

Prevention of Mother to Child Transmission of HIV

Prevention of mother-to-child transmission of HIV has become an important intervention in the prevention and control of HIV and AIDS in developing countries, with commitment being made to improve maternal and child health and survival.

In recent years, MTCT rates have fallen to as low as 2% to 5% of births among HIV-infected mothers in developed countries. This reduction in transmission was made possible by the introduction of comprehensive services including HIV counselling and testing, antiretroviral therapy, elective caesarean section delivery, and the safe use of infant feeding formula instead of breastfeeding. In Africa where these interventions have generally not been available and prolonged breastfeeding is the norm, about 25-35% of HIV-infected mothers pass on HIV to their infants.

The severity of the MTCT problem in Sub-Saharan Africa is due to high rates of HIV infection in women of reproductive health, a large total population of women of reproductive age, high birth rates, and the lack of effective MTCT prevention interventions.

MTCT prevention requires more than provision of drugs and commodities. Systems must be strengthened and communities need to be prepared for these programs. Therefore, commitment to providing a range of core MTCT interventions is required to reduce the incidence of MTCT of HIV.

AIDS related deaths are reversing gains made in child health and survival. Caring for HIV infected children carries heavy costs for families and health systems. At the national level, preventing MTCT has the potential to increase the understanding and acceptance of the HIV and AIDS epidemic and those living with HIV and AIDS. Counselling, testing and community sensitization can contribute to reducing stigma.

The benefits of PMCT include:

- It can promote behaviour change
- It can encourage the use of dual methods of family planning
- There is improved antenatal care (attending 4 times)
- Infant feeding options can be discussed
- It promotes access to early medical care
- ARVs
- STD treatment
- Malaria treatment
- TB therapy
- Obstetric care
- It enables preventive therapy
- Gives time to plan for the future e.g. infant feeding support systems

Reduction of MTCT of HIV:

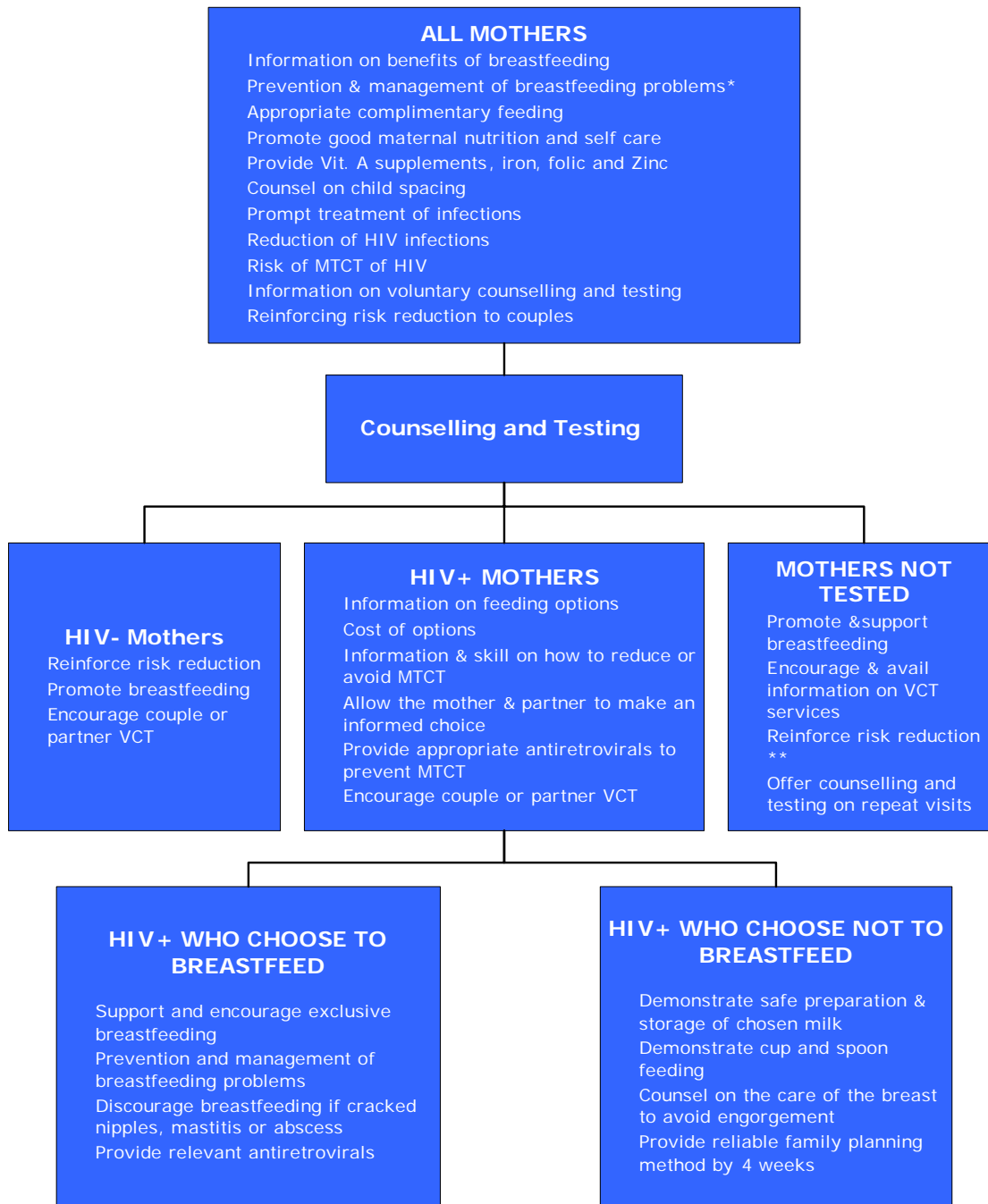
- Decreases numbers of HIV infected children;
- Increases child health and survival;
- Decreases the load on the health system;
- Gives an opportunity to improve, expand health services and strengthen the health infrastructure.

Breastfeeding transmission of HIV

In Africa, 3 to 4 out of every 10 infants born to an HIV infected woman acquire HIV infection. Thirty to 50% of these infants acquire infection thorough breastfeeding. Overall $\frac{1}{2}$ of the breast milk transmission takes place by 6 weeks, and $\frac{3}{4}$ by 6 months. The standard in infant feeding is breast milk. Babies should be exclusively breastfed for the first 6 months of life. There is early evidence that mixed feeding increases the risk of breast milk transmission of HIV.

In most cases, the pregnant woman will not have HIV infection, and this reassuring news offers an opportune time to discuss prevention of HIV infection. Knowing the HIV infection status of the partner is also critical. Only by knowing a person's HIV status can the health worker make appropriate health care management recommendations and the pregnant woman make appropriate decisions about maintaining her health.

Figure 1: Guidelines for counselling on HIV and infant feeding



* Breastfeeding problems: Abscess, mastitis, breast and nipple disease
 ** For women who have features of clinical AIDS manage as positive