

“We Have Babies Too”

Improving Care & Advocacy for Women Living with HIV Having Babies

“I believe being prepared to give birth would help me advocate better for myself”- HIV positive woman

By:Nakeisa Jackson

Policy Brief

Introduction

Pregnancy and childbirth can be life-changing and medically complex experiences for any woman. For women living with HIV, these experiences are often intensified by stigma, fear, lack of education, and gaps in support systems. Black women living with HIV face additional disparities due to longstanding inequities in maternal healthcare outcomes and access to culturally competent care.

Many women discover their HIV diagnosis during prenatal care visits, while others enter pregnancy already managing their diagnosis and planning for motherhood. In both cases, women need more than medical treatment alone. They need education, emotional support, advocacy, and resources that prepare them for pregnancy, childbirth, and postpartum life.

Current policies aimed at preventing vertical transmission of HIV have significantly improved medical outcomes for infants. However, these approaches primarily focus on clinical intervention and often overlook the emotional, educational, and social needs of the mother. The health and well-being of both mother and child should be treated as equally important (Georgia Department of Public Health,2026).

Georgia currently has protocols in place to reduce perinatal HIV transmission, but there is an opportunity to expand these efforts through a comprehensive support model that includes education, birth planning, peer support, and HIV-informed doulas. Women living with HIV deserve access to programs that empower them to make informed decisions, advocate for themselves, and experience pregnancy with dignity and support.

Policy Recommendation

Healthcare providers should be required to implement a comprehensive educational and support resource plan for women living with HIV who are pregnant or planning to become pregnant.

Pregnancy is not simply an event; it is a process that requires preparation, education, and support. Women living with HIV often face unique medical protocols during pregnancy and after delivery, including medication adherence, infant testing schedules, and specialized postpartum care. Without proper guidance, these processes can feel overwhelming and isolating.

This policy would ensure that women living with HIV receive individualized education, care coordination, and emotional support before, during, and after pregnancy. The policy should also prioritize leadership opportunities for people living with HIV to ensure programs are informed by lived experience.

Required Components of the Policy

1. Education on preconception, pregnancy, childbirth, and postpartum care for women living with HIV.
 2. Assistance with accessing resources during pregnancy and after birth.
 3. Inclusion of people living with HIV in meaningful leadership roles within the program, including:
 - Educators
 - Consultants
 - Program developers
 - Peer advocates
 - Doulas
 - Counselors
 4. Access to trained doulas or support birth workers with HIV-specific training, funded through the program.
 5. Availability of educational programming during preconception appointments, not only during pregnancy.
 6. Development of individualized birth and postpartum care plans.
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Proposed Intervention: The Giving Life Program (GLP)

The Giving Life Program is a proposed state-funded initiative designed to support women living with HIV before, during, and after pregnancy. The program combines education, peer support, coaching, and doula services to improve maternal and infant health outcomes while reducing stigma and isolation.

The Giving Life Program would provide women with the tools and resources necessary to navigate pregnancy confidently, understand medical protocols, and advocate for themselves throughout the birthing process.

Program Goals

The Giving Life Program aims to:

1. Educate women living with HIV on preconception, prenatal, antenatal, and postpartum care.
 2. Increase understanding of medication adherence and treatment management.
 3. Help women understand the process following an HIV diagnosis.
 4. Connect participants with trained HIV-informed doulas.
 5. Assist participants in developing individualized birth plans.
 6. Provide education on infant medication administration and follow-up protocols.
 7. Support emotional wellness and coping strategies related to pregnancy, childbirth, and living with HIV.
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Program Structure

Giving Life Program (GLP)

The Giving Life Program is an 8-week online, self-paced course available to women living with HIV before or during pregnancy. The program focuses on education related to HIV, pregnancy, childbirth, and postpartum care while also connecting participants to trained support professionals.

Program Services for Pregnant Participants

Participants will receive:

1. Connection to a trained coach for three support sessions, with additional sessions available if medically necessary.
2. Connection to an HIV-informed doula from pregnancy through eight weeks postpartum.
3. Access to peer support and community resource groups.
4. A mother-and-baby support box after delivery.
5. Three postpartum follow-up support sessions.

Long-Term Support

Participants will continue to have:

- Lifetime access to the program community.
 - Continued access to educational materials and course resources.
 - Opportunities to request additional coaching sessions.
 - Opportunities to train as peer coaches or advocates within the program.
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Expected Outcomes

The Giving Life Program seeks to improve both maternal and infant outcomes by:

- Reducing stress and anxiety among women living with HIV during pregnancy and postpartum.
 - Increasing medication adherence.
 - Improving understanding of HIV-related pregnancy protocols.
 - Strengthening maternal advocacy and confidence during childbirth.
 - Increasing access to culturally competent and trauma-informed care.
 - Building long-term peer support systems for women living with HIV.
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Evaluation and Research Needs

To effectively pilot and evaluate the Giving Life Program, the following steps are recommended:

1. Conduct research on maternal experiences and outcomes among women living with HIV in Georgia.
 2. Develop an evidence-based program framework.
 3. Align the program with existing maternal health and HIV policies.
 4. Ensure women living with HIV are directly involved in planning and decision-making.
 5. Collect qualitative data after birth, including participant experiences, stress levels, and emotional well-being.
 6. Establish a timeline for pilot implementation and evaluation.
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Conclusion

Women living with HIV deserve more than clinical treatment during pregnancy. They deserve education, advocacy, emotional support, and access to informed care that recognizes both their medical and personal experiences. The Giving Life Program provides an opportunity to create a compassionate, community-based model that supports healthy pregnancies, empowers mothers, and improves long-term outcomes for families in Georgia.