

The Experience And Perception About The HIV Detection During The Antenatal Care in A Tertiary Care Hospital of West Bengal

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Abstract: Acquired Immune Deficiency Syndrome (AIDS) is caused by Human Immunodeficiency Virus (HIV). In India, 38% of the estimated 2.4 million people living with HIV are females. Approximately 49,000 of these women are pregnant. Keeping these facts in mind, the present study was conducted to assess the trend of detection of HIV infection amongst the pregnant women during ante natal care in a tertiary care hospital of West Bengal. The research was conducted using a qualitative study design. Qualitative methods were chosen in order to allow for an in-depth exploration of reported procedures for HIV testing and provision of Integrated Testing Counselling Center (ICTC). NACO Strategy was implemented for the diagnosis. A total of 4834 pregnant women were screened for HIV in the session April 2016 to March 2017 which was much higher than the previous one (2679 in April 2015 to March 2016 session). Only 55 cases (1.13%) were directly referred from the labour room. Six cases were found to be HIV seroreactive (0.12%). All the six seroreactive cases were managed by the NACO protocol. Husbands of all six cases were also found to be HIV seroreactive. All the seroreactive cases were infected with HIV-1. No HIV -2 cases were detected.

Keywords: Pregnant, NACO, ICTC, HIV-1

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I. Introduction

Acquired Immune Deficiency Syndrome (AIDS) is caused by Human Immunodeficiency Virus (HIV) [1]. According to National AIDS Control Organization (NACO) of India, the prevalence of AIDS in 2013 was 0.27, which came down from 0.41 in 2002. In India, NACO estimated that 2.39 million people live with HIV/AIDS (in the year 2008–2009). Investigation by the Million Death Study Collaborators in the British Medical Journal (2010) estimates the affected population is between 1.4–1.6 million people [2]. The last decade has seen a sharp decline in the number of new HIV infections in India. According to more recent National AIDS Control Organisation data, India has demonstrated an overall reduction of 57 percent in estimated annual new HIV infections (among adult population) from 0.274 million in 2000 to 0.116 million in 2011, and the estimated number of people living with HIV was 2.08 million in 2011 [3]. In India, 38% of the estimated 2.4 million people living with HIV are females. Approximately 49,000 of these women are pregnant. Prevention of parent-to-child transmission of HIV (PPTCT) services aim at early diagnosis and treatment to prevent transmission of the HIV virus to their infants [4-6]. These basic rights entitle all people undergoing HIV testing to receive the 5Cs: Informed Consent, Confidentiality, Counselling, Correct Result, and Connection-to-care [7, 8]. In West Bengal, the PPTCT program started in January 2004 in most of the Medical College Hospitals including North Bengal Medical College and Hospital which is a rural tertiary care hospital. Recent data from India demonstrated that the services varied greatly ranging from a low of 17% to 69%, with an average of ~50% overall across sites [9]. Keeping these facts in mind, the present study was conducted to assess the trend of detection of HIV infection amongst the pregnant women during ante natal care in a tertiary care hospital of West Bengal.

II. Objective(S)

1. To understand the experience and perceptions about the HIV detection during the antenatal care.
2. To assess the prevalence of HIV amongst the women attending the Ante Natal Clinic of a tertiary care hospital.
3. To assess the trend of HIV screening amongst the pregnant women in a tertiary care hospital in last two years.

III. Methodology

The research was conducted using a qualitative study design. Qualitative methods were chosen in order to allow for an in-depth exploration of reported procedures for HIV testing and provision of Integrated Testing Counselling Center (ICTC). Hospital records and census since the First April 2015 were included in the study. NACO Strategy was implemented for the diagnosis [10].

IV. Results

A total of 4834 pregnant women were screened for HIV in the session April 2016 to March 2017 which was much higher than the previous one (2679 in April 2015 to March 2016).

Figure-1: Bar diagram representing the total number of pregnant women screened for HIV in the session April 2016 to March 2017 (n= 4834).

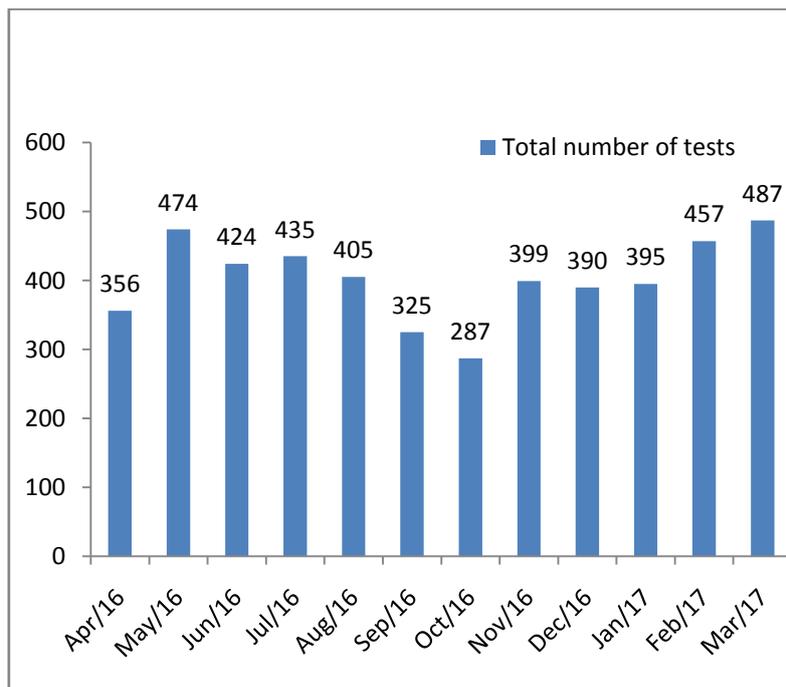
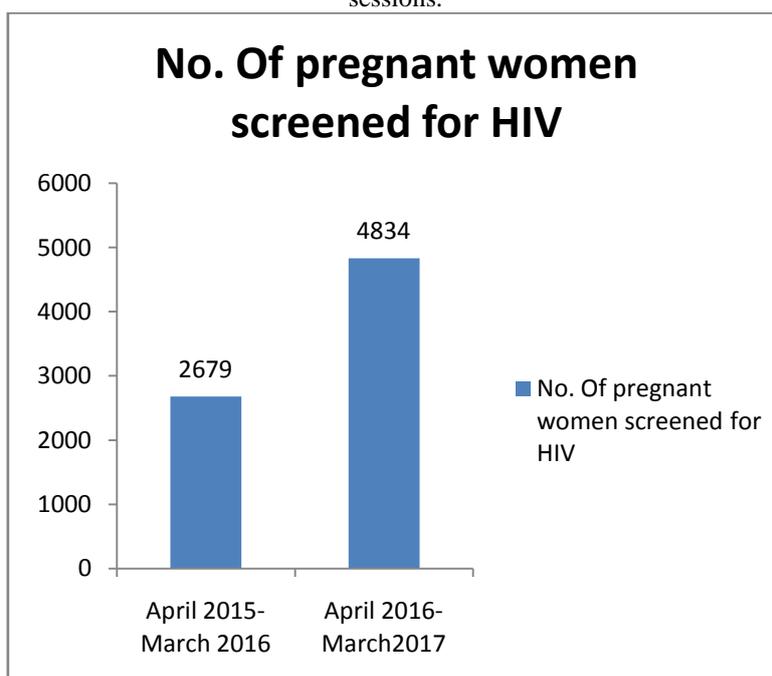
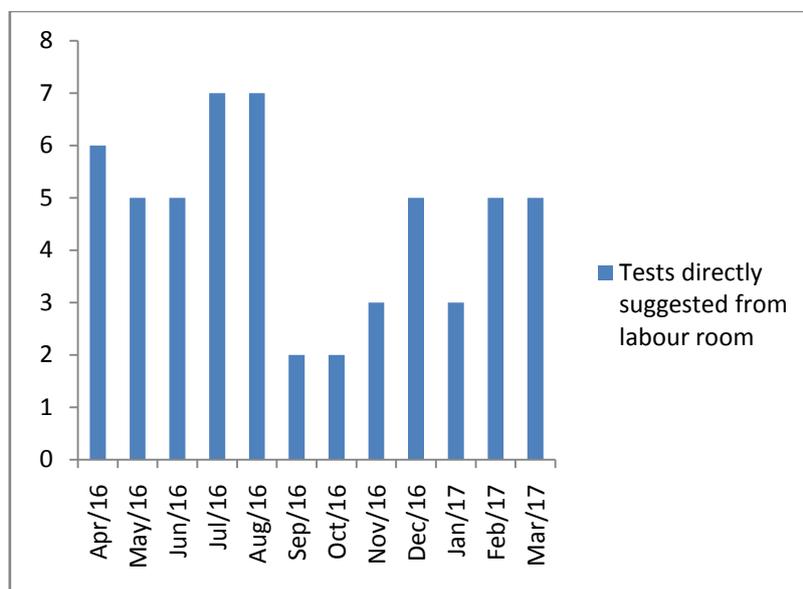


Figure-2: Bar diagram to compare the number of HIV screening done amongst the pregnant women in last two sessions.



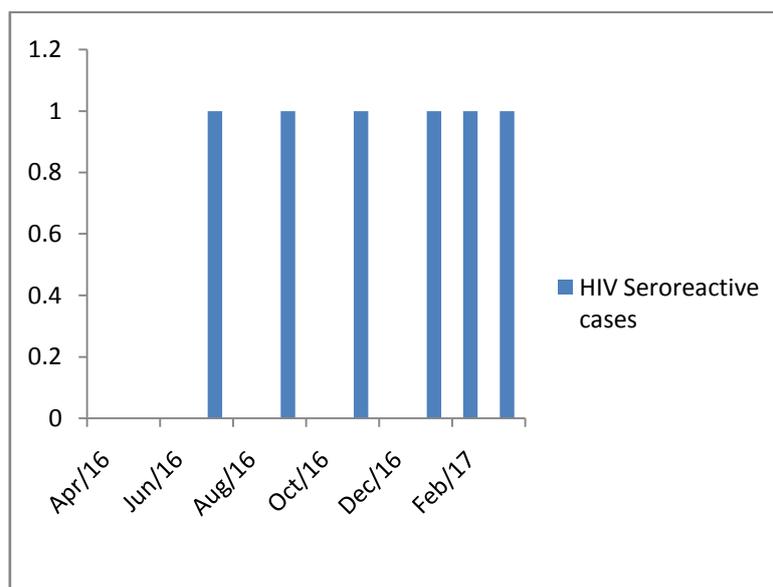
Out of these 4834 screened cases, only 55 cases (1.13%) were directly referred from the labour room.

Figure-3: Bar diagram showing tests directly referred from the labour room in the session April 2016- March-2017 (n=55).



Six cases were found to be HIV seroreactive (0.12%).

Figure-4: Bar diagram representing the HIV seroreactive pregnant women in the session April 2016 to March 2017 (n=6).



All the six seroreactive cases were managed by the NACO protocol. Husbands of all six cases were also found to be HIV seroreactive. All the seroreactive cases were infected with HIV-1. No HIV -2 cases were detected.

V. Discussion

In this present study, a total of 4834 pregnant women were screened for HIV in the session April 2016 to March 2017 which was much higher than the previous one (2679 in April 2015 to March 2016). HIV prevalence amongst the screened pregnant women was 0.12% in the session April 2016 to March 2017. In a four years study conducted by Gupta et al shows that out of the 3529 pregnant women, 0.88% (CI 0.5 – 1.24) women were found to be HIV seroreactive [11]. The study published by Kumar *et al* (2004), a decreasing trend in HIV prevalence has been reported in South Indian pregnant women from 1.7% to 1.1% which is pretty higher than our findings [12]. Sincere counselling and adherence to NACO protocols contribute to increased awareness and fall in prevalence. In a study conducted by Mandal et al (2010), the overall counselling rate observed was 59.32% of which 14.02% among the pregnant women came to the labour room directly and rest were registered

in ANC clinic [13]. In contrast to that, the present study reports only 1.13% cases are directly referred from labour which is again an indicator of satisfactory practice of NACO guidelines.

VI. Conclusion

Thus we can end with an optimistic note that our study indicates satisfactory implementation of AIDS Control strategies in our centre. Even though, our study population is not representative of whole state because of ours being a hospital based study with limited sample size, the data show an increasing trend of HIV screening amongst pregnant mothers. This will directly help to control paediatric AIDS cases.

VII. References

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