

FOCUS

HIV and health care for pregnant women



Most pregnant women diagnosed with HIV do not have access to the essential care and treatment necessary for their own health. Such care and treatment reduce the likelihood of transmitting HIV to their infants and prevent having their children lose their mothers.

Pregnant women also receive insufficient counselling and services to prevent HIV and unintended pregnancies and to ensure safer infant feeding. Far too few pregnant women are even aware of their HIV status. In 2007, only 18 per cent of pregnant women in low- and middle-income countries where data were available received an HIV test.

At the same time, services are expanding in low- and middle-income countries. In 2007, 33 per cent of pregnant women living with HIV received antiretroviral regimens, including antiretroviral therapy, compared to only 10 per cent in 2004.



DID YOU KNOW...

In low- and middle-income countries, only 12 per cent of pregnant women identified as HIV-positive during antenatal care visits were assessed to determine eligibility to receive antiretroviral therapy for their own health.

Women infected with HIV during pregnancy and lactation are more likely to pass on the virus to their infants than women infected before pregnancy.

Most countries with significant progress in scaling up services to prevent mother-to-child transmission of HIV have performing health systems.

It is recommended that HIV testing and counselling be offered by health-care providers as part of the normal standard care for all pregnant women in antenatal, delivery and post-partum care settings in generalized epidemics.

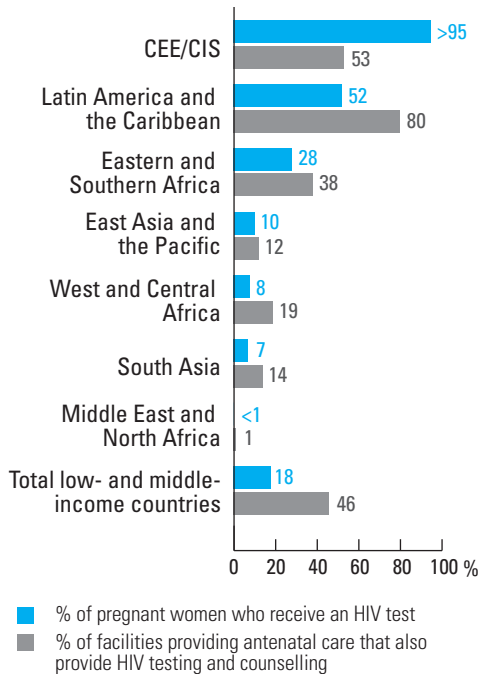
UNDERLYING ISSUES

Getting antiretroviral medications to pregnant women to prevent transmitting HIV to infants depends on factors such as the use of HIV testing, early antenatal care, attendance at delivery by skilled personnel and health system infrastructure. In many countries, providing services to prevent mother-to-child transmission of HIV (PMTCT) is constrained by human-resource shortages, poor work conditions and limited laboratory capacity.

HIV testing and counselling provided as part of routine screening tests during pregnancy and delivery represent the main gateway to HIV prevention, care and treatment for most women of reproductive age. But too often HIV testing has been either unavailable or not recommended to women, leaving many unaware of their HIV status.

Around one third of overall HIV mother-to-child transmission occurs in breastfed children up to two years of age. Modelling studies based on data from sub-Saharan Africa show that exclusive breastfeeding for six months – with promotion and support – would save nearly 1 in 4 HIV-exposed children, more than twice the number that would be saved with replacement feeding.

Percentage of pregnant women tested for HIV and level of facility coverage, by region, 2007



Source: UNICEF calculations based on data collected through the PMTCT and Paediatric HIV Report Card process and reported in *Towards Universal Access: Scaling up HIV services for women and children in the health sector – Progress Report 2008* (UNICEF, UNAIDS, WHO), pp. 34–42.

ACTIONS

Aim to reduce maternal and child mortality by delivering a comprehensive PMTCT package,

including primary prevention of HIV infection among women of reproductive age, prevention of unintended pregnancies among women living with HIV, and counselling and support related to infant feeding.

Link PMTCT services operationally to child survival interventions:

immunization, nutrition support, and prevention and treatment of pneumonia, diarrhoeal diseases and malaria.

Expand access to antiretroviral drugs for pregnant women in need of treatment.

Treatment can be effectively provided through a decentralized health systems approach. Ministries of health must also provide the necessary policy guidance that takes into consideration the implications for maternal, newborn and child health (MNCH) services.

Reposition PMTCT as a vital component of both maternal and child survival

to provide antiretroviral treatment for women's own health. Programme assessment should consider not just service uptake but impact in terms of mothers' and children's lives saved.

Integrate HIV and AIDS services with primary health-care programmes.

HIV prevention, diagnosis, care and treatment should be integrated within existing health infrastructure for antiretroviral treatment sites and MNCH care services. PMTCT should be available in all antenatal care and MNCH services.

Where necessary, review health policies at national and subnational levels to improve linkages

between HIV and AIDS and child survival interventions, family planning based on national policies, and services to prevent and treat sexually transmitted infections and tuberculosis, as well as to improve programme management and coordination.

Accelerate efforts to support optimal and safe infant and young child feeding practices.

The quality of counselling provided by health-care providers and lay counsellors on infant feeding and HIV in many countries will need improvement through retraining.

Ensure that programmes engage communities in promoting safe feeding practices and supporting mothers' choices

and that policies facilitate the exercise of appropriate infant feeding options.

SPOTLIGHT

ON ACHIEVING RESULTS

Botswana, in 2004, introduced provider-initiated HIV testing and counselling, with the choice to opt out of testing, as part of routine antenatal and delivery care. This policy, combined with the use of rapid testing with same-day results and the involvement of lay counsellors, resulted in an increase in the proportion of pregnant women tested, from 27 per cent in 2002 to around 80 per cent in 2007.

More than 20,000 mothers in the Kitgum and Pader districts of northern **Uganda** – a region affected by conflict for more than 20 years – have been reached with PMTCT services. Coverage increased to 63 per cent in 2007, from 25 per cent in 2002, and 33 per cent of HIV-positive mothers received antiretrovirals.

In **Ukraine**, the full integration of PMTCT interventions into maternal, neonatal and child health programmes, free antenatal and delivery services, and high coverage of antenatal and skilled birth attendance have led to the successful scale-up of PMTCT. A national policy of universal HIV testing with an opt-out option for all pregnant women reduced the rate of mother-to-child transmission to 7 per cent in 2006, from 25 per cent in 2000, according to the Ministry of Health.

More than 40,000 primary health-care centres concentrated in urban settings in **Brazil** offer PMTCT services, including HIV testing and counselling. In 2007, 62 per cent of pregnant women were tested for HIV during pregnancy.

For more information, see:

United Nations Children's Fund, *Children and AIDS: Third Stocktaking Report*, UNICEF, New York, 2008.

United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS and the World Health Organization, *Towards Universal Access: Scaling up HIV services for women and children in the health sector – Progress Report 2008*, WHO, Geneva, 2008.

Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic*, UNAIDS, Geneva, 2008.

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