IJEPH
Interdisciplinary Journal of Epidemiology & Public Health

Prevention of Mother-to-Child Transmission of HIV and the nurse's role: the case of a pregnant woman living with HIV in Bamenda Health District, in the North West Region of Cameroon

IPrevención de la transmisión materno-infantil del VIH y el papel de la enfermera: el caso de una mujer embarazada que vive con el VIH en el distrito sanitario de Bamenda, en la región noroeste de Camerún

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Recibido: 10 March 2024
Aceptado: 26 June 2024
Publicado: 30 June 2024

Keywords: PMTCT, nurse's role, pregnancy, labour, delivery, breastfeeding, HIV exposed newborn, PCR, adherence, MTCT, ARVs, follow-up, rapid tests, Nevirapine syrup, contact tracing, HIV free babies
Palabras clave: CPTMI, enfermera, embarazo, trabajo de parto, parto, lactancia, neonatos VIH, Nevirapina, rastreo de contactos.

Citación: Ndong NN. Prevention of Mother-to-Child Transmission of HIV and the nurse's role: the case of a pregnant woman living with HIV in Bamenda Health District, in the North West Region of Cameroon. iJEPH. 2024; 7(1): e-11862. Doi: 10.18041/2665-427X/ijeph.1.11862.

Conflict of interest: nothing.

Universidad Libre

ISSN: 2665-427X

Introduction

Prevention of Mother-to-Child Transmission (PMTCT) of HIV infection is a significant health problem facing most low and middle-income countries. Also known as Vertical Transmission, PMTCT refers to the interventions put in place to prevent the transmission of HIV from a mother living with HIV to her infant either during pregnancy, labor, delivery, or breastfeeding. In the absence of intervention, the rate of transmission of HIV from a mother living with HIV to her child during pregnancy, labor, delivery, or breastfeeding ranges from 15% to 45% (1). Approximately 1/3 of HIV-exposed babies will acquire HIV infection in the absence of preventive measures.

For this reason, it is essential to identify HIV-positive pregnant mothers through routine screening, which is an essential step in initiating the PMTCT intervention (2). Greater availability of point-of-care early infant diagnostics would further expand coverage of early infant testing, which was 63% [53-80%] in 2017 (3).

Due to their profession, nurses play a significant role in these prevention programs. They are essential in educating patients and encouraging them to a healthier lifestyle. Public health nurses play a critical role in the prevention and elimination of perinatal HIV transmission through targeted interventions such as identification of pregnant women with HIV, referral and linkage to care, provision of antiretroviral therapy, and follow-up and retention in care for both mothers and infants (4).
In Cameroon, the emergence of Maternal & Child Health Advocacy International (MCAI) - Nkwen (2011-2017) facilitated the implementation of PMTCT in CMA-Nkwen, meanwhile clearly defining the nurse's role. As part of MCAI's work, MCAI-Nkwen nurses were trained on a comprehensive approach to care, proper follow-up of mother/ infant pairs, and implementation of the four prongs of PMTCT (5). Contact tracing and male partner involvement equally played important roles.

Objective

To present a clinical case of a pregnant woman living with HIV and the nurse's role in PMTCT resulting in the successful delivery of 2 HIV-free children.

Clinical case

A 28-year-old lady living with HIV found a partner with the same HIV status at the Bamenda Regional Hospital treatment center, and they finally got wedded. This couple living with HIV lived a happy married life but feared making children, related to their stressful experiences of taking antiretroviral (ARVs) medication on a daily basis for a lifetime and the negative idea that they can only give birth to HIV-positive children. Amazingly, this lady missed her monthly period after one year of marriage, and upon consultation at the CMA-Nkwen hospital in the Bamenda Health District, she was declared six weeks pregnant.

She was immediately enrolled in the antenatal clinic (ANC) and linked to the PMTCT service where I was lead. Here, she was enrolled in the PMTCT program for proper follow-up and immediately provided psychosocial, nutritional as well as drug adherence counseling.

The PMTCT nurses were responsible for counseling and recruiting HIV-positive mothers at their first ANC and from the post-natal ward at PMI Hospital-Nkwen, enrolling them together with their HIV-exposed babies on the PMTCT program (this involved clinical follow-up of the babies, arranging blood tests, and prescribing nevirapine and other drugs for them). An important part of their work was follow-up of the mother/infant pairs, including searching for defaulters. In addition, they helped to run a parent support group for families living with HIV, and linked with maternity and laboratory staff and community workers. This said couple benefitted from all these, resulting in the birth of a bouncing baby girl at 38 weeks. The exposed baby was immediately placed on Nevirapine syrup for six weeks and equally enrolled in the monthly follow-up program. Mother/infant pairs were followed up, and routine Polymerase Chain Reaction (PCR) and rapid tests (blood tests) were done for the baby at 6 weeks, 9 months, 15 months, and 18 months of age; the baby was declared HIV free and discharged from the PMTCT program. The parents and health personnel involved in the follow-up were delighted and grateful. Two years later, still with the same follow-up services, the result of a second pregnancy was another HIV-free baby (boy). The couple then agreed to take a family planning method and concentrate on their health and on raising their 2 HIV-free children.

Conclusion

From the above case, it is evident that the nurse has a vital role in PMTCT, and this can only be optimized if the pregnant woman/mother adheres to treatment and remains committed to recommended follow-up. However, the probability of Mother-To-Child transmission (MTCT) of HIV remains very high if the HIV-infected mother does not receive antiretroviral treatment to prevent the transmission of HIV to the baby either during pregnancy, labor, delivery, or breastfeeding. In a nutshell, a woman living with HIV can give birth to HIV-free children with timely and proper nursing intervention.

References

1. WHO. Mother-to-child transmission of HIV. WHO; 2024. Cited: 2024 Jun 27. Available from: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/mother-to-child-transmission-of-hiv.

2. Astuti DA, Hakimi M, Prabandari YS, Laksanawati IS, Triratnawati A. The prevention of mother-to-child HIV/AIDS transmission at public health centers: a phenomenology study. Open Nursing J. 2021; 15: 195-203. DOI: 10.2174/1874434602115010195

3. UNAIDS. Eastern and southern Africa. UNAIDS data 2018. UNAIDS; 2018. https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf

4. Prasad R, Jaiswal A, Prasad R,Wanjari MB, Sharma R. the vital role of public health nurses in perinatal HIV prevention and elimination. Cureus. 2023; 15(5): e38704. doi: 10.7759/cureus.38704

5. MCAI. What we do. Scotland. UK. https://www.mcai.org.uk/pmtct

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