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## Antenatal Testing for HIV

November 2000

Most babies with HIV in this country are born to mothers who have not been tested for the virus. If the mother is known to be infected then antiretroviral treatment to mother and baby, avoidance of breastfeeding and elective Caesarian section can reduce the transmission of HIV from mother to baby from 25% to 5%.

There have been a number of initiatives in recent years, by the Department of Health (DoH), the Royal Colleges and other bodies, aimed at increasing the currently low uptake of voluntary antenatal testing, especially in areas of the UK with a higher prevalence of HIV. Most recently the DoH have issued advice in HSC 1999/183: Reducing Mother to Baby Transmission of HIV which sets a national objective of reducing mother to baby transmission by 80% by 2002. It requires Health Authorities and Trusts to take steps to ensure that all pregnant mothers are offered and recommended an HIV test as part of their antenatal care, and that uptake within their local area reaches at least a minimum level.

We have received a number of inquiries about how to ensure, when aiming to test such large numbers, that the process adopted is not too onerous but the women concerned get the right help to make a well informed decision. Key questions were:

- a. Whether it would be necessary to give all pregnant women extensive and detailed information about HIV, along with comprehensive

counselling sessions, in order to ensure that a valid consent was obtained.

- b. How to avoid putting undue pressure on pregnant women while trying to encourage more individuals to accept testing.
- c. Whether written consent was required given the implications for the woman of testing for HIV.

Our booklets Serious Communicable Diseases (1997) and Seeking Patients' Consent: the ethical considerations (1999) provide advice about obtaining consent to testing for serious conditions such as HIV.

They explain that obtaining informed consent to testing or other interventions is central to good medical practice. Obtaining consent is not just a matter of getting a patient to sign a form. For consent to be ethically and legally valid patients must understand and agree to what is proposed.

The seriousness of a condition, its treatment, and its possible social consequences, will affect the amount of information patients need to be given, and the time they need to consider whether to agree to be tested. Therefore, pre-test discussions with pregnant women about HIV testing should be:

- a. Based on core information and basic advice to all women being asked to consider undergoing testing. Information can be provided in written form. (See text box references.)
- b. Such that where women are assessed as having a medium or high risk of infection, additional information and advice, and arrangements for counselling are available.
- c. Clear and comprehensible to a wide range of people. All women should be told how to get access to additional advice, and that they can take as much time as they need to reach an informed decision.

Details of discussions with the pregnant woman, the information given and her decision, should be recorded in her case notes or on a consent form. Recommending HIV testing in pregnancy should be an integral part of antenatal care, which includes providing information and recommending tests for other infections and abnormalities. Whilst still recommending written consent for HIV testing as best medical practice, it is not essential provided the information given and decision made is clearly recorded. It may be appropriate for written consent for all antenatal tests agreed to by the woman to be obtained together.