



# HIV Testing of Pregnant Women and Newborns

Each year, more than 40,000 persons in the United States contract HIV infection. Women are at increasing risk for acquiring HIV infection and developing AIDS. While women accounted for less than 1% of persons with AIDS in 1984, in 2000 they accounted for almost 25% of the reported cases. Even more alarming is the fact that almost a third of the people testing HIV-positive in 2000 were women.

African-American women are at particularly high risk for acquiring HIV/AIDS. Although only 39% of the total population of women in Chicago are African-American, they represent 73% of the HIV-infected women in Chicago. In addition, the number of HIV-infected pregnant African-American women is also increasing. The rate of HIV infection in African-American women of childbearing age doubled from 0.46% to 0.96% in 3 years (from 1994 to 1996). This rate is 15 times higher than in Caucasian women.

Perinatal transmission from mother to child accounts for 95% of pediatric AIDS cases in Chicago and 90% in Illinois. Although pediatric HIV infection is now managed as a chronic illness with life expectancy that can extend into adolescence and beyond, it is a fatal disease fraught with significant human suffering and financial costs (more than \$10,000/year). Most importantly, transmission of HIV infection from mother to child can be prevented.

A major breakthrough in the prevention of HIV transmission occurred in 1994 when a standard of care for routine prenatal HIV testing of all pregnant women was established as an outcome of a National Institutes of Health (NIH) study. The study found that if pregnant women are identified as HIV-positive prior to giving birth and administered antiretroviral therapy during pregnancy, delivery, and to the newborn in the first 6 weeks of life, the transmission of the virus to the newborn is reduced by two thirds. Although great progress has been made in advancing routine prenatal HIV testing in Illinois, up to 25% of pregnant women do not undergo HIV testing. Accordingly, only a 45% reduction in transmission has been documented in Chicago to date. Thus, children continue to be born infected with HIV.

Routine prenatal HIV testing offers the most effective method of reducing HIV transmission from mother to newborn (perinatal transmission). However, recent scientific studies showed that if antiretroviral therapy is given ONLY to the newborn in the first 48 hours of life, more than a third of the children born to unidentified HIV-infected mothers will be prevented from acquiring HIV disease. To achieve this outcome, they must be identified and administered prophylactic treatment within the first 24 to 48 hours of birth. Furthermore, newborn HIV testing offers the opportunity to provide HIV-infected newborns, in whom treatment did not prevent the transmission of the virus, with early medical care that will prevent significant suffering and premature death.

The mission of Ann & Robert H. Lurie Children's Hospital affirms its commitment to advocacy on behalf of children. We believe that it is the responsibility of Ann & Robert H. Lurie Children's Hospital of Chicago to speak for the otherwise unarticulated right of children to be born without HIV; and the right of HIV-infected children to receive early medical care that will prevent premature death. In 1995, the hospital adopted a public policy position in support of routine prenatal HIV testing with right of refusal. In light of current medical advances, Ann & Robert H. Lurie Children's Hospital of Chicago reaffirms its support for routine prenatal HIV testing of pregnant women, and for mandatory HIV testing of all newborns whose mothers' HIV status is unknown; and further supports legislative efforts to advance this standard of care.