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## **Position Statement**

# **Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV and AIDS)**

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## **Background**

The human immunodeficiency virus (HIV) causes a condition that can be controlled, but not cured, with antiretroviral drugs. Alternative therapies, lifestyle changes and improved living conditions contribute to improved treatment outcomes. Untreated HIV progresses to the acquired immunodeficiency syndrome (AIDS) within 5 to 15 years. Continued compliance with the use of antiretroviral drugs can slow the progression of HIV to a near halt and life expectancy can be significantly increased. People living with HIV can remain well and productive for many years, even in low-income countries. In some countries it has been accepted that HIV positive status is a chronic syndrome.

However AIDS is still a major contributor to death and morbidity worldwide. It can be transmitted through unprotected sexual intercourse (vaginal or anal), oral sex with an infected person; transfusion of contaminated blood; and the sharing of contaminated needles, syringes or other sharp instruments. It may also be transmitted between a mother and her infant during pregnancy, childbirth and breastfeeding.

## **Position**

ICM:

- Affirms that all women have the right to full information on avoiding HIV infection and AIDS, knowledge of their own HIV-status, and how to prevent HIV transmission from mother to child.
- Underlines that all HIV positive pregnant women have a right to access antiretroviral drugs for themselves and their newborns.
- Urges midwives, in their capacity as professionals and members of communities to be educators as well as practitioners in working to prevent the spread of HIV and provide care and treatment as it becomes available.
- Believes that Personal Protective Equipment (PPE) – latex gloves etc. - should be available to midwives at an affordable cost.

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## Recommendations

Member Associations are encouraged to 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, guidelines for midwives who tests positive for HIV and the optimum method of infant feeding.

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

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prevalent

- Working with families regarding the welfare of orphaned babies
- Maintaining confidentiality and avoiding stigmatisation of the woman at all 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
- Where possible the avoidance of early rupture of membranes, application of fetal scalp electrode, fetal blood sampling, and an episiotomy.
- 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

\*Childbirth encompasses pregnancy, delivery and the postnatal period

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### **Related ICM Documents**

ICM. 2014. Position Statement. Exclusive Breastfeeding and HIV

### **Other Relevant Documents**

IATT. 2011. A Global Action Framework for Elimination of Mother-to-Child-Transmission of HIV.

IATT. 2011. Vital Voices: Recommendations from consultations with people living with HIV on the IATT's Strategic Framework for PMTCT Components 1 and 2. ICW, GNP+.

[www.gnpplus.net/images/stories/Empowerment/consultations/ICW\\_GNP\\_Recommendations\\_PMTCT\\_Framework\\_Final.pdf](http://www.gnpplus.net/images/stories/Empowerment/consultations/ICW_GNP_Recommendations_PMTCT_Framework_Final.pdf)

UNFPA. 2011. Preventing HIV and unintended pregnancies. Strategic Framework 2011 – 2015.

WHO. 2013. Global update on HIV treatment 2013: results, impact and opportunities: WHO report in partnership with UNICEF and UNAIDS.

WHO. 2013. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach. Geneva, World Health Organization, 2013.

WHO. 2013. HIV/AIDS Fact sheet N°360 Updated October 2013

Yiannoutsos CT et al. Estimated mortality of adult HIV-infected patients starting treatment with combination antiretroviral therapy. Sexually Transmitted Infections, 2012, 88:i33–i43.

### **Adopted at Glasgow Council meeting, 2008**

Reviewed and adopted at Prague Council meeting, 2014

*Due for next review 2020*