



The Royal College of
Midwives

Response

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**National Assembly for Wales
Equality of Opportunity
Committee:**

**Discrimination against
People Living with AIDS
and HIV within Healthcare
and Other Settings by
Healthcare Professionals**

November 2009



**The Royal College of Midwives
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The Royal College of Midwives' response to the National Assembly for Wales Equality of Opportunity Committee around discrimination against people living with AIDS and HIV within healthcare and other settings by healthcare professionals.

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practicing midwives in the UK. It is the only such organisation run by midwives and for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established of all clinical disciplines.

Women with HIV in Wales

The RCM does not have precise information on the number of women in Wales who are living with AIDS and HIV and who are pregnant or who have given birth. However, we know from the 2008 Survey of Prevalent HIV Infections Diagnosed (SOPHID), that of the total of 1082 people with HIV in Wales, 262 are women. Of these women, 139 are 'Black African' and 96 are 'White'. There were also 18 infants who had received HIV-related care as they were born to HIV-infected women.¹ So, based on the numbers of infected women in the SOPHID survey, it is reasonable to assume that only a very small number of pregnant women and new mothers in Wales are living with AIDS and HIV.

It is therefore difficult to assess the extent of any discrimination by healthcare professionals in Wales against service users who are living with AIDS or HIV. A 2007 survey of HIV-positive individuals in London indicated that of those who had experienced discrimination (around a third of respondents), half said it had involved healthcare professionals. Maternity services were not identified in this data, so it is difficult to gauge the levels of discrimination that may or may not exist. As far as the RCM is aware, there is no similar study in Wales, and no data pertaining to maternity experiences.

¹ Survey of Prevalent HIV Infections Diagnosed (SOPHID) 2008
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1221482342808

HIV and Midwifery

The RCM believes that all women should be treated with dignity and respect. We affirm the midwife's legal duty and professional responsibility to care for all women, regardless of their health status, and believe that midwives play a key role in caring for women who are HIV positive. The RCM believes that universal infection control measures should provide adequate protection for both women and midwives.

Midwives play a vital role in ensuring the chances of HIV being transmitted to an infant is minimised. All Welsh hospitals should now have a policy to offer HIV testing to pregnant women. We recommend the following guidance for maternity services caring for women with AIDS/HIV:

- A normal pregnancy and delivery in a woman with an uncomplicated HIV infection should ordinarily be managed within generic midwifery/obstetric services. The birth plan and plans for paediatric care should be developed in consultation with the HIV centre and regional paediatric HIV clinic.
- An individual perinatal care plan should be available for all HIV-infected mothers.
- The care plan should be completed by the physician overseeing the management of HIV. It should be completed soon after anti-retroviral therapy has been started, and no later than 28 weeks (do not wait for the viral load to become undetectable). Copies of this care plan should be lodged in the following places:
 - HIV clinic records
 - Obstetric notes
 - Patient hand carried notes (if the patient agrees)
 - Labour ward
 - Midwife
 - Paediatrician
 - Neonatologist
 - GP (if the patient agrees)
 - Across each network area protocols should be agreed to ensure that in the event of a mother delivering unexpectedly in another hospital her HIV status will be known by the delivery team.²

Medication and effective management of pregnancy and birth can reduce the chances of HIV being transmitted to an infant, making early diagnosis in pregnancy important. Untreated HIV infections in mothers result in HIV transmission to approximately 15-26% of infants, but transmission of HIV can

² **Providing for the needs of people with HIV/AIDS in Wales:** National Care Pathways and Service Specification for testing, diagnosis, treatment and supportive care, August 2009

be easily reduced to less than 2% by a combination of interventions. However, it is estimated that over 75% of HIV infected mothers are not diagnosed until after the time of birth.

The RCM Position

The RCM recommends that midwives provide all pregnant women with high quality care regardless of their HIV status. We recommend that midwives liaise closely with paediatricians, virologists and other members of the multidisciplinary team to support women and their families.

As breastfeeding can double the risk of HIV transmission, the RCM recommends that midwives advise women with HIV against breastfeeding. However, women who choose to breastfeed should have their decision respected and be provided with appropriate and sympathetic support.

Confidentiality; clear, two-way communication; sensitivity and a non-judgemental, non-discriminatory attitude are crucial to the care of all pregnant women, particularly those who have HIV. It is a disciplinary offence to refuse to treat a woman with HIV.

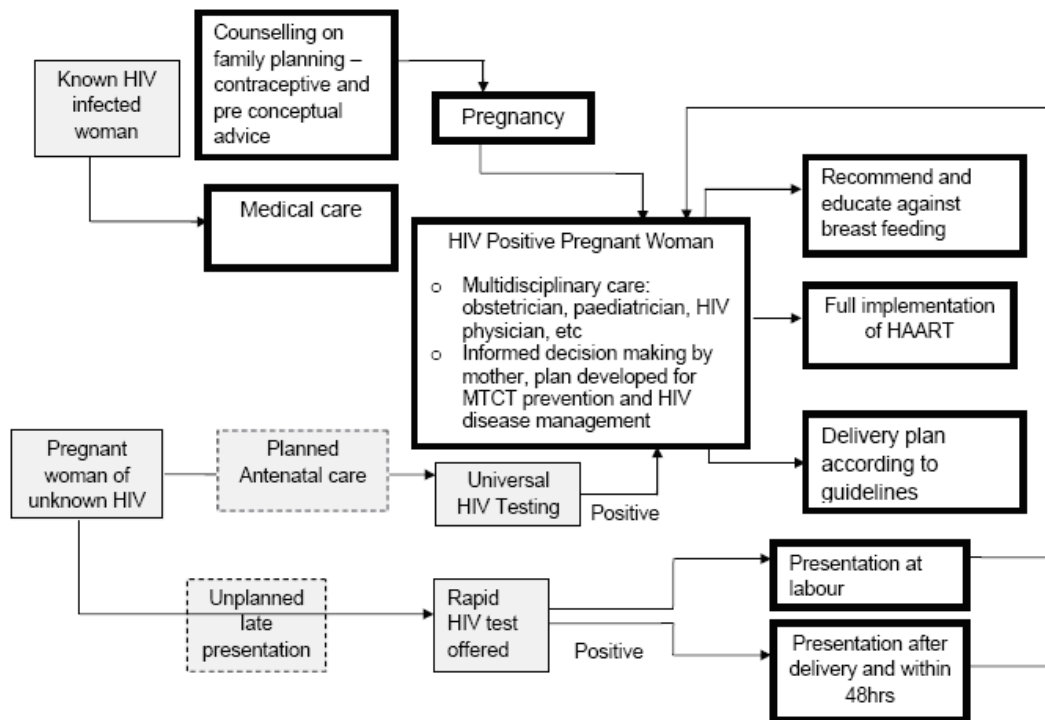
Midwives who are well informed and appropriately trained will be more effective in caring for women affected by HIV. It is crucial that midwifery managers should make the time and secure the funding for appropriate training for midwives.

Information on antenatal testing for HIV should be offered and explained to all pregnant women. Midwives who are appropriately trained should provide pre-test information to pregnant women. It is also important to respect a woman's decision to refuse testing.

The RCM supports the Clinical care pathway for pregnant women with HIV which was published in *Providing for the needs of people with HIV/AIDS in Wales*³. The use of this pathway will ensure the best outcome for mothers and babies.

³ Providing for the needs of people with HIV/AIDS in Wales: National Care Pathways and Service Specification for testing, diagnosis, treatment and supportive care. Published by the Welsh Assembly Government. August 2009. Available from <http://wales.gov.uk/docs/dhss/publications/090827hivaidsen.pdf>

Clinical care pathway for pregnant women



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