



Strengthening Midwifery Globally

## HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED IMMUNO-DEFICIENCY SYNDROME (HIV AND AIDS)

### BACKGROUND

The human immunodeficiency virus (HIV) causes a condition that can be treated with drugs and other therapies, including improving lifestyle and living conditions e.g. access to clean water and adequate nutrition, but cannot be cured. Eventually in most affected persons, it develops into the acquired immuno-deficiency syndrome (AIDS), which is a terminal illness even though some people with HIV infection may live for 15 or more years without conversion to AIDS. In some countries it has been accepted that HIV positive status is a chronic syndrome and not necessarily a death sentence.

However AIDS is still a major contributor to death and morbidity worldwide. HIV can be passed from one person to another as a sexually transmitted disease, through shared IV drugs or other needle use or through body fluids like blood or semen and some other fluids. Unsafe sex is the predominant mode of transmission of HIV worldwide, accounting for 80-90% of infections. Some estimates indicate that since the beginning of the epidemic in the 1980s, AIDS has claimed nearly 30 million lives, though statistics differ from organisation to organisation and from country to country. Women are increasingly affected, now making up nearly half of the adults living with HIV worldwide. Women are more physically susceptible to HIV infection than men. Male-to-female HIV transmission during sex is about twice as likely to occur as female-to-male transmission. In the absence of any intervention an estimated 15-30% of mothers with HIV infection will transmit either the HIV antibody or the virus to their baby during pregnancy and delivery, and 10-20 % through breast milk.

### STATEMENT OF BELIEF

The ICM believes that midwives, who are mainly women, in their capacity as professionals and members of communities need to be educators as well as practitioners working to prevent the spread of HIV and provide care and treatment as it becomes available. Because they are key health workers they are in a position of leadership in making a positive contribution to preventing the spread of HIV in the environments in which they live and work.

It is the firm belief of the Confederation that, irrespective of any positive HIV status, all women should have ready access to non-discriminatory, affordable midwifery care during pregnancy, childbirth and the puerperium, and that this care should be extended to the care of the baby in the immediate postnatal period.

The ICM believes that all women have the right to full information on prevention and care of HIV and AIDS and the prevention of transmission of HIV from mother to child, including medication with antiretroviral drugs, alternative therapies and research on the subject. The ICM also believes that midwives, by maintaining updated knowledge and competencies,

- will be able to work with their communities to minimise the spread of HIV by:
  - educating communities to a level of understanding as to how the virus is acquired and spread, including transmission risks from an HIV-positive mother to her infant, in particular at birth and during the breastfeeding period, thus empowering them to take responsible decisions and actions on lifestyle choices
  - providing advice on nutrition, general hygiene and well-being
  - providing health care services and equipment
- will be competent to work with medical staff, other health care workers and communities in caring for infected individuals, as better interventions become available
- will, based on their knowledge and experience, be able to work with health care researchers in their search for information relating to HIV and AIDS.

The Confederation further believes that midwives, because of their high risk of contracting HIV from fluids particularly at the time of birth must have all possible means of protection available and affordable to them.

## POSITION

Midwives are urged to accept their responsibility in the field of HIV and AIDS:

### A. Personally by:

- the avoidance of needle-stick injuries and correct disposal of used injection equipment
- maintaining updated knowledge in the field of HIV and AIDS, including developments relating to breastfeeding and lactation
- following universal precautions when handling body fluids and at other times of handling infected or potentially infected blood or blood stained products: (particularly scrupulous hand washing before and after direct contact, wearing of gloves and, at birth, wearing goggles or glasses, shoes and **covering all open wounds** and by using approved solutions to clean non-disposable equipment which has become contaminated
- ensuring the correct procedures for handling soiled items/linen for washing or destruction

### B. With communities by:

- educating all age groups within communities, with special emphasis on in-school education, on mode of spread of the virus.
- encouraging a responsible approach to sexual activity both heterosexual and homosexual
- discouraging the practice of female genital mutilation in countries where this is prevalent
- working with families regarding the welfare of orphaned babies
- maintaining confidentiality and avoiding stigmatisation of the woman at all possible times.

### C. With women of reproductive age by:

- ensuring that women have access to non-discriminatory care, which meets all their needs
- providing family planning information
- offering HIV counselling and testing or referring for testing according to local protocol
- providing HIV and AIDS information, including developments in breastfeeding and lactation in a form that can be understood
- obtaining sterile equipment to safe-guard women from blood borne transmission during labour

- working in partnership with medical staff and women in agreeing the optimum method of birth to minimise mother-to-fetus transmission.
- the avoidance of early rupture of membranes, application of fetal scalp electrode and an episiotomy during birth where possible
- working in partnership with women to determine the optimum method of feeding the newborn to prevent vertical transmission, and providing support for the implementation of the woman's choice of feeding method.
- the provision of counselling which is sensitive to women and their partners.

D. In working with relevant departments of local authorities and governments to ensure that:

- specific written guidelines and protocols are developed and implemented covering antenatal testing, universal precautions, conduct of normal birth, midwives' professional and legal responsibilities
- appropriate training and counselling for midwives is provided and accessible
- recording and monitoring programmes are in place and operational
- appropriate counselling and sensitive deployment, of HIV positive midwives is in place.

GUIDING STATEMENT TO MEMBER ASSOCIATIONS:

**Member associations are encouraged to investigate, advise on sources, or obtain and disseminate amongst their members information on the subjects of HIV and AIDS. Working collaboratively with their local authorities and governments to ensure that national policy and guidelines are followed as a means of preventing the spread of HIV, member associations are urged to develop written guidelines to cover incidents such as normal midwifery procedures, the position of a midwife who tests positive for HIV and the optimum method of infant feeding.**

## RELATED DOCUMENTS

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