

HIV ANTENATAL TESTING IN AUSTRALIA

AFAO BRIEFING PAPER

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Introduction

This paper examines current HIV antenatal testing policy and practice, and develops a model for best practice HIV antenatal screening in Australia. It is based on a paper prepared by the AFAO Policy Reference Group on Women's and Men's Reproductive Rights in 2000.

Australia's approach to antenatal screening for HIV/AIDS in the public health system is based upon targeted testing for at risk groups, and cost-benefit considerations. However, in the past few years there has been increasing discussion about shifting toward universal HIV antenatal testing, and some anecdotal evidence to indicate a shift in practice, particularly in the private sector. These discussions, and the shift in practices around universal screening, imply that current practices are not adequate. However, current public health sector recommendations support a continued focus upon sexual health and risk behaviour history taking as the appropriate means of identifying at risk populations for testing.

This paper argues against adopting compulsory universal testing. Instead, it suggests that appropriate bio-medical outcomes for pregnant women and their children can be achieved through improving current policies, and through integrating positive elements of other antenatal models.

What factors are influencing the calls for universal screening?

Therapeutic advances in limiting mother-to-child transmission of HIV appear to be driving a change in HIV testing practices and calls for universal antenatal screening. Amongst these advances are the development and availability of antiretroviral therapy for use during end-term pregnancy, delivery, and in the neonate, leading to significant decreases in perinatal transmission¹. Therapeutic advances available in resource rich settings, are a significant factor influencing paediatric HIV service providers and other medical practitioners to include HIV/AIDS testing as a routine component of other general STI screening of pregnant women². However, the

¹ Shaffer, N. et al. (1999) "Short-course zidovudine for perinatal HIV-1 transmission in Bangkok, Thailand: a randomised controlled trial". *Lancet*, vol.353:773-780; Wiktor, S. et al. (1999) "Short-course zidovudine for prevention of mother-to-child transmission of HIV-1 in Abidjan, Cote d'Ivoire". *Lancet*, vol. 353:781-785; Guay, C.A., Musoke, P., Fleming, T., Bagenda, D. et al. (1999) "Intrapartum and neonatal single-dose nevirapine compared with zidovudine for prevention of mother-to-child transmission of HIV-1 in Kampala, Uganda: HIVNET 012 randomised trial". *Lancet*, vol.354, No.9181: 795-802.

² Ziegler, J.B. (1999) "Antenatal Screening for HIV – Policies Revisited"

danger in focusing upon bio-medical aspects of antenatal prevention and treatment is that it ignores the question of whether current approaches and practices are failing, and if so how they may be improved.

To what extent is universal antenatal testing already taking place, and why?

It is unknown to what extent antenatal testing is currently taking place, although anecdotal discussion suggests that the practice is well established in the private health sector and gaining acceptance in the public sector as practitioners perceive “duty-of-care” towards patients to include testing. There also appears to be increasing concern by health practitioners at the potential professional and legal ramifications of perinatal transmission in circumstances where HIV screening is not offered and a patient is unaware of their health status. However, in the absence of repeated testing of both the patient and her partner throughout the pregnancy, routine HIV/AIDS testing may not provide legal protection for practitioners. Universal screening may simplify the legal risk of failing to assess a patient’s risk behaviour and decrease the time necessary to take a full sexual and behavioural risk assessment. However, practitioners’ duty of care to HIV positive pregnant women who are unaware of their status is unlikely to be met by testing alone. The process of sexual health history taking has been demonstrated as effective in educating women about behaviours that place them at risk, and assists in identifying any changes through pregnancy that increases this risk.

Do women feel pressured to accept HIV/AIDS testing as a standard screening procedure?

Research from overseas indicates that offering HIV testing to women does not necessarily result in a decision to test³. Rather, it is women who are provided with appropriate pre-test counselling, who are more likely to accept an offer of antenatal screening. A concern with routinely offering voluntary testing as a component of general STI screening, is that pregnant women may feel compelled to accept a test without being provided with the necessary information to inform consent, or to gain an understanding of the implications of a positive result.

Is adequate HIV/AIDS pre- and post-test counselling available?

Any introduction of routine HIV screening for all pregnant women should be accompanied by policies and guidelines that set out requirements for pre- and post-test counselling. This approach has significant resource implications. Current services for pre- and post-test counselling are already overstretched. It is likely that general practitioners would conduct the bulk of such counselling in the future, and due to time, resource, and training constraints, that pre-test counselling would not be offered.

Do health service providers, such as general practitioners, possess the necessary specialist skills to provide HIV/AIDS services?

Overseas research indicates that a decision to undergo HIV testing is dependent upon the type of pre-test counselling provided. It is of concern that general practitioners and obstetricians, particularly outside metropolitan centres, may not

³ Gibb, D. (1998) “Factors affecting uptake of antenatal HIV testing in London: Results of a multicentre study”. *British Medical Journal*, vol.316:259-261.

possess the skills, or have available the time, to provide adequate pre- and post-test counselling. Introduction of a policy of routine screening may result in many women being tested as part of general STI screening. However, this may occur without adequate consent or counselling, and at significant financial outlay. If voluntary testing is offered together with improved training for health care providers, this would assist pregnant women to make informed decisions as to whether HIV testing is appropriate⁴

Is the cost associated with routine screening justified given the extremely low rates of HIV/AIDS infection amongst pregnant women in Australia?

A universal HIV antenatal screening policy would have significant resource implications. The financial burden on health budgets – due to the increased number of tests ordered, verifications and re-testing of positive results, pre- and post-test counselling sessions and HIV/AIDS training for practitioners – may be hard to justify given women remain a low risk population in Australia. Whilst it is known that some pregnant women are tested for HIV without their consent in Australia, any proposal to extent testing on a voluntary basis to all pregnant women will, in reality, be compromised by an absence of resources. Given the range of issues arising from universal testing, it must be considered where scarce resources are best dedicated.

Other issues

When examining antenatal issues, there appears to be an overwhelming focus on the well being of the child at the expense of the treatment and care of the mother, and a lack of acknowledgment that significant debate exists on the merits of different approaches to limiting mother-to-child HIV transmission. Parents' views on how to manage pregnancy may diverge from those of medical practitioners. In addition, many HIV positive women who have given birth report prejudiced attitudes within the health sector, or poor information and advice from health professionals⁵. It is clearly unacceptable to increase the detection of HIV positive pregnant women without making adequate care and follow-up available.

There is also a concern that achieving the goal of universal screening of all pregnant women in Australia would require legislation imposing compulsory testing. Such a practice is contrary to current health policies which acknowledge that educative practices such as access to resources and information informs an individual's decisions with respect to their treatment and care. **[not clear what the point is here.]** Moreover, the policy of mandatory testing of any population has been consistently rejected as an approach which fails to respect human rights, and which can in fact undermine HIV prevention efforts **[see email text material on the link between hiv/aids and human rights]**

Antenatal models – strengthening and integrating approaches

A range of different approaches can be identified that may contribute to identifying HIV prevalence in pregnant women, support HIV positive women in decisions

⁴ Sherr et al. (2000) "Consent and antenatal HIV testing: the limits of choice and issues of consent in HIV and AIDS" (in press).

⁵ Positive Women Victoria – private discussion.

relating to the management of pregnancy and birth, and provide bio-medical interventions to limit the transmission to the neonate or infant.

Offering voluntary HIV/AIDS screening to all pregnant women

This approach is strengthened by offering testing to women throughout pregnancy, not just at first presentation. Further, the sexual partners of all pregnant women should also be offered a test. Research indicates that the timing and context in which screening is offered significantly affects the uptake of an offer to test⁶.

Routine availability of HIV/AIDS testing

This model requires that HIV/AIDS testing be available for all women who seek a test in Australia. It does not require that the test be offered. Such an approach is not effective unless pregnant women are aware of HIV testing options, and receive information as to the benefits of testing, their risk of infection, and appropriate pre-test counselling.

Identifying at risk populations through sexual health and other risk behaviour screening and offering HIV/AIDS testing

Issues have been raised with respect to the coverage and quality of such an approach. These include whether all health practitioners assess all pregnant women's risk behaviours, and whether all health practitioners have adequate training to support quality assessment, make appropriate recommendations, and provide pre- and post-test counselling. Further, questions also arise as to whether changes in pregnant women's practices or behaviour are monitored throughout the pregnancy. Suggested improvements in this approach are to extend the practice of identifying at risk populations, by offering HIV/AIDS testing to both women and their partners at regular intervals throughout pregnancy.

Encouraging pre-conception testing for all pregnant women

This model encourages women and their partners to consider their own sexual and other risk behaviour practices prior to conception, and to test for HIV. This is useful for potential parents who are planning pregnancy, and would obviate the need to test during pregnancy, when there are significant psychological issues relating to learning HIV status at this time. It requires considerable contraceptive planning, and is unrealistic for unplanned pregnancies. However, integrated into other models of voluntary HIV testing and counselling, it may be an affective component of limiting mother-to-child transmission rates.

Conclusion

A danger exists that universal HIV screening for pregnant women will be introduced without serious discussion of the issues such as those outlined in this paper. Until these issues are clarified, and processes initiated and resources made available to

⁶ Simpson, W.M. et al. (1999) "Antenatal HIV testing: assessment of a routine voluntary approach". *British Medical Journal*. Vol.318:1660-1661.

ensure that women who report as HIV positive during pregnancy can be supported to make decisions regarding their own treatment and care, a shift in policy is of great concern.