



HIV/AIDS and PREGNANCY



# newsletter

SUMMER 2014

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**W**elcome to the Saskatchewan Prevention Institute’s HIV and Pregnancy newsletter. The Prevention Institute is a provincial, non-profit organization that strives to reduce the occurrence of disabling conditions in children. Our goal is healthy children. Since 2010, the Prevention Institute has received funding from the Ministry of Health to move forward with initiatives in the area of reproductive health that are of particular pertinence to the health of Saskatchewan’s population.

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Saskatchewan women of childbearing age continue to be a population of people with high rates of HIV. Without effective education, prevention, and treatment efforts, including those directed at women who are or may become pregnant, HIV infection rates will likely continue to rise in Saskatchewan. In an effort to address these needs for education, the Prevention Institute's Reproductive Health Education Program includes a focus on HIV and pregnancy.

During the 2013-2014 fiscal year, the Prevention Institute conducted a needs assessment survey to determine the training and information needs of health and allied health professionals who work with women, regarding HIV and pregnancy. The survey identified a need for ongoing, up-to-date information and promotion of existing resources.

This semi-annual newsletter will provide information with the aim of improving the care and services received by pregnant women living with HIV/AIDS, and ultimately, reducing the number of infants born with HIV infection in Saskatchewan.

## The Importance of Language

HIV is an acronym for Human Immunodeficiency Virus. This name highlights the fact that HIV can only be transmitted from one human to another human, and that it is a virus that causes a deficiency in the immune system. It is important to remember the "human" part of the acronym and remain respectful of the person living with the virus. It is for this reason that person-first language is recommended (i.e., saying "a woman living with HIV" instead of "HIV positive woman"). People would never say "cancer woman" or "diabetes man" because this type of labeling highlights the disease and puts the person as second.

It is for similar reasons that using term vertical transmission (or perinatal transmission) is preferred to mother-to-child transmission. The latter terminology can be seen as placing blame directly on the mother. By referring to vertical transmission or perinatal transmission, the allegation of blame is removed.

## Prevention Institute Resource Highlights

### ***Vertical Transmission of HIV: Prevention, Treatment, and Education***

The number of individuals testing positive for HIV in Saskatchewan is more than double the Canadian average. Women of childbearing age continue to have high HIV infection rates. These are two important facts to consider when thinking about the prevention of HIV transmission, particularly the prevention of vertical transmission of HIV. Recognizing the importance of understanding HIV in the context of pregnancy, the Saskatchewan Prevention Institute recently conducted an updated review of the literature in this area. The literature review focuses on ways to ensure the best possible outcomes for pregnant women who live with HIV and for their newborns. The review includes findings and recommendations on vertical transmission, transmission prevention, barriers to prevention, and health promotion about these topics.

To access the Executive Summary and download full report, please visit:

<http://www.skprevention.ca/shop/vertical-transmission-of-hiv-prevention-treatment-and-education-literature-review>



## Noteworthy Provincial and National Resources

### **Testing for HIV Infection in Pregnancy**

The Public Health Agency of Canada (PHAC) estimates that approximately 25% of people who have HIV are not aware of their infection status. To aid in prevention of HIV transmission, the Saskatchewan HIV Provincial Leadership Team released the Saskatchewan HIV Testing Policy in 2013. The purpose of the policy is to increase awareness and rates of testing to decrease new infections.

One of the most basic ways to reduce the risk of vertical transmission of HIV is to screen pregnant women as early in pregnancy as possible. In recognition of the importance of prenatal HIV testing, the Saskatchewan HIV Testing Policy recommends that all pregnant women are offered prenatal screening for HIV, instead of just those who present as being high risk for HIV. It is important for women who have previously tested negative during a past pregnancy to be aware of the necessity of having current HIV testing.

For women who test negative early in pregnancy but who continue to engage in high-risk behaviours (injected drug use, sex work, continued sharing of needles, and/or continued sexual contact with HIV-infected partner(s)), it is recommended that repeat testing be offered each trimester and at term.

Saskatchewan currently uses an opt-out testing strategy, where all pregnant women are offered HIV testing as part of their routine prenatal screening tests. As part of the opt-out testing strategy, the physician is required to inform the woman that HIV testing is part of routine screening, and that she has the option to decline the test (opt-out) if desired. It is important that the common principles of confidentiality and informed consent, conducted in a non-judgemental fashion, are applied to HIV testing in pregnancy.

The risk of vertical transmission of HIV can be reduced almost completely with interventions such as testing, treatment, and appropriate care during delivery and postpartum. In order for this care to be provided, it is vital that pregnant women are knowledgeable about their HIV status.

To access the Saskatchewan HIV Testing Policy visit, [http://www.skshiv.ca/SK%20HIV%20Testing%20Policy%20Final%20Dec%202012%20\(2\).pdf](http://www.skshiv.ca/SK%20HIV%20Testing%20Policy%20Final%20Dec%202012%20(2).pdf).

### **Prevention of Vertical HIV Transmission and Management of the HIV-exposed Infant in Canada in 2014**

The Canadian Paediatric and Perinatal AIDS Research Group (CPARG) and the Infectious Diseases Committee of the Society of Obstetricians and Gynaecologists of Canada (ID-SOGC) published an article in March/April 2014 providing information and recommendations for prevention of vertical HIV transmission and management of infants exposed to HIV in Canada.

The recommendations include:

- HIV testing for all pregnant women with appropriate pre- and post-counselling
- rapid testing for women with unknown HIV status at time of delivery
- consultation with obstetric and pediatric HIV experts for the treatment and care of women and their infants
- administration of intravenous zidovudine during labour for all women infected with HIV regardless of antepartum antiretroviral treatment, mode of delivery, or viral load near delivery
- use of antiretroviral therapy for all HIV-exposed newborns
- exclusive formula feeding of infants born to women living with HIV
- access to free formula for all infants of mothers living with HIV for the first 12 months of life
- support for mothers living with HIV by discussing personal/cultural beliefs for infant feeding and potential barriers to formula feeding
- advisement against the practice of premastication of food by caregivers with HIV due to potential transmission of HIV
- long-term follow-up for all children exposed to antiretroviral medications in utero and perinatally

For further information, download the article at:

[http://www.cps.ca/committees/16160\\_bitn.pdf](http://www.cps.ca/committees/16160_bitn.pdf).

*Full article citation:*

Bitnun, A., Brophy, J., Samson, L., Alimenti, A., Kakkar, F., Lemarre, V., et al. for the Canadian Paediatric and Perinatal AIDS Research Group and the Infectious Diseases Committee of the Society of Obstetricians and Gynaecologists of Canada (2014). *The Canadian Journal of Infectious Diseases & Medical Microbiology*, 25, 75-77.



**“Why Aren’t You Breastfeeding?”: How Mothers Living With HIV Talk About Infant Feeding in a “Breast Is Best” World**

In March 2014, the article, “Why Aren’t You Breastfeeding?”: How Mothers Living With HIV Talk About Infant Feeding in a “Breast Is Best” World was published in *Health Care for Women International*, providing information from Ontario mothers living with HIV on their feelings and experiences regarding infant feeding in a “breast is best” world.

The narrative interviews conducted with participants provide details from mothers on their experiences with and feelings about infant feeding in the context of living with HIV. The women’s experiences highlight the need for health and social care providers to provide support and care for mothers living with HIV, particularly around infant feeding. For many of the mothers interviewed, not being able to breastfeed had a strong impact on their sense of being a woman and a good mother. Mothers reported feelings of guilt, loss, shame, and concerns about stigma and disclosure. Important questions about the impact of breastfeeding messages and guidelines for mothers living with HIV in Canada are raised.

*Full article citation:*

Greene, S., Ion, A., Elston, D., Kwaramba, G., Smith, S., Carvalho, Loutfy, M. (2014). "Why Aren't You Breastfeeding?": How Mothers Living With HIV Talk About Infant Feeding in a "Breast Is Best" World. *Health Care for Women International*. Advance online publication. doi: 10.1080/07399332.2014.888720.

To receive a copy of the article, email Saara Greene at [greenes@univmail.cis.mcmaster.ca](mailto:greenes@univmail.cis.mcmaster.ca), Allyson Ion at [iona@mcmaster.ca](mailto:iona@mcmaster.ca), or visit <http://www.ncbi.nlm.nih.gov/pubmed/24527767>.



In Saskatchewan, formula is free for infants of mothers living with HIV. For more information, contact the Saskatchewan Infant Feeding Program Coordinators:

Prince Albert	306-765-6535
Regina	306-766-3915
Saskatoon	306-655-1783

**Additional Saskatchewan Prevention Institute Resources**

The following resources, along with others related to HIV and pregnancy, are available for preview, download, or order from the Saskatchewan Prevention Institute website at [www.skprevention.ca](http://www.skprevention.ca) or call (306) 651-4300.



**Screening for HIV as Part of Prenatal Care Prior to Week 36 - Algorithm (Resource 7-009)**

This algorithm provides Saskatchewan-specific guidelines for HIV screening in pregnant women prior to 36 weeks gestation.

<http://www.skprevention.ca/shop/screening-for-hiv-as-part-of-prenatal-care-prior-to-week-36-algorithm/>



**Are you positive you're negative? - Poster (Resource 7-011)**

A pregnant woman living with HIV who receives treatment and care can reduce the chance of her baby being infected with HIV. This poster highlights the importance of HIV testing for all pregnant women.

<http://www.skprevention.ca/shop/are-you-positive-youre-negative-poster-download-only/>

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