

BEYOND VIRAL SUPPRESSION

Lived Experience of Motherhood, Clinical Stigma and Workforce Gaps in HIV Care in Australia



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LIVED EXPERIENCE IS EXPERTISE

This practice-based presentation centres the lived experience of a woman living with HIV who gave birth in Australia in 2020 while virally suppressed and engaged in specialist care.

It examines what quality HIV care looks like beyond biomedical success.

APPROACH

- Reflective analysis grounded in professional social work practice.
- Examines HIV-status documentation in newborn records and confidentiality-sensitive practice.
- Explores clinician communication and access/cost considerations for early infant HIV testing.
- Considers workforce knowledge gaps and positions lived experience as expertise for system improvement.



Motherhood • prevention • healthy futures

WHY THIS MATTERS

Australia's HIV response is often measured by viral suppression. Viral suppression is essential - but it does not, by itself, guarantee dignity, privacy, trust or stigma-free care.

Clinical systems must also respond to the social and cultural realities of people living with HIV.

“Viral suppression is not the end point of quality HIV care. Dignity, confidentiality, informed clinicians and freedom from stigma matter too.”

DISCLOSURE OF INTEREST

The presenter is a woman living with HIV and a qualified social worker. This presentation includes personal lived experience and professional reflections. No financial or other interests are declared.

KEY AREAS OF TENSION

- 01 CONFIDENTIALITY**
How HIV status is recorded and shared in maternity and newborn care.
- 02 COMMUNICATION**
Stigma-informed language and conversations that preserve trust and dignity.
- 03 EQUITABLE TESTING**
Access and cost considerations for early infant HIV testing.
- 04 WORKFORCE KNOWLEDGE**
Contemporary HIV knowledge gaps can shape clinical decisions and patient experience.

OUTCOMES / IMPACT

- Strengthen stigma-informed communication.
- Standardise confidentiality-sensitive documentation.
- Reinforce equitable access to newborn HIV testing.
- Integrate contemporary HIV education across medical training.
- Improve clinician confidence and patient trust.



Care that sees the whole person - not only a diagnosis.

PRACTICAL FRAMEWORK

- | | |
|-------------|---|
| EDUCATE | Keep HIV knowledge current across the workforce. |
| PROTECT | Make confidentiality-sensitive documentation routine. |
| COMMUNICATE | Use person-centred, stigma-informed language. |
| PARTNER | Embed lived experience in education and service design. |



U = U

Undetectable = Untransmittable

Contemporary HIV science has transformed what is possible for relationships, pregnancy, parenting and long-term health.

Clinical culture and workforce education must keep pace with the science.

INNOVATION & SIGNIFICANCE

This work shifts the focus from viral suppression alone towards dignity, confidentiality and clinical culture.

By embedding lived experience into workforce education and maternity-care reform, it proposes a practical pathway towards person-centred, stigma-free HIV care.

Sustaining national progress requires biomedical excellence alongside investment in education, equity and humanity.

RECOMMENDATIONS

- Treat lived experience as a core source of clinical and service-design expertise.
- Update HIV education across undergraduate, postgraduate and continuing professional development.
- Review maternity and newborn documentation for privacy, necessity and proportionality.
- Ensure early infant HIV testing pathways are clear, timely and equitable.
- Measure quality by dignity, trust and experience of care as well as viral outcomes.



TAKE-HOME MESSAGE
A world-class HIV response must be scientifically current, confidentiality-sensitive and deeply human.

POSTER HIGHLIGHT SESSION

Poster Highlight Session • HIV & AIDS Social, Political and Cultural Aspects
Tuesday 15 September 2026 • 12:30-1:30 PM • Exhibition Hall



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