therefore, it is necessary to provide care that recognizes the feelings of these women and promotes information about HIV and contraceptive methods, in addition to providing health education for those women/couples/partners who have the desire to become pregnant, offering quality reproductive planning and prenatal care, ensuring adequate care to all women/couples/partners.²⁶

The nursing diagnoses and interventions created through the clinical manifestations most present in the analyzed studies show the importance of nurses in providing emotional support both in discovering the disease and in facing it, including the involvement of the family.²⁷

In view of the nursing diagnosis “ineffective health control”, nurses can perform interventions such as encouraging pregnant women with HIV/AIDS to expose doubts, fears, and difficulties related to the treatment, because in general, they show guilt, sadness, and other negative feelings, which can influence the treatment follow-up. It is perceived that the more doubts are clarified, the better the aptitude and commitment to the therapeutic regimen, ensuring a better outcome of the disease and quality of life.²⁸

In the nursing diagnosis “family processes”, family support is an important way to accept and face the reality of these women, as well as to ease the fear of death in the face of the disease. It is noteworthy that low family support can trigger attitudes such as the desire to die, depression, and even suicide. Thus, nursing should perform interventions that provide well-being, through the use of conversation wheels, therapeutic groups with the insertion of a multidisciplinary team.²⁸

CONCLUSIONS

The pregnant woman diagnosed with HIV needs specific care, and the nursing team has an important role in developing a care plan, whether in preconception, prenatal, delivery and postpartum. This study showed the relevance of nurses in promoting health to these pregnant women and preventing HIV transmission to the fetus/newborn.

This research becomes relevant for nursing, society, and public health, as it can contribute to resolute, directed, and effective nursing care. In addition, it also allows the improvement of public health policies for this public in question.

The limitation of this study is the gap in the literature when addressing the clinical manifestations and nursing care of pregnant women with HIV.

Given the nursing care and the various clinical manifestations found, it is necessary that nursing always updates and has knowledge of the demands of their community so that it can provide quality care, a humanized and holistic care.

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