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Mother-to-child transmission

ALMOST all of the children infected with HIV acquired the virus from their mother before or during birth, or through breastfeeding. Ninety percent of mother-to-child HIV infections occur during late pregnancy or birth when maternal blood enters the foetal circulation or by mucosal exposure to virus during labour and delivery.

The risk of mother-to-child transmission (MTCT) is significantly increased if the mother has advanced HIV, increased levels of HIV in her bloodstream, or fewer numbers of the immune system cells CD4+ T that are the main targets of HIV.

Nonetheless, HIV-positive mothers can prevent transmission to their children by taking anti-retroviral (ARV) drugs. According to the World Health Organisation, the risk of MTCT can be reduced to 2% by treating women with ARV during pregnancy and labour, and infants during the first weeks of life. Breastfeeding should be avoided completely.

In 1998, antenatal HIV testing programmes were established by the Health Ministry to screen and treat pregnant women with HIV, to prevent MTCT. Pregnant women who visit government antenatal clinics are (voluntarily) tested for infection; those found to be HIV-positive are offered counselling and ARV treatment.

Mothers who participate in the programme receive treatment for free throughout their pregnancy (antenatal and intra-partum) and for life.