

Challenges & Opportunities Around Positive Motherhood-
Closing the Gap in a Globalised World

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Positive Motherhood



Feelings of motherhood are one of the oldest, deepest and globally most shared forms of human love.

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HIV casts dark clouds over motherhood



In many parts of the world being female and of reproductive age assigns one to a group at high risk of HIV infection.

The further tragedy of transmission to a newborn is all too real.

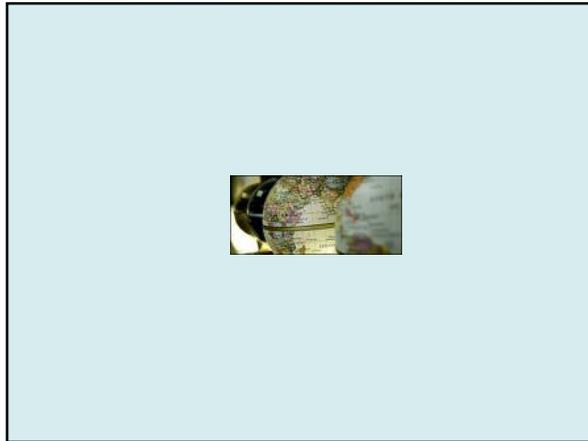
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High income countries

Vertical transmission nearly eliminated through:

- Opt-in routine HIV testing during antenatal care
- Antiretroviral prevention & combination therapy
- Primary, elective caesarean section at 38 wks
- Formula feeding

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18 million women live with HIV

- Number of women with HIV increasing in every region of the world (East Asia, Eastern Europe & Central Asia)
- In SSA 59% of PLWHA are female

Far too little has been achieved....

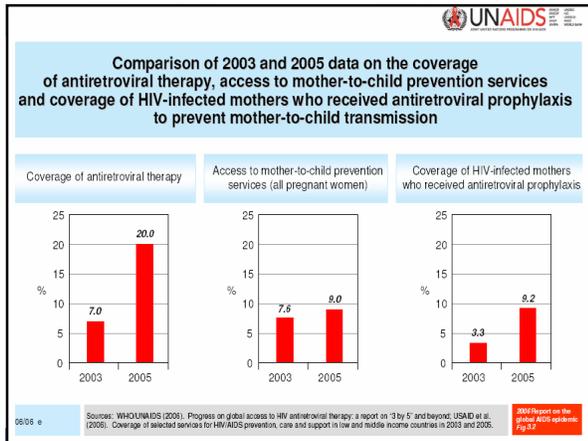
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In the developing world

We remain far from reaching the targets of the 2001 UN Declaration of Commitment on HIV/AIDS (UNGASS):

- 80% of pregnant women accessing antenatal care have information, counselling and other HIV prevention services made available to them.
- Reduce the proportion of infants infected with HIV by 20% by 2005, and by 50% by 2010.

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Mechanisms of vertical transmission

- Overall the route accounts for more than 90% of HIV infection in infants and children
- Without prophylaxis, around 15-30% of babies born to HIV positive women will become infected with HIV during pregnancy and delivery.
- A further 5-20% will become infected through breastfeeding.

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Preventing vertical transmission and safeguarding the parent's health



top priority in AIDS response

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1. HIV testing

3 main strategies:

- Mandatory
- Voluntary (VCT)
- Routine (opt-out, opt-in)



„The question has less to do with which strategy to propose, than with creating an enabling environment for HIV testing in general“

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2. Antiretroviral prophylaxis

Initial recommendation: single dose of Nevirapine (Viramine) for mother at onset of labour and to newborn <72 hrs after birth.

A low cost, easy to administer intervention **BUT.....**

- Effectiveness under question
- Threat of drug resistance as monotherapy

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2006 WHO guidelines

	Pregnancy	Labour	After birth: mother	After birth: infant
Recommended	AZT after 28 wk	single dose nevirapine; AZT+3TC	AZT+3TC for 7days	single dose nevirapine; AZT for 7 days
Alternative (higher risk of drug resistance)	AZT after 28 wk	single dose nevirapine	-	single dose nevirapine; AZT for 7 days
Minimum (less effective)	-	single dose nevirapine; AZT+3TC	AZT+3TC for 7days	single dose nevirapine
Minimum (less effective; higher risk of drug resistance)	-	single dose nevirapine	-	single dose nevirapine

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Uganda-Iganga

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3. Caesarean Section

Elective caesarean section performed before the onset of labour and before the membranes rupture reduces the risk of transmission of HIV to the newborn.

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3. Caesarean Section



In the developing world this benefit has to be balanced against the risk to the woman of the surgical procedure – that is, if the intervention is even available....

In many countries the need for skilled attendance at the time of delivery remains unmet

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4. Infant feeding policy



Alternative feeding using formula milk is often not acceptable, feasible, affordable, sustainable or safe

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4. Infant feeding policy

Recent studies suggest exclusive breastfeeding for six months followed by rapid weaning has a lower risk of HIV transmission as compared to so-called mixed feeding.

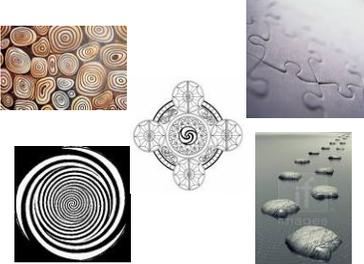


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Multisectoral response



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Comprehensive Strategic Approach

Need to strengthen health systems and support communities to:

- Deliver quality prevention, treatment, care & support
- Address determinants of inequities
- Tackle infant nutrition
- Create conducive legal & policy frameworks
- Combat stigma
- Involve partners, families and communities

THERE IS NO 

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aidsfocus Declaration of Commitment:



Taking steps to overcome the inequities around positive motherhood in the South, moving towards Universal Access and a future generation free from HIV/AIDS!

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Mechanisms of transmission during breastfeeding

- **Infectious factors:** oral thrush, mastitis
- **Nutritional factors:** all relate to mixed feeding – the extra foods and liquids can damage immature digestive system, making it easier for HIV in breast milk to enter the tissues.

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