

Response to Antenatal HIV testing and prevention of parent to child transmission at Bidar Institute of Medical Sciences Bidar

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Abstract

Objectives: The antenatal screening of HIV in all women is becoming an integral part of routine check up in India, by prevention of parent to child transmission (PPTCT) program. **Aims:** To analyze the response to implementation of PPTCT program at BRIMS Bidar Hospital and to study the involvement of husbands for counselling and testing. **Methods:** Data of 10,730 women attending the antenatal clinic from April 2011 to March 2012 was analyzed. Data of husbands counseling and testing was also analyzed. **Results:** Acceptability of the test after pretest counselling, women attended post test counseling and collected reports is 100%. Sero prevalence of HIV was 0.32, of which 100% came for post test counseling and all got Nevirapine. 0.13% of husbands of the total antenatal cases came for counseling, only after post test counseling of the women regarding their sero positivity. **Conclusion:** The acceptability of the test after pre test counseling and post test counseling is satisfactory and 100%. All the sero positive women received Nevirapine. There is need to enhance male involvement to make husband friendly antenatal clinic.


Key words: PPTCT(prevention of parent to child Transmission). HIV, Antenatal check up, Pretest counseling, Post test counseling.

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INTRODUCTION

Prevention of parent to child transmission of HIV is a national program, which is being implemented in BRIMS Bidar Hospital. This is the most successful program being implemented against HIV. This program not only helps to prevent parent to child transmission in sero positive population but also creates awareness about HIV in large number of couples attending antenatal clinics. It also gives the opportunity to identify infected partners. The antenatal screening of HIV is becoming an integral part of

routine antenatal check up. Our aim is to study the response to the implementation of PPTCT program as well as the involvement of husbands for counseling and testing at BRIMS Bidar.

METHODS

This study was conducted in Bidar Institute Of Medical Sciences, Bidar (BRIMS). The data over a period of 1 year from April 2011 to March 2012 was analyzed. Total antenatal registrations were 10730 among which 4602 cases visited PPTCT centre and under went pretest counseling and antenatal screening for HIV, specialist counselor did the counseling. Institutional ethical committee of the hospital had approved the study.

Table 1

Antenatal total registrations	10730	---
Antenatal cases who underwent HIV testing	4602	42.88%
Women who underwent post test counselling	4602	100%
Total husband counselled	15	0.13%
Total husband tested	15	100%
Total HIV positive mothers	15	0.32%

HIV positive mothers who attended post test counselling	15	100%
Nevirapine given to mother	31	---
Nevirapine given to baby	26	---
Total HIV positive deliveries	28	---
Women referred to higher centre	03	---
Home delivery	Nil	---
Husbands found positive	14	---

Table 2: District AIDS program control unit statistics from April 2011 to March 2012

Antenatal total ANC registrations	36454	---
Antenatal cases who under went pretest counselling	33981	93.2%
Women who under went HIV testing	33981	100%
Women who under went post test counselling	33894	99.74%

RESULTS

There were 10730 new antenatal registrations. Among them, 4602 42.88% visited to PPTCT centre and underwent HIV testing. 15 patients found sero positive i.e. 0.32%. Total 4602 women came for post test counseling i.e. 100%. Among 15 sero positive women all the 15 (100%) came back for post test counseling and report collection. These patients underwent thorough intimation about vertical transmission and importance of delivery in PPTCT centre. Total number of sero positive women who came for delivery was 30 and among them 2 were referred to higher centre due to associated medical disorder. One women of missed abortion who is severely anaemic was also referred to higher centre. The labour was conducted with universal precaution. 28 mothers who delivered in this hospital and 26 neonates got Nevirapine. All the mothers were counseled about merits and demerits of breast feeding. Total 15 husbands were counseled i.e. 0.13% of total women who underwent counseling and HIV testing in our hospital. Among 15 husbands who counseled and tested all came for post test counseling and for report collection. Out of 15 husbands 14 were sero positive and 1 was negative. In the remaining 6128 57.11% registered cases who did not visit PPTCT centre, most of them had HIV test done at their centre and few wanted to get done at their peripheral hospitals. As it is not possible to do proper follow up for these dropped out cases, so we have collected data from District AIDS prevention and control unit (DAPCO) unit for that year. As per DAPCO statistics from April 2011 to March 2012. Total antenatal case registration were 36454. Among them 33981 underwent pretest counseling almost 93.2%. 33981 women underwent HIV testing i.e. 100% and 33894 99.74% women came for post test counseling and for report collection.

DISCUSSION

This data represents the implementation and response to the prevention of parent to child transmission program for HIV at BRIMS Bidar. The women are coming from poor socio economic class with poor literacy rate having low awareness of disease. This program is effectively creating awareness regarding testing HIV among this class. Hence though the rate of testing at our hospital is 42.88%. District statistics shows 100%. This suggest that PPTCT is becoming an integral part of effective and routine antenatal care. In other studies the rate of testing is 86 to 90 %^{1,3,5,8} When we see the post test counseling i.e. 100% all 4602 patients underwent post test counseling in 15 sero positive women all 15 came for post test counseling. Proper health education regarding HIV and AIDS through pre test counseling and convincing the women about confidentiality of HIV status would be maintained at optimal level. This has helped to increase the utmost rate of improvement of post test counseling i.e. 100% in our study. In other studies the post test counseling is 58.6% in central institute is upto 30%^{1,6}

Total number of husbands counseled for HIV testing was 15 that is 0.13% of total women. All the 15 husbands were called for counseling, after detecting sero positive status of their wives. This suggest that the area of concentration needed is participation of husbands. Practically the husbands are not always accompanying women in antenatal clinics. Secondly there is an attitude of why I need to be tested if my wife is pregnant. Thirdly if the husband had any high risk behavior he refused to undergo the test due to fear of diagnosis⁹. In our society, the rearing of a child is still considered to be a job of a woman. Even otherwise husband participation in our antenatal clinic is nil. In public hospitals it is not a practice for husband and wife to attend the antenatal clinic together. Hence there is no opportunity for the Doctor or the counselor to talk to the husband. It is also not possible in public hospitals where there are large number of registrations compared to the availability of manpower.

CONCLUSION

The acceptance ratio of HIV testing by women is satisfactory. It is becoming almost an integral part of routine antenatal clinic. The post test counseling attendance is satisfactory. Those who have dropped out by visiting PPTCT, there is possibility of HIV test done at peripheral or other private hospitals and there is a possibility of women delivering at other public or private hospitals. Therefore a follow up of such women and proper documentation is needed with inter sectoral co-ordination between the public and private hospitals. Many defaulter actions are suggested for tracing these women.

There should be a unique body for a particular area to report all sero positive women delivering under the cover of Nevirapine. This will lead to uniformity in data collection. We should convert the hospital to a husband friendly hospital. There is need to enhance male involvement in antenatal clinics in the public sector hospitals. After all antenatal clinics are an effective opportunity for health care providers to create awareness of HIV among the larger community⁹. Apart from prevention of transmission of HIV to the child, it provides a great opportunity for the parents themselves in containing the disease. Prevention is the cure and antenatal clinic is the best opportunity to educate.

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