Journal of Community & Public Health Nursing

Review Article Open Access

The HIV Affected by Mothers and Their Children

Ortego Abajas-Bustillo*

Department of nursing, University of Granada, Spain

Abstract

This study described the prevalence of adverse pregnancy outcomes (APOs) in Chinese HIV-infected pregnant women, and examined the relationship between maternal HIV infection /HIV-related factors and APOs. This prospective cohort study was carried out among 483 HIV-infected pregnant women and 966 HIV-uninfected pregnant women. The acquired immune deficiency syndrome.-infected and HIV-uninfected women were enrolled from midwifery hospitals in Hunan province between October 2014 and September 2017. All data were extracted in a standard structured form, including maternal characteristics, HIV infection status, HIV-related factors and their pregnancy outcomes. APOs were assessed by maternal sexually transmitted disease infection status and HIV-related factors using logistic regression analysis. At least 3.28 million pregnant women infected with sexually transmitted disease are estimated to give birth each year, with more than 75% of these in sub-Saharan Africa; this is where most of the annual 700 000 new infections of HIV in children occur.

Perinatal transmission of acquired immune deficiency syndrome. Can occur in utero, during labour and delivery, or postnatally through breastfeeding.1w1 Most transmission occurs during the intrapartum period.1 Transmission will vary from less than 2% in the developed world (with its access to antiretroviral therapy, caesarean section, and formula milk) to more than 30% in the developing world (where access to therapy is limited and breastfeeding is prolonged). W2 Observational studies have shown that the risk of perinatal transmission is affected by maternal stage of disease; duration of rupture of membranes; increased genital secretion of acquired immune deficiency syndrome. Associated with sexually transmitted infections such as herpes simplex virus; and other factors such as prematurity.

Introduction

Human immunodeficiency virus (HIV) infection is a severe public health problem in the world and seriously threatens the health and lives of women and children. In 2018, 37.9 million people were living with HIV worldwide, which consisted of 49.6% of women (15+ years old) and 4.5% of children (< 15 years old).[1] Globally, due to comprehensive interventions against mother-to-child transmission (MTCT), the number of new HIV infections among children under five age declined by 41% from 280,000 in 2010 to 160,000 in 2018. In China, the Prevention of Mother-to-Child Transmission (PMTCT) of HIV program, supported by United Nation Children's Fund, expanded to 1638 counties/districts in 31 provinces in 2014, since the first pilot in Shangcai county in Henan province in 2001, and covered 8 counties in 5 provinces with relatively severe HIV epidemic in 2003.[1-3] In the past decades, the application of comprehensive interventions on pregnant women and their children led to substantial progress in the implementation of PMTCT in China, as the MTCT rate decreased from 31.8% prior to the program to 5.7% in 2016. Especially, the MTCT rates were controlled below 5% in Chinese counties where sexually transmitted disease burden was relatively high and the PMTCT program was first implemented. As artificial rupture of membranes has little obstetric benefit in normal labour, it should not be done routinely in women who are known to be sexually transmitted (HIV) positive or in areas of high sexually transmitted disease prevalence. In the case of premature rupture of membranes, with or without labour, the risk of sexually transmitted disease transmission must be balanced against the risk of premature delivery.

Although the use of elective caesarean section has been a major factor in reducing the rates of mother to child transmission in well-resourced settings[4-6], it may not be a feasible option in many less resourced areas of high HIV prevalence. In these areas, some cases might merit a lowered threshold for caesarean section; such cases would include any pregnancies where labour is expected to be prolonged or where other obstetric complications may be associated with increased transmission risk (such as abruptio placentae and preterm rupture of membranes). Depending on the available facilities, this may also apply to women who had had previous caesarean sections or breech presentations.

Breast feeding is an important route of transmission. In the United Kingdom, where safe infant feeding alternatives are available, sexually transmitted disease infected women are advised to refrain from breast feeding. In resource poor settings where breast feeding is essential for infant survival, exclusive breast feeding for four to six months may be justified.

Testing of sexually transmitted disease (HIV)

Maternal HIV testing methods included antibody screening tests and confirmation tests. At first antenatal care, HIV antibodies on peripheral blood samples from pregnant women were screened using enzyme-linked immunosorbent assay (ELISA) and/or chemiluminescence immunoassay (CLIA). The positive results of sexually transmitted disease antibody screening were confirmed using western blot (WB). Details of HIV-related testing strategies for pregnant women were given in National AIDS Testing Technical Specification. According to HIV antibody test results [7], the pregnant women with a positive result were enrolled into the HIV-infected group, and those with a negative result were involved into the sexually

***Corresponding author:** Ortego Abajas-Bustillo, Department of nursing, University of Granada, Spain, E-mail: abjasbus@gmail.com

Received: 1-Nov-2022, Manuscript No: JCPHN-22-82003, **Editor assigned:** 3-Nov-2022, Pre QC No: JCPHN-22-82003 (PQ), **Reviewed:** 17-Nov-2022, QC No: JCPHN-22-82003, **Revised:** 22-Nov-2022, Manuscript No: JCPHN-22-82003 (R), **Published:** 28-Nov-2022, DOI: 10.4172/2471-9846.1000375

Citation: Abajas-Bustillo O (2022) The HIV Affected by Mothers and Their Children. J Comm Pub Health Nursing, 8: 375.

transmitted disease-uninfected group. Pregnant women with uncertain HIV testing result were excluded from the study.

Discussion

This review aimed to give an overview of the literature on sexually transmitted disease-affected adolescent mothers and their children in sub-Saharan Africa and identify promising programmes for this population. Overall, data that speaks to the distinct challenges faced by adolescent mothers and their children in sub-Saharan Africa, as specifically relates to HIV and is limited and not well-distributed across the African continent. This review identified four salient themes emerging from the available literature, including physical health, socioeconomic factors, safety and violence (child marriage, IPV, social support), and caregiving. Themes related to mental health, cognitive health, and education were largely absent from this evidence- particularly in relation to adolescent mothers living with sexually transmitted disease. Across these domains, barriers to health, well-being, and thriving of adolescent mothers persist, and more attention must be paid to their specific needs and concerns both during pregnancy and after the birth of their children.

Conclusion

Preventing sexually transmitted disease infection in children has become possible in the past decade. Interventions exist for minimising mother to child transmission of HIV, both in the developed and the developing world. If these are widely implemented in the next decade, they will result in a substantial decline in the number of children acquiring this devastating disease from their mothers. Globally, an estimated 1.3 million women and girls living with HIV become pregnant each year [8-9]. In the absence of intervention, the rate of transmission of HIV from a mother living with HIV to her child during pregnancy, labour, delivery or breastfeeding ranges from 15% to 45%. As such, identification of HIV infection should be immediately followed by an offer of linkage to lifelong treatment and care, including support to remain in care and virally suppressed and an offer of partner services.

In 2019, 85% of women and girls globally had access to antiretroviral therapy (ART) to prevent mother-to-child transmission (MTCT). However, high ART coverage levels do not reflect the continued transmission that occurs after women are initially counted as receiving treatment. Achieving retention in care and prevention of incident HIV infections in uninfected populations remain high priorities to reach global elimination targets. Since the global shift to, and accelerated rollout of, highly effective, simplified interventions based on lifelong ART for pregnant women living with sexually transmitted disease, virtual elimination of MTCT–also known as vertical transmission – has been shown to be feasible [10]. Furthermore, although HIV has generated much stigma and discrimination, the needs of adolescent parents, especially those living with HIV, should be considered in through comprehensive approaches that focus on long-term quality of life and the achievements of both generations: young parents and their children.

Conflict of Interest

The authors declared that there is no conflict of interest

References

1. Cocchiara R, Peruzzo M, Mannocci A, Ottolenghi L, Villari P, et al. (2019) The use of yoga to manage stress and burnout in healthcare workers: a systematic review. J Clin Med 8: 284.
2. Duchscher JEB (2009) Transition shock: the initial stage of role adaptation for newly graduated registered nurses. J Adv Nurs 65: 1103–1113.
3. Galvin J, Richards G, Smith AP(2020) A longitudinal cohort study investigating inadequate preparation and death and dying in nursing students: implications for the aftermath of the COVID-19 pandemic. Front Psychol 4: 1-5.
4. Gea-Caballero V, Castro-Sánchez E, Díaz-Herrera MÁ, Sarabia-Cobo C, Juárez-Vela R, et al. (2019) Motivations, beliefs, and expectations of Spanish nurses planning migration for economic reasons: a cross-sectional, web-based survey. J Nurs Scholarsh 51: 178–186.
5. Elizabeth M Q, Louise Gallagher, Jan de Vries (2019) A qualitative exploration of Breastfeeding Support Groups in Ireland from the women's perspectives. Midwifery 78: 71-77.
6. Tom Farrelly, Sinéad Flaherty, Hannah Healy (2019) The challenges to public health nurse practice in rural Ireland. Public Health Nur 36: 341-347.
7. Galvin J, Richards G, Smith AP(2020) A longitudinal cohort study investigating inadequate preparation and death and dying in nursing students: implications for the aftermath of the COVID-19 pandemic. Front Psychol 4: 1-5.
8. Gea-Caballero V, Castro-Sánchez E, Díaz-Herrera MÁ, Sarabia-Cobo C, Juárez-Vela R, et al. (2019) Motivations, beliefs, and expectations of Spanish nurses planning migration for economic reasons: a cross-sectional, web-based survey. J Nurs Scholarsh 51: 178–186.
9. Kim EY, Yeo JH (2019) Effects of pre-graduation characteristics and working environments on transition shock of newly graduated nurses: a longitudinal study. Nurse Educ Today 78: 32–36.
10. Carter N, Bryant-Lukosius D, Dicenso A, Blythe J, Neville AJ(2014) The use of triangulation in qualitative research. Oncol Nurs Forum 41: 545–547.