HIV transmission

BLOOD

FIRST EDITION
**Session Objective:** Providing an overview of the ways HIV enters the blood stream through direct blood contact.

**This includes:**
- Direct blood contact between people through blood transfusion
- Direct blood contact through the use of unsafe surgical and other medical equipment
- Direct blood contact through labour and birth

**Session Overview**
There are several exercises and discussions by the participants

**Key Message**
Transmission through direct blood contact can be managed – there are choices

**Expected Learning Outcomes**
- Participants know how HIV is transmitted through direct blood contact
- Can identify ways of reducing the risks of transmission
- Have enough knowledge to advocate for the necessary means to reduce transmission through direct blood contact

**Expected Empowerment Outcomes**
- Compassionate responses to people who have HIV
- Community pressure on health care services to provide ARV treatment to people who are HIV positive.
- It is crucial that we all know our status – each and every participant is aware of the benefits to themselves and their community in receiving VCT.

**Toolkit References**
- ARVs
- Condom use
- Mutual Fidelity
- VCT
- Sterile surgical equipment
- Male circumcision and cultural scarification
- Sexually transmitted diseases

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**You will need:**
- Flipchart paper and pens
How is HIV transmitted:

**Note to facilitator:**

*This is a quick information session. What does this mean and how does it differ from the other sections?*

**High risk Body Fluids:**

- Blood
- Breast Milk
- Semen
- Vaginal Fluids

Note that part of the human tragedy of HIV is that the virus is transmitted through our most intimate relationships; our first relationship with our mothers and our adult sexual relationships.

**Effective transmission:**

HIV must find a way to enter the blood stream
HIV needs to be present in sufficient quantities
Duration of exposure needs to be long enough

**The transmission of HIV through blood exposure**

Means of exposure:

- Contaminated blood products through a blood transfusion

**Empowerment activity:**

- Find out about the blood supply in your country.
- Ask how blood is tested for HIV and other sexually transmitted infections. Also ask if the blood in your country is tested for malaria.
- Ask whether the blood services used in hospitals are from paid or unpaid donors?
- What would be the risks around using paid donors? You should provide information on negative outcomes.
- What are the risks of contracting HIV through contaminated blood or blood products?
Who should and should not donate blood or organs?
These questions can be asked through the local blood bank (if there is one) or through the administrator of the local hospital. If you have received blood products, ensure that you have an HIV test two months after receiving such products even if you know all precautions have been taken. It not only sets a good example but will also increase the confidence of others in the safety of blood products where appropriate.

Means of exposure
- Needles, razor blades, scaples and other sharp objects that pierce the skin
- Notes to facilitator: This is covered in more detail in male circumcision and sterile surgical instruments in the Toolkit.

Means of exposure
- People who use drugs through injections

**Means of exposure**

**Mother to child transmission – blood exposure**

*HIV cannot enter the baby’s bloodstream through a healthy placenta.*
A mother is connected to her growing baby by the placenta and the umbilical cord. The placenta is the organ through which the baby is nourished, waste products are eliminated and is given oxygen. The baby is attached to the placenta by the umbilical cord. The blood supply of the mother and the developing baby almost never mix so if a mother is HIV positive, the placenta actually protects the baby from infection. However, the placenta can only do this if the mother is healthy. The following situations increase the risk of HIV transmission from mother to child as it has a direct impact on the quality of the placenta:

1. If the mother is not well: smoking, substance abuse, vitamin A deficiency, malnutrition and other infections, such as sexually transmitted infections, are all associated with higher rates of mother-to-child transmission of HIV?
2. If the viral load of the mother is high: it is likely because she has recently been exposed to the virus or her HIV is turning into AIDS.

**Note to the facilitator:**
You should reassure women that the baby has its own blood supply and that in a safe, healthy pregnancy, the blood of the mother and of the growing baby do not intermix. It is only when the health of the placenta is compromised in some way that the risk of HIV transmission between mother and child increases.

**Reducing transmission during pregnancy:**
Ensure that the mother is not exposed to a new HIV infection. Use condoms during sex with your partner and ensure that a new partner is tested before embarking on a sexual relationship. Getting the pregnant mother onto ARV’s is a highly effective way of reducing the risk of transmission during pregnancy. In all cases, reducing the viral load (through ART will be an effective means of reducing the risk of transmission)

**Safe birthing for HIV positive mothers:**

**Note to facilitators:**
There are many myths about birthing that may need to be addressed during this session. You may want to invite a trained midwife to come and lead this section. Furthermore, it may turn into an ante-natal class. This may be necessary and useful for the participants but does not fall within the scope of the SAVE Toolkit. If this does happen, you will need to redirect the session and give people information to access proper ante-natal classes.
Preventing Transmission of HIV from mother-to-child during birth.

- Over 60% of mother-to-child transmissions of HIV occurs during childbirth. This is because the baby leaves the protective environment of the womb and comes into contact with the mother’s blood and mucus as it travels through the birth canal.

- **IMPORTANT:** Keep your viral load as low as possible during your entire pregnancy. If you are on antiretroviral therapy, take your medication daily. If you are not on medication, ensure that you are living a healthy life style by supporting your immune system through a nutritious diet, exercise and rest.

- **EVEN MORE IMPORTANT:** Continue to use a condom during sex. You do not want to become re-infected with HIV. Re-infection increases the viral load and risks for contracting a new strain of the virus that might be resistant to your medication.

- **KNOW YOUR HIV STATUS AND MONITOR YOUR VIRAL LOAD:** We cannot stress this enough. A mother’s health can be improved and a baby can be born without HIV if you know your status and have access to the correct care. Antiretrovirals along with quality ante-natal and post natal care will not only enhance a woman’s health but also the health of her child’s. Furthermore, mothers are important people in the lives of their babies and children. Women who are HIV positive can live happy, healthy and productive lives if they have the proper treatment and support.

- **ANTIRETROVIRALS:** We cannot stress enough – know your status and monitor your viral load as this determines the type of antiretroviral therapy you will receive during pregnancy and birth. There are different drug regimes across countries. The regime that is provided below is the minimum required in South African State Facilities: Reducing stress during child birth i.e. by having a cesarean section is an effective way of reducing the risk of HIV transmission during birth.

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**Activity:**

*It is important to know two things in terms of access to Antiretroviral treatment for pregnant mothers and their babies:*

- What is available locally?
- How is access controlled?

*Gather a group of respected local religious leaders and visit the local birthing unit to see what antiretroviral care is available. Make this information available through places of worship.*
Although care might be available, access to this care can be problematic due to either unconcerned staff or supply line problems. A group of religious leaders can impact change by demanding better care for members of their communities. Become actively involved in the local clinics to ensure that community members are not denied access to treatment.

**DURING BIRTH:** A labouring woman is often not the best advocate for herself and her baby during labour. If possible, you can discuss the following with your caregiver or try and ensure that a friend is with you during labour. These guidelines are important for traditional birth attendants to ensure that they practice as safely as possible.

- Do not artificially rupture membranes unless there is a specific reason for this. Prolonged rupture of membranes significantly increases the transmission of HIV because the baby no longer has the protection of the amniotic sac.
- Do not cut the vulva unless absolutely necessary. This cutting is called an episiotomy.
- Try to avoid a forceps delivery or vacuum extraction, as such methods cause cuts to the baby’s head. If these cuts come into contact with the mother’s blood (which is inevitable during birth) HIV transmission can occur.
- The friction caused by the baby passing through the birth canal can cause minute abrasions to the skin. This provides opportunity for HIV to pass from mother to child as their blood comes into direct contact. There is nothing we can do to prevent this as it is a normal process and the abrasions cause no harm or damage to the baby. Much can however be done to reduce the risk of HIV transmission at this stage:
  - Giving the mother ARV’s before giving birth
  - Giving the baby ARV syrup just after birth
  - Delivering the baby through cesarean section

**SSDDIM:**

**Note to facilitators:**

The following activity can be carried out as part of a comprehensive antenatal care programme. You should stress the overall health and well-being of every pregnant, labouring and birthing women. All pregnant women have a great need for good nutrition, proper medical care and community support. The special focus for HIV positive women is access to ARV’s. However, in many contexts this access is either difficult or non-existent. It is thus critical to stress the important role of religious communities in pressuring the government and healthcare providers to enable HIV positive pregnant women to access ante-natal and post-natal ARV treatment. Furthermore, quality pregnancy care and birthing practice can empower women to demand better care for themselves and for their infants.
Limiting ARV’s simply to antenatal and post natal care, will help prevent the transmission of HIV to the newborn baby, but will not significantly help the health of the mother. The best way to deal with orphans is to keep the parents alive! Where ever possible a mother who has been inititated into treatment in relation to pregnancy should be kept on treatment afterwards.

**Activity:**

If the group is large, divide participants into multiple groups of 6 and give them several sheets of presentation paper, each one labelled under stigma, shame, denial, discrimination, inaction and misaction. The scenario is that there is a pregnant woman in your community who is HIV positive. The groups need to discuss under the different headings what the consequences would be for the pregnant woman and her unborn baby if we do not address SSDDIM.

A group discussion should follow and the consequences highlighted for all.

Give each group another set of papers again and look at the consequences of SSDDIM on a pregnant woman who is HIV positive. Once again bring the group together to discuss the consequences.

Ask the group to develop action points that they can do to reduce SSDDIM against HIV positive pregnant women.

(Endnotes)

1 Van Dyk, Atla ‘HIV/AIDS Care & Counselling – A Multidisciplinary Approach’ 2005 Pearsons Educastion South Africa (p.32)
SAVE TOOLKIT
A Practical Guide to the SAVE Prevention Methodology