

Having a healthy baby while being HIV-positive

Between 1.5 and two per cent of antenatal clinic attendants are estimated to be HIV-positive, according to statistics from the National HIV/STI Unit of the Ministry of Health.

In Jamaica, mother-to-child transmission occurs in approximately 25 per cent of all cases -- either during the actual pregnancy, through maternal-fetal exchange of blood, during labour and delivery (60 per cent to 70 per cent) or after delivery through breastfeeding (10 per cent to 15 per cent). However, Dr Kevin Harvey, director of the National HIV/STI programme in the ministry, said with appropriate interventions, mother-to-child transmission can be reduced from 25 per cent to below five per cent. "An opportunity is missed when a woman of childbearing age is unaware of her HIV status or her risk for HIV," Harvey told AW. The infected woman is also at risk of passing on the infection to her child if she: * does not receive prenatal care; * is not offered HIV testing; * is unable to obtain HIV testing; * is not offered treatment to reduce the chance of passing the virus to the child; * is unable to obtain treatment to reduce the chance of passing the virus to the child; and * does not complete the treatment regimen. According to reports from the ministry, the first interventions in mother-to-child transmission are the prevention of new infections in women of childbearing age and the prevention of unintended pregnancies in HIV-infected females. These methods include: * empowering women with knowledge and skills to prevent HIV/STI transmission; * promoting safer sex behaviour (correct and consistent use of condom and reduction of the number of sexual partners); * promoting the use of an effective family planning method, for example, tubal ligation, Depo Provera oral contraceptives or Norplant; as well as * early diagnosis and complete treatment of sexually transmitted infections. Secondary prevention is aimed at preventing transmission of HIV from infected women to their unborn children. This includes ensuring that HIV infected females and their partners make informed reproductive choices, including: * the use of anti-retroviral (ARV) drugs such as Zidovudine or a short course of Nevirapine (single dose); * obstetrical interventions such as avoidance of some invasive procedures (for example, episiotomy and artificial rupture of membranes, fetal scalp monitor); * interventions to prevent prolonged labour; and * ensuring that all HIV-infected mothers receive counselling about the risks and benefits of various infant feeding options and specific guidance in selecting the option most likely to be suitable for their situation. When replacement feeding is acceptable, feasible, affordable, sustainable and safe, it is recommended that HIV-infected mothers avoid all breastfeeding. Other preventative methods are therapeutic interventions, which include the use of highly active anti-retroviral therapy (HAART), oral medication given to both mother and newborn, and counselling for mother and partners. When it comes to safeguarding one's partner against getting the virus, Harvey said the methods of preventing transmission to the partner is essentially the standard methods of preventing transmission -- condom use, abstinence and sticking to one faithful partner who has been tested negative. For couples to become pregnant, however, it means numerous trips to the doctor who will, under supervision, through discussion and medication, ensure that the viral load goes down to a safe enough level where she can have intercourse with much less chance of passing the virus on to her spouse or unborn child.