

# MTCT AND HIV NEGATIVE BABIES



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**D**id you know that 90% of children currently living with HIV acquired it through their mothers? It is also a fact that without effective treatment, more than half of all babies born with HIV will die before two years of age. These numbers are painting a dark picture, but there are interventions currently in place in Namibia that are able to curb these figures.

The mother-to-child transmission of HIV (MTCT) can occur during pregnancy, labour, delivery or breastfeeding. The intervention used to prevent transmission of HIV to babies is called the "prevention of mother-to-child transmission" (PMTCT). The PMTCT programme was launched in Namibia in 2002 and is now spread to many clinics around the country. The testing of expecting mothers for HIV is a first important step to curb the transmission and it is also the cornerstone of the PMTCT-programme. If the mother has tested positive for HIV it is of highest importance during pregnancy to receive antiretroviral treatment (ARV) to prevent transmission of the virus to the child. The importance of proper and healthy nutrition during pregnancy is also an important part of the PMTCT-programme.

It is important to realise a great deal of research has been done on HIV and one needs therefore not live in fear, painting scary and unrealistic

pictures. An HIV positive mother can not automatically infect her baby. HIV can be transmitted at various stages. One should therefore know this and learn how to avoid transmission. Simply knowing this should give many expecting mothers the hope that their child can be born negative. But Namibian nurses complain that many women never come for pre-natal check-ups. By the time they end up in hospital they are already in labour. At this stage the hospital has no knowledge of them or their baby's medical condition. They therefore do not know to take extra precautions to avoid the baby from becoming infected. With available medication many people have been living with HIV for many years – up to twenty years and longer. While the fear of stigmatization and rejection is a strong aspect that could hinder testing, it should now become clear that HIV can be treated effectively so even if it means the mother learns that she is positive, this knowledge can at least help her take care that her unborn child does not become infected.

HIV-positive mothers furthermore do not breastfeed their babies but raise them on formula. The sad reality is that these children often do not die of HIV and AIDS but of under-nourishment, diarrhoea, pneumonia and other causes not related to HIV. Professor Anna Coutsoadis, of the Department of Paediatrics and Child Health at the University of the

KwaZulu-Natal, Durban, says "Mothers are not told the truth that breast milk is infinitely better [for the infant] and that formula milk can be dangerous; that it is not always a sterile product and is easily contaminated". Breastfeeding, by mothers who are on ARVs, not only provides babies with the nutrients they need for optimal development but also gives babies the antibodies they need to protect them against some of these common but deadly illnesses. It is vital that mothers are on ARVs as it suppresses the viral levels in the blood.

The highest risk of transmission is during the labour and delivery stages, which is estimated to be between 10-40%. Because of this, one crucial aspect that is part of preventing mother-to-child transmission is to have access to good and effective delivery-environments such as hospitals and birth-clinics. The PMTCT programme furthermore offers important counselling on breastfeeding options in the different contexts of HIV. The PMTCT-programme is a crucial step towards a generation of children free from HIV/AIDS.

By Anna Pelleberg

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