HIV-FREE BABY: Tale of West Nile positive mother

By Benedict Okethwengu

With eMTCT, HIV-positive women need not to worry about getting HIV-free babies

Agnes Adiru, 27, is a pragmatic HIV-positive mother, who has lived with the disease for the last seven years. Adiru's goal is to educate pregnant women to avoid passing on the virus to their children.

Her activities take place at the Mother – Baby Care point at Arua Regional Referral Hospital, where she works with the help of Beatrice Ndezu, the in-charge eMTCT at the care centre.

Adiru, a resident of Jaku in Arua municipality was found to be HIV positive in 2010 when she was pregnant with her first child. She had just completed her diploma in business studies from Makerere University Business School.

After her diagnosis, Adiru struggled to accept her status. She did not know if her baby would be born HIV-free.

One of the main obstacles among HIV-positive women in West Nile region is to overcome the stigma.

In the region, the HIV question is considered to be a woman's problem. They need to make sure that their babies will not be infected, but doing the test, they worry that their community will learn about their fate and eventually shun them.

"I felt like committing suicide, and I could not imagine giving birth to a dead child, besides I could not imagine how the community was going to shun me," she said.

Adiru later consoled herself that it was not only people with HIV/Aids who were dying. She enrolled on antiretroviral treatment through the Elimination of Mother to Child Transmission (eMTCT) programme at ARRH.

Going for antenatal early during pregnancy can protect your baby against HIV

STATISTICS

Data from the Ministry of Health indicates that fewer babies are now being born with the infection. In 2013, 15,000 babies were born with HIV/AIDS, compared to 28,000 babies in 2014

What is mother-to-child transmission?

The eMTCT reduces the infant mortality and is the first line of defence against the spread of HIV from mothers to their babies.

At Arua Hospital, the eMTCT programme was started in 2000 according to Janet Alezoyu, a senior nursing officer.

She said in the programme, an HIV-positive mother is initiated to antiretroviral treatment (ART).

Alezoyu said HIV transmission from mothers to children can happen during pregnancy, at birth or through breastfeeding.

"I thought if others die of cancers and others die in accidents, why should I worry about dying of HIV/AIDS. Besides, HIV/AIDS is no longer a death sentence," Adiru recounted.

Hoping to keep her first child HIV-negative, she kept up with the eMTCT treatment. Similarly, she did not hide the fact that she was HIV-positive, hence combating any form of stigma.

"I was determined and had faith in the future," she said.

A few months later, Adiru gave birth to a healthy HIV-negative baby boy.

The boy is now seven years old in Primary Two. She has a set of twins who are two-and-half years old.

The fact that, Adiru wanted to celebrate the joy of motherhood, being HIV-positive did not stop her from her having children.

She also symbolises the hope of new HIV positive mother's generation who can now dream of HIV-free babies.

Beatrice Ndezu, the in-charge eMTCT at Arua Hospital, says over 1,466 infants born to mothers who tested HIV-positive were HIV-free out of about 3,000 pregnant mothers since 2010.

Ndezu, encouraged HIV-positive pregnant mothers to go for eMTCT because it is for free. She said those who have enrolled are given health education, tips of hygiene and foods to eat.

According to Dr William Sengokwo, an HIV/AIDS specialist at Arua Hospital, eMTCT has made it easy for HIV-positive mothers to HIV-free babies. He said once an expectant mother is tested positive, she is put on anti-retroviral therapy for option B+ to prevent vertical transmission of the virus to the baby.

The 2015 Arua's performance on selected indicator revealed that only five infants were born HIV-positive out of the 1,000 HIV-positive mothers who were delivered at the facilities.

This, figure he said, shows a significant drop of 12 safe deliveries from the 17 infants who were born HIV positive in the previous years.

"We are making good strides and I think we may achieve the targets of having an HIV-free country through eMTCT programmes," he said.

In 2015, the World Health Organisation released new guidelines recommending lifelong antiretroviral treatment for all pregnant and breastfeeding women living with HIV.

Jane Manano, the eMTCT focal person in Nebbi district, said however, said they continue to face a few challenges from HIV-positive mothers who come from distant facilities.

"Our biggest challenges are the clients from Democratic Republic of Congo. They are not adhering to treatment," Manano said.

The number was projected to fall to 8,000 by the end of 2014 and could be lower than that because of the current scale-up.

In 2014, UNAIDS announced new targets for the global response to HIV, aptly named 90-90-90 strategy.

The new strategy targets that 90% of people living with HIV (PLHIV) know their status, 90% of diagnosed PLHIV are on treatment and 90% of them on treatment achieve undetectable viral load by 2020.

Dr Paul Onzubu, the Arua health municipal officer says, avoiding unintended pregnancy is best way to reduce the risk of a baby being born with HIV. He said HIV-positive couples should seek professional medical advice if they want to have children.

PROTECTING YOUR BABY DURING BREASTFEEDING

Dr Paul Onzubu, the Arua health municipal officer says breast milk contains a small percentage of HIV. He, however, said guidelines on whether to breastfeed or not varies depending on what resources are available to an HIV-positive mother.

He advised that, if a positive mother always has access to formula and clean, boiled water, she should not breastfeed and give formula instead.

"If you do breastfeed, you must always take your treatment and exclusively breastfeed for six months. Mixing breast milk with other foods increases your baby's risk of getting HIV," he said. Transmission of HIV from mother to her child during pregnancy (TMTC), child birth and breastfeeding remains one of the most frequent modes of paediatric HIV transmission in sub-Saharan Africa.

In Uganda, 6% of pregnant women receiving antenatal care (ANC) are HIV-positive. To reduce transmission risk, the women and their infants need care and support services to help them adopt risk-reducing behaviours.

In September 2012, Ministry of Health adopted eMTCT option B+ which calls for all HIV-positive pregnant women to be put on antiretroviral therapy (ART) for life.

In collaboration with the health ministry and Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN), a USAID-funded project, there has been tremendous achievement.

According to the data available with SUSTAIN, between October 2010 and March, 2016, 11, 803 HIV-positive pregnant and breastfeeding women were newly enrolled in HIV care and support services.

A total of 25,997 HIV-positive pregnant women received ART to reduce the risk of mother-to-child transmission during a pregnancy. And 21,568 HIV-exposed infants were given ARV prophylaxis at birth while infants born to mothers who tested HIV-positive reduced to 2.3% in June 2016 from 8% in 2010.