

Health
30/1/04 The New

Preventive measures for AIDS in pregnancy

Dr Fatima Khanum.

The words AIDS stands for Acquired Immune Deficiency Syndrome. The cause of AIDS is the Human Immunodeficiency Virus (HIV). HIV can be transmitted through sexual interaction or exposure to infected blood or blood products. An infected woman can pass this virus to her baby during pregnancy, delivery or breast-feeding. The baby's condition is referred to as a perinatal HIV infection.

The Mother-To-Child Transmission (MTCT) is also known as vertical transmission. The vertical transmission may occur in the following three ways:

(i) Before birth; (ii) During birth; or (iii) After birth

(through breast feeding).

The most common way women become infected by this virus is usually through unprotected (without a condom) sex with infected partner.

The cycle of HIV infection starts with groups where there is a frequent change in sexual partners, such as communities of miners or agricultural workers where a large number of men live away from their families and indulge in extra marital sexual activities. Where as per the Joint United Nations Programme on HIV/AIDS (UNAIDS) the total number of cases of MTCT have raised to 700,000 in the world and are expected to rise further, according to a report of National Aids Programme (NAP), in Pakistan, 1.3% of the total number of reported HIV infection cases are MTCT.

This ratio seems to be low since gender of 87% of the total reported cases is male. The report further discloses that heterosexual transmission currently accounts for the majority of 37% of reported HIV cases. The next most frequent mode, 18%, is related to infection through contaminated blood and blood products and HIV infection through injecting drug use is found to be 4%, that resulting from homosexual involvements is 2% and from bisexual involvements to be 1.5%. However, the transmission mode of 35% of the reported HIV cases is unknown.

An infected woman can minimize the risk of HIV being passed to her child by certain interventions, which include the following:

(i) Taking antiretroviral drugs during pregnancy (excluding the

first 3-4 months of pregnancy); (ii) Taking antiretroviral drugs during labour; (iii) Choosing caesarean-section as the method of delivery; (iv) Giving the baby a short course of antiretroviral therapy after birth; and (v) Abstaining from breast-feeding.

With such interventions, the transmission of HIV from mother to child can be held as low as 2%, otherwise, it may grow up to 25-45% in the country.

Generally the antiretroviral drugs will not be recommended for the mother before 12-14 weeks of pregnancy, unless there is an urgent medical reason. The main reason for waiting is that the antiretroviral drugs may have an adverse effect on the baby in the early ages of its development. HIV-positive mothers' caesarean-

sections are increasingly planned and performed before the onset of labour to protect the baby from direct contact with mother's blood and genital tract secretions, a procedure called elective caesarean-section.

HIV is found in breast milk. A woman with HIV is therefore advised not to feed when they have access to safe milk substitutions. Studies show that currently the overall rate of MTCT of HIV is about 15-25% among HIV positive women who do not breast-feed and 25-40% among HIV positive women who breast-feed.

In Pakistan's few rural areas, where safe water is not available, the risk of other life threatening conditions from formula-feeding may be higher and more immediate than the risk of HIV from breast-feeding.

It is advisable that a woman who has HIV in her first trimester and she has not yet been treated with any HIV fighting drugs, should be evaluated and treated. In some cases she may be able to postpone treatment until her second trimester. Besides, it is also advisable that any infected woman who is already taking these drugs should generally continue them throughout her pregnancy. A young baby may have positive HIV antibody test but it will not necessitate straight away that the baby is infected. All babies born to mothers with HIV are born with HIV antibodies. Babies who are not infected lose their antibodies by the time they reach the age of 18. It is therefore to be noted that only a test of a baby who is 18 months old will provide accurate results regarding HIV infection.