HIV & AIDS : information about mothers and children with HIV infection / written by Rosie Claxton for the Terrence Higgins Trust.

The Terrence Higgins Trust

HIV&AIDS

INFORMATION ABOUT MOTHERS AND CHILDREN WITH HIV INFECTION

BRIEFING SHEET

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BRIEFING SHEET

Government statistics show that by the end of April 1991, 245 women had been diagnosed with AIDS and it is known that 1,714 women are infected with HIV, the virus that can lead to AIDS. A total of 182 children are thought to have HIV infection, but this figure excludes over 293 children with haemophilia and HIV infection. (Source: Dept. of Health)

These figures only reflect people who have had an HIV test; there will be many more women and children who are unaware that they are infected with HIV. Some women with HIV living in the U.K. have lived in other areas of the world and belong to families where as many as three (or even four) generations are affected by HIV and AIDS.

HIV AND PREGNANCY

Europe-wide, there is a 13% chance that a baby born to a mother who has HIV may become infected*. However, in parts of the developing world and some of the urban areas of the U.S.A, the risk of having an infected child is increased to between 35% and 50%

Even this relatively low chance of HIV in babies born to women with HIV may be unacceptable to some women and their partners. It is important to remember that some children born with HIV will remain well for some time, maybe many years. However, some babies who become ill in the first years of life may not survive in childhood. This may be partly due to their immune systems being immature and their inability to defend themselves against disease.

There is no convincing evidence to show that pregnant women with HIV progress more rapidly to developing symptoms of AIDS. However it is important that a state of well-being is maintained.

*The Lancet 2.2.91

BECOMING PREGNANT

This has to be a personal choice made by each individual woman. It is a decision that can only be taken after careful consideration about

- the risks to the woman's health
- the risks to the baby
- the risks to the woman's partner.

It will be important for any woman who knows she has HIV to discuss and plan a pregnancy with both her partner and a sympathetic doctor, and midwife. If she decides to go ahead with the pregnancy, she should be given as much support, help and advice as possible in order for her and her family to remain healthy. Careful counselling, with all available information should be given, so that the woman can make her *own* informed decisions.

Doctors and staff in G.U. Clinics (also known as Special Clinics or Sexually Transmitted Disease Clinics) work closely with gynaecologists and will also offer appropriate specialist advice and treatment.

A woman who has HIV, or whose partner has HIV, may wish to consider DI (Donor Insemination), as all donated sperm is tested twice for HIV before use.

HIV TESTING FOR WOMEN – AND PREGNANCY

For a woman wishing to become pregnant, or for someone in the early stages of pregnancy, there may be considerable pressure for her to have an HIV antibody test. This test should only be carried out after careful pre-test counselling, so that the woman understands all the advantages and disadvantages of knowing if she has HIV. It is very important for any woman who has HIV to be offered on-going support, so that:

- she can make her own informed decision about whether to continue her pregnancy
- she can be assured of confidentiality for herself, and her family

- she can deliver her baby knowing that she is able to discuss and make joint decisions about her own and her baby's care together with the doctors and midwife concerned (and her partner).

If she decides to have the pregnancy terminated, she may need extra support to help her with the very difficult and painful feelings she might have. Many women will feel devastated to learn that they cannot have their own baby because of HIV infection. Some women may be advised not to become pregnant because of progressive illness.

THE BIRTH OF A BABY

In a family where there is known HIV infection, there may be considerable apprehension at this time with few people the family can turn to for support, due to the stigma of HIV and the need for confidentiality. There is little evidence to show that a baby born to a woman wifo has HIV will be any different in weight and physical development from any other baby. However, it is acknowledged that women who use drugs (including alcohol and tobacco) during pregnancy, may have low birth-weight babies.

Once the baby has been bathed after the birth, he or she may be cuddled and cared for with no risk of any (cross) infection to others.

Used disposable nappies, women's sanitary towels and tampons should all be disposed of in the usual way. Nappies should be changed normally – there is no need to wear rubber gloves unless the baby has diarrhoea. Washing hands in soap and water prevents the transmission of any bacterial or viral infections in children.

BREAST-FEEDING

There have been a very few reported instances, in different parts of the world, where a baby has become infected with HIV due to breast-feeding. This may have occurred because a previously uninfected woman has received a contaminated blood transfusion after the birth of her baby. In the U.K., all donations of blood are thoroughly screened for HIV, and are considered to be as safe as possible.

The choice of whether or not to breast-feed should be left with the mother. In the U.K., where there are alternatives to breast-milk, the mother may choose to bottle-feed her baby. She may wish to make this decision after discussing the pros and cons with the midwife (and her partner).

MOTHERS WITH BABIES WHO MAY BE INFECTED

There may be a long wait before a mother knows definitely whether her baby will have HIV infection. It can take up to 18 months – or even longer – before doctors can confirm that a baby is clear of maternal antibodies and has not become infected with the virus.

During this time, the mother will have many difficult and different feelings – about her own health, possibly her partner's health and the future.

She is likely to be fit and well enough to enjoy caring for the baby normally and have few complications to contend with. However, if her health is not good, she may have problems in caring for herself and her family. She may feel reluctant to ask for help fearing that the baby (and possibly any other of her children) may be taken into local authority care.

Clearly it is important that strict confidentiality is maintained for a family with HIV, and this is understood by the specialist agencies who provide help and support (e.g. The Terrence Higgins Trust 071-831 0330, Positively Women 071-490 5515, the Haemophilia Society 071-928 2020 and the Black HIV/AIDS Network 081-741 9565). ▶

BRIEFINGSHEET

BRIEFSHEET

IMMUNISATIONS AND VACCINATIONS FOR CHILDREN AT RISK OF HAVING HIV

Whether a child is with or without symptoms, they should receive the normal immunisations. It is safe to use the following vaccines:

live vaccines	**inactivated (dead) vaccines**	
measles	cholera	typhoid
mumps	diptheria	whooping cough
rubella	tetanus	

It is advisable for children to be given *inactivated* polio vaccine as the live vaccine contains polio virus which may be shed for several months after being taken. This may cause complications to other family members who are HIV positive and previously unvaccinated.

HIV positive children with or without symptoms should *not* receive the yellow fever vaccine.

There is at present no concensus about the BCG (tuberculosis) vaccine. The World Health Organisation recommends that the vaccine can be given to children *without* symptoms, while the Joint Committee on Vaccination and Immunisation in the U.K. recommends that children should *not* receive the vaccine – whether they are with or without symptoms. We therefore suggest that you consult your family doctor for further advice.

It is very important that all children with HIV are given protection against infections – so that they do not become ill with diseases such as measles and TB. Chicken-pox can also make a child with HIV very ill. Schools, nurseries and playgroups should let all parents know when there is an outbreak of an infectious illness.

CHILDREN AT SCHOOL, PLAYGROUPS etc.

Children who have HIV or AIDS have a right to attend school. Some people feel that others in school, or other parents should be told that a specific child has HIV.

In some schools in the U.K., there has been discrimination against families affected by HIV and AIDS. It is important for all families to enjoy privacy. If a child with HIV or AIDS, or his or her parents wish to disclose this information, then all possible attempts should be given to encourage and support the family, so that they can feel valued and accepted by society.

In the case of older children, for example boys with haemophilia, it may be helpful for them to know one or two people in their school who are available to give them any extra support they may need.

In both playgroups and nurseries, there is little or no risk of infection and if sensible precautions are taken to reduce the risk of *any* cross-infection, nobody needs to know the identity of any child at risk of having HIV. There are recommended guidelines available to all staff concerned in caring for all children.

Written by Rosie Claxton for The Terrence Higgins Trust

The Terrence Higgins Trust

is a registered charity which provides practical support, help, counselling and advice for anyone with or concerned about AIDS and HIV infection.

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PRISONERS LINK 0800 212529
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