

Social Tract

Module on

Counselling

LEARNING OUTCOMES FOR ALL PARTICIPANTS

After the completion the learner should:

1. Have an understanding of the special needs of pregnant women and their rights within the context of testing and counselling.
2. Understand termination of pregnancy and its counselling implications.

1. COUNSELLING PREGNANT WOMEN

Much advancement has been made in recent years with regards to reducing the likelihood of HIV transmission from a woman to her baby. The two most important interventions that apply to HIV-positive women are:

- the provision of antiretroviral drugs, and
- exclusive breastfeeding.

In order for these interventions to be successful a woman must know whether she is infected with HIV. This emphasises the need for effective counselling and testing services that facilitate the process of a woman finding out her HIV status. HIV counselling and voluntary testing is increasingly proving to have value in increasing safe sexual behaviour as well as reducing the ignorance, fear and stigma associated with HIV. In order for a woman to find out her HIV status, information, counselling and voluntary testing services need to be accessible, freely available and confidential.

2. HEALTH RIGHTS AND HIV

We all have the right to confidential (private) counselling and testing for HIV. However, women are sometimes discriminated against in the health system when they are tested. Often women are tested without their **informed consent** – that means without being told exactly what they are agreeing to. Some health workers tell other people about a woman's HIV status. They do not respect the right to **confidentiality** – that means the right to keep personal information private.

Women are sometimes not given enough information about their health and possible treatments to make the choices that are best for them. Health care workers can impose their own views and prejudices on patients who don't have accurate information. For example, some women undergo abortions or are sterilised without knowing enough about their rights and options to make the most suitable choice.

It is a woman's reproductive right to be given information that will allow her to make the best decisions about her pregnancy and her health.

Health care workers have a duty to provide the public with access to the following information:

- why women have a higher risk of getting HIV infection;
- steps that can be taken to lessen this risk;
- how having HIV or being involved with someone who has HIV can affect decisions about reproduction;
- a woman's right to end or continue with a pregnancy whether or not she has HIV;
- steps a pregnant woman can take to lessen the effect of HIV on her health and to reduce the risk of HIV being passed on to the unborn baby;
- steps that can be taken during delivery of the baby to reduce the risk of HIV being passed on to the baby;
- whether these steps are available and how much they would cost;
- the risks and advantages of breastfeeding a baby if the mother has HIV.

VOLUNTARY HIV COUNSELLING AND TESTING

The following sections discuss issues that should be considered in pre-test counselling for both individuals and couples. Post-test information and counselling for women and their partners may need to take place separately – whether the result is HIV-positive or HIV-negative.

Voluntary counselling and testing must be available to all pregnant women. The benefits to women of knowing their HIV status includes the ability to make informed choices about infant feeding options, earlier access to care for both mother and child, the opportunity to terminate pregnancy where desired and legal, and the ability to make informed decisions about sexual practises and future fertility. VCT can also promote openness and acceptance of HIV as an important social issue.

3. PRE-TEST COUNSELLING PROCESS

HIV testing should, ideally, be offered early in the patient's pregnancy. Patients should know that their HIV status is important when they decide to continue or end their pregnancy. This affects the treatment options available for their health, the medical steps that can lessen the possibility of HIV passing on to the baby and the decision to breastfeed or formula feed.

Prior to testing the pregnant woman, the following should be discussed:

- Information about HIV and AIDS, and pregnancy
- HIV sexual transmission and contraception
- Termination of pregnancy (if applicable)
- MTCT of HIV and possible interventions
- Explain or determine reasons for testing
- Testing process (explained), including the concept of "window period"
- Assurance of confidentiality and discussion of shared confidentiality and couple counselling
- Implications of negative results (including promotion of breastfeeding)
- Implications of positive results: costs and benefits of potential interventions, including their own and their child's survival
- Counselling for risk assessment
- Informed consent (Explain forms that need to be signed and obtain signature)

Patients cannot be forced to take an HIV test and a health worker or counsellor can only accept consent if she or he has given pre-test counselling as set out in the National Testing Policy.

4. POST-TEST AND ONGOING COUNSELLING PROCESS

Information and counselling for HIV-negative women:

If the patient's result is negative, post-test counselling should include information on:

- Information to prevention future infections
- High risk of MTCT if newly infected during pregnancy or breastfeeding
- Information on partner testing
- Importance of sustained and exclusive breastfeeding for infant health

Information and counselling for HIV-positive women

If the patient's result is positive, post-test counselling should include the following:

- Personal, warm interaction with clients (not over the phone)
- Provide the HIV test results as soon after testing as possible

- Deal with feelings arising from the positive result
- Identify and help with woman's immediate concerns
- Discuss what support the woman has and needs
- Encourage the woman to ask questions
- Provide information about available treatment options, including the availability of Nevirapine
- Discuss the importance of completing the full course of treatment (adherence) and the possible side effects of the drugs taken for their health or used to prevent the passing of HIV to the baby;
- Explain medical steps to reduce the risk of passing HIV just before childbirth, during delivery and just after childbirth (postpartum)
- Counsel about feeding options, including health benefits and risks of breastfeeding, including correct information on the risks of passing HIV through breast milk and the conditions necessary to be able to feed the baby milk formula safely
- Explore steps the patient can take to support their health, such as the importance of eating healthily
- Discuss the effect of, and need for, birth control methods and pregnancy on the development of HIV;
- Tell the patient about her right to end the pregnancy (abortion) and the effect this may have on her health;
- Discuss the possibility of the HIV passing to the unborn baby (fetus) during the pregnancy and to the baby during delivery and breastfeeding;
- Exposure to stigma
- Information and counselling about future fertility
- Information on partner testing
- Disclosure of results to male partner and family: advantages and risks
- Information on safer sex during pregnancy. Explain that the higher the level of HIV in the patient's blood, the greater the risk of passing on the virus; so the woman should avoid re-infecting herself (infecting herself with a different type of virus) and her partner, especially during pregnancy and breastfeeding
- Counselling about shared confidentiality
- Need for follow-up of both woman and her child
- Referral to support services

Newly diagnosed HIV-positive women can and should continue going for counselling regularly to discuss any problems or questions they might have. These might be questions about their health but also about their legal rights, money matters, employment issues and other concerns.

ANTENATAL CARE

The essential components of antenatal care provided to HIV negative women should be provided to HIV positive women as well. These include complete physical examinations, assessment for high-risk obstetric factors, and antepartum foetal surveillance.

COUNSELLING FOR SPECIAL CIRCUMSTANCES

When an HIV-positive woman presents in advanced labour, without having taken Nevirapine, counselling should be deferred until after delivery. Then the woman must be counselled appropriately and her consent sought for administration of Nevirapine to her baby.

5. PREGNANCY AND HIV: Where Termination of Pregnancy (TOP) is being considered

1. Find out more about why the woman was referred to you.
2. Ask her if she would like anyone else to be present during the interview or thinks anyone else should be present.
3. Ask the woman what she knows about HIV and pregnancy.
4. Check out whether she is pregnant and how far on she is in the pregnancy. Ask whether she has had an HIV antibody test.
5. Consider whether an HIV antibody test might be useful (if not already done).
6. Discuss her level of risk through known sexual partners or other risks.
7. Discuss in utero transmission rates and the child's possible future situation.
8. Discuss risks attached to breast-feeding.
9. Discuss strategies to prevent vertical transmission.
10. Discuss the risks to the mother of going on to develop AIDS.
11. Discuss the advantages and disadvantages of termination of the pregnancy.
12. Discuss the woman's relationship with child's father.
13. Investigate other outstanding medical or social problems.
14. Assess any outstanding and possible future practical needs.
15. Clarify the woman's support systems.
16. Discuss possible termination and continued post-termination counselling.
17. Discuss possible support and continued counselling for the client wanting to continue her pregnancy.

STEPS TO FOLLOW WHEN A CLIENT REQUESTS TERMINATION OF PREGNANCY

1. Take a menstrual history and assess for signs and symptoms of pregnancy.
2. Confirm pregnancy using a urine pregnancy test - Unimark dipstrip or other approved pregnancy test.
 - If pregnancy test is negative, counsel the woman on family planning and request that the woman return, for a repeat test if amenorrhoea continues.
 - If the test is positive: estimate gestational age using LMP and bimanual examination.
3. Inform the client of her rights. A woman requesting termination of pregnancy should be informed:
 - that she is entitled to the termination of her pregnancy upon request during the first 12 weeks of pregnancy.
 - that from the 13th up to and including the 20th week of the gestation period, her pregnancy may be terminated if the provider, after consultation with her, is of the opinion that:
 - i. the continued pregnancy would pose a risk of injury to her physical or mental health; or
 - ii. there exists a substantial risk that the foetus would suffer from a severe physical or mental abnormality; or
 - iii. the pregnancy resulted from rape or incest; or
 - iv. the continued pregnancy would significantly affect her social or economic circumstances.
 - that only her consent is required for the termination other pregnancy;
 - that if she is a minor, she shall be advised to consult with her parents,

guardian, family members or friends before her pregnancy is terminated, but that she shall not be denied the termination other pregnancy if she chooses not to consult with them;

- the locality of facilities offering TOP services.
3. Provide pre-abortion counselling. Pre-abortion counselling is intended to assist a woman to make an informed choice regarding TOP, and to provide her with the information on family planning that may help her avoid the need for TOP in the future. Basic pre-abortion counselling can be provided by any health care worker. Counselling should be non-directive and non-judgmental and should help the woman to understand:
 1. the reasons for her unplanned pregnancy;
 2. the possible alternatives to the termination of her pregnancy including continuing the pregnancy and keeping the child, allowing the child to be cared for within the extended family, or placing the child for adoption;
 3. basic information on the TOP procedure and risks associated with TOP:
 - under 12 weeks, TOP is a short, safe, outpatient procedure performed with analgesia and local anaesthesia if needed. Tablets of misoprostol may be given vaginally or orally to soften the cervix and initiate bleeding prior to performing the TOP using manual vacuum aspiration (MVA).
 - between 13 and 20 weeks, TOP is an inpatient procedure that may be performed under either local or general anaesthesia. Tablets of misoprostol may be given vaginally or orally to initiate TOP that will be completed using manual vacuum aspiration (MVA).
 - while there are risks associated with any surgical procedure, for most women, an early, legal TOP performed by a skilled provider poses less risk to their health than continued pregnancy.
 4. contraceptive measures to take in the future, including her right to choose a family planning method which suits her and information that fertility may return as soon as 7-10 days following a first trimester abortion.
 4. Refer the woman for TOP. Using a TOP referral form if available, or a regular referral form, refer the woman to your usual referral hospital or to the facility located closest to her place of usual residence. Some facilities are requesting that clinics phone in and book appointments for TOP. Be sure that you know the requirements of your local facility. If there is a problem with referral or waiting lists contact: The Gauteng Department of Health TOP Help Line: (011) 355-3230

6. MOTHER-TO-CHILD TRANSMISSION OF HIV

- HIV transmission from a mother to her child is dependent on a number of factors, including maternal viral burden, phenotype and genotype, maternal immunological responses, and obstetrical events during labour and delivery.
- Studies demonstrate that the majority of HIV vertical transmission probably occurs at the time of birth. Children can be infected in utero, during delivery, and post-partum through breast-feeding.
- Some obstetric factors include:

- An increased risk of HIV perinatal transmission associated with prolonged rupture of the amniotic membranes.
- Prematurity as a risk factor for intrapartum acquisition of HIV infection.
- It is critical to identify HIV-infected pregnant women prior to delivery to avoid perinatal transmission.

HIV TESTING OF THE BABY

The baby may only be tested when the doctor or nurse believes that this information may influence his/her further care and treatment. This may only be done after the mother, father or legal guardian has received pre-test counseling and given their informed consent.

From: **Recommendations for Managing HIV Infection in Children** (Draft)
Department of Health (Launched October 2001)

REDUCING MOTHER-TO-CHILD TRANSMISSION OF HIV

Intervention	Management	Indications	Comments / Rationale
Voluntary Counselling & HIV Testing of pregnant women	At this time a rapid, on-site HIV testing with same-day result reporting is the recommended HIV testing strategy for pregnant women This should be done in a context where pre-test counselling or information is available, as well as post-test counselling and support	All pregnant women should be offered counselling and an HIV test	With no intervention 20% - 40% of children born to HIV positive women will be infected with the virus A number of effective interventions exist that reduce the chances of an HIV-infected woman infecting her child, and mothers should be informed of their options if they are infected Knowledge of her HIV status may enable a woman to make informed choices about sex practices, future pregnancies, sterilisation and TOP (before 20 weeks' gestation) A woman who knows she is HIV Positive may also seek earlier medical care if she or her baby become ill
Avoidance of breast-feeding (substitution with Formula feeding)	Counsel the mother about the advantages and disadvantages of different feeding methods Women who decide to breast-feed should be	Formula feeding should be advised where: <ul style="list-style-type: none"> • A woman has access to clean water • A woman can afford to buy formula for 6 	HIV transmitted through breast-feeding can amount to 30 – 50% of all Perinatal HIV infections Mixed feeding has been shown to increase the risk of HIV transmission, and so giving additional fluids or solids should be

	encouraged to breast-feed exclusively for 4 months and should try to wean rapidly after the baby is 3 months old	months <ul style="list-style-type: none"> A woman will not be stigmatised by not breast-feeding 	discouraged.
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Intervention	Management	Indications	Comments / Rationale
Clinical follow-up of Asymptomatic HIV-infected children	6-monthly follow-up at Primary Care or Specialist clinic (where available)	Asymptomatic HIV-infected children without severe immunocompromised (AIDS), especially children over the age of 1 to 2 years	Well-managed HIV-infected children are likely to require fewer admissions than children who are less actively managed. Follow-up intervals may vary according to the condition of the child. Children on Antiretroviral Therapy require close follow-up

CARING FOR HIV-INFECTED CHILDREN

Note: No child should be denied health care simply on the basis of his/her HIV status.

Intervention	Management	Indications	Comments / Rationale
Social support	Counselling (preferably at the site of diagnosis) Linkage to NGO and Community-based programmes Welfare Grant Application (Social Worker Referral)	Opportunities for counselling and supporting HIV-infected parents and their children should be sought Destitute families, child under age 7 and Fostered Children	HIV-infected families often have significant social problems including financial, job-related, and tension between parents. Health Care Workers need to know what local community resources are available HIV-infected children are eligible for the following grants: Maintenance grant R100 monthly Foster Care Grant

7. POINTS TO REMEMBER

As a counsellor or health care professional you can play a vital role in encouraging pregnant women to be assertive and take action that is in the best interests of themselves and their babies. You can facilitate and encourage them to:

- Demand their right to information
- Exercise their right to HIV testing and counselling – and take responsibility for the result.
- Protect themselves against other infections (if already HIV-positive) by eating as well as they can and taking vitamins and food supplements if possible.
- Go for regular check ups to get information and advice about treatment options.

- Protect themselves and their partner/s against infection or re-infection, by practicing safer sex.
- Exercise their right to information and advice, if they have HIV and are pregnant, on treatment options to keep them and their baby as healthy as possible.
- If you are HIV negative, stay that way. Protect yourself and your partner/s by practicing safer sex.