

Dear All

The following recommendations for HIV screening of pregnant women are based on scientific and clinical advances in preventing parentally acquired HIV and caring for HIV-infected women, . They reflect the need for universal HIV testing of all pregnant women and simplification of the pretest process so that operational procedures do not impede women from benefiting from proven measures to prevent parental transmission and from other advances in the care and treatment of HIV disease.

Screening for HIV in Pregnant Women and Their Infants

- HIV testing should be voluntary and free of coercion. Informed consent before HIV testing is essential. Information regarding consent can be presented orally or in writing and should use language the client understands. Accepting or refusing testing must not have detrimental consequences to the quality of prenatal care offered. Documentation of informed consent should be in writing, preferably with the client's signature. State or local laws and regulations governing HIV testing should be followed. HIV testing should be presented universally as part of routine services to pregnant women, and confidential informed consent should be maintained
- Although HIV testing is recommended, women should be allowed to refuse testing. Women should not be tested without their knowledge. Women who refuse testing should not be coerced into testing, denied care for themselves or their infants, or threatened with loss of custody of their infants or other negative consequences. Discussing and addressing reasons for refusal (e.g., lack of awareness of risk or fear of the disease, partner violence, potential stigma, or discrimination) could promote health education and trust-building and allow some women to accept testing at a later date. Women who refuse testing because of a previous history of a negative HIV test should be informed of the importance of retesting during pregnancy. All logistical reasons for not testing (e.g., scheduling) should be addressed as well. Health-care providers should remember that some women who initially refuse testing might accept at a later date, particularly if their concerns are discussed. Some women who refuse confidential testing might be willing to obtain anonymous testing. However, they should be informed that if they choose anonymous testing, no documentation of the results will be recorded in the medical chart, and their providers might have to retest them, potentially delaying provision of antiretroviral drugs for therapy or prenatal prophylaxis. Some women will continue to refuse testing, and their decisions should be respected.
- Before HIV testing, health-care providers should provide the following minimum information. Although a face-to-face counseling session is ideal, other methods can be used (e.g., brochure, pamphlet, or video) if they are culturally and linguistically appropriate.
 - HIV is the virus that causes AIDS. HIV is spread through unprotected sexual contact and injection-drug use. Approximately 25% of HIV-infected pregnant women who are not treated during pregnancy can transmit HIV to their infants during pregnancy, during labor and delivery, or through breast-feeding.

- A woman might be at risk for HIV infection and not know it, even if she has had only one sex partner.
- Effective interventions (e.g., highly active combination antiretroviral) for HIV-infected pregnant women can protect their infants from acquiring HIV and can prolong the survival and improve the health of these mothers and their children.
- For these reasons, HIV testing is recommended for all pregnant women.
- Services are available to help women reduce their risk for HIV and to provide medical care and other assistance to those who are infected.
- Women who decline testing will not be denied care for themselves or their infants.
- Health-care providers should perform HIV testing in consenting women as early as possible during pregnancy to promote informed and timely therapeutic decisions. Retesting in the third trimester, preferably before 36 weeks of gestation, is recommended for women known to be at high risk for acquiring HIV (e.g., those who have a history of sexually transmitted diseases [STDs], who exchange sex for money or drugs, who have multiple sex partners during pregnancy, who use illicit drugs, who have sex partner[s] known to be HIV-positive or at high risk, and who have signs and symptoms of seroconversion). Routine universal retesting in the third trimester may be considered in health-care facilities with high HIV seroconversion among women of childbearing age. Retesting for syphilis during the third trimester and again at delivery also is recommended for pregnant women at high risk . Some states mandate syphilis screening at delivery for all pregnant women.
- Women admitted for labor and delivery with unknown or undocumented HIV status should be assessed promptly for HIV infection to allow for timely prophylactic treatment. Expedited testing by either rapid return of results from standard testing or use of rapid testing (with confirmation by a second licensed test when available) is recommended for these women. The goal is to identify HIV-infected women or their infants as soon as possible because the efficacy of prophylactic therapy is greatest if given during or as soon after exposure as possible (i.e., within 12 hours of birth). Informed consent is essential for women tested prenatal, and women in labor with unknown status should be allowed to refuse testing without undue consequences. After delivery, standard confirmatory testing should be done for women with positive rapid test results.
- Some women might not a) receive testing during labor and delivery, b) choose to be tested for HIV, or c) retain custody of their infants. If the mother has not been tested for HIV, she should be informed that knowing her infant's infection status has benefits for the infant's health and that HIV testing is recommended for her infant. Providers should ensure that the mother understands that a positive HIV antibody test for her infant indicates infection in her. For infants whose HIV infection status is unknown and who are in foster care, the person legally authorized to provide consent should be informed that HIV testing is recommended for infants whose biological mothers have not been tested. Testing should be performed in accordance with the policies of the organization legally responsible for the child and with prevailing legal requirements for HIV testing of children.
- Health-care providers should be familiar with and adhere to state/local laws, regulations, and policies concerning HIV screening of pregnant women and infants.

PNAC Resource Centre

Noman Farooq

Senior program Associate
PAKISTAN NATIONAL AIDS CONSORTIUM
House No 441, Street 57, Sector I 8/3 Islamabad

Email: noman@pnac.net.pk

www.pnac.net.pk
www.aidspnac.org