

Indian Academy of Pediatrics (IAP)



GUIDELINES FOR PARENTS

Care of a Child with HIV/Child Born to HIV Positive Mother

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10 FAQs on CARE OF A CHILD WITH HIV/CHILD BORN TO HIV POSITIVE MOTHER

1. What is HIV?
2. How does HIV cause illness?
3. How to keep an HIV-infected child healthy?
4. How to make sure that the child adheres to the medicines?
5. What are the warning signs that my child should see a doctor?
6. How to prevent spread of HIV to others?
7. How to take care of nutrition of the child?
8. How to disclose HIV status to the child?
9. How to help a child with HIV who has psychosocial wellbeing?
10. How to take care of a child born to HIV positive mother?

Under the Auspices of the IAP Action Plan 2020–2021

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Care of a Child with HIV/Child Born to HIV Positive Mother

Q1

What is HIV?

HIV means human immunodeficiency virus that causes acquired immunodeficiency syndrome (AIDS). HIV attacks cells that help the body to fight infection, making a person more vulnerable to other infections and diseases.

Q2

How does HIV cause illness?

Transmission of HIV can occur in the following manner:

- Unprotected sex with HIV infected person
- Receiving unscreened blood of an HIV infected donor
- Sharing or using infected needles
- Children born from HIV infected mother

HIV is not spread by:

- Casual contact like touching or hugging
- Sitting next to each other in school
- Eating and playing together
- Sharing plates, glasses, toilets
- Mosquito bites

Within 2–4 weeks after contracting HIV infection, a person may develop flu-like symptoms such as fever, sore

throat, and fatigue for a few days and get better on its own. Then the person remains asymptomatic until immunity drops. If untreated, it can lead to AIDS. Symptoms of AIDS are loss of weight, fevers, fatigue, and frequent infections.

HIV/AIDS is Transmitted



Unprotected sex



Drug addicts



Blood transfusion



Pregnancy



Non-sterile instruments

HIV/AIDS is not Transmitted



Touching



Through food



With a Kiss



Insect bites



In the pool

Q3

How to keep an HIV-infected child healthy?

Medicines given to treat HIV are called antiretroviral therapy (ART). Very effective medicines are currently available to keep the infection suppressed and undetectable for many decades to lead a near normal life. Children can go to school, play with friends, and pursue extracurricular activities such as sports, music, art, etc. It is important to take medicines and follow-up regularly as advised by the healthcare provider. Medicines do not cure HIV infection similar to diabetes mellitus or high blood pressure. Strict adherence to lifelong treatment and follow-up helps to maintain a good quality of life.

HIV-exposed or infected infants and children should receive vaccinations as per National Immunization schedule. BCG can be given at birth if the newborn is healthy. Injectable polio vaccine (IPV) is preferred over live oral polio vaccine (OPV). Optional vaccinations such as pneumococcal vaccine, typhoid vaccine, and hepatitis A vaccine should be considered to protect from these infections. In symptomatic children, no live vaccines should be given.

Other ways to prevent infection include:

- Practice handwashing and keep the environment clean.
- Wear latex gloves while attending cuts and wounds.
- Use household bleach to clean spill overs of blood or body fluids.
- If child has symptoms of fever, cold, cough, and diarrhea, then get treated early.
- Clarify your doubts with your doctor.

Q4

How to make sure that the child adheres to the medicines?

- Educate parents and children (depending on age) about the HIV treatment and options. Assessing readiness is an important step before starting an infant or child on antiretroviral (ARV) medication.
- Start the first dose under supervision, family should be prepared for the developmental/behavioral issues, especially for young children.
- Family can reward a child in each attempt after taking medicines.
- Teach pill-swallowing to children. Children as young as 4 years old have been successful at learning how to do this. Crush pills if the child cannot swallow them or put pills inside gel caps (to make them easier to swallow), if the child can swallow pills.
- Parents can make the medication schedule, organize pillboxes (with date and days printed), and ensure sustenance by positive reinforcement.
- Encourage disclosure and taking responsibility of their own health.
- Regular clinic attendance for monitoring of efficacy, side effects, and adherence are essential.
- If appointment is not kept, parents can request for home visit by counselor or support group.
- Encourage peer participation and help to identify treatment support groups, other family members or friends.
- Motivational counseling is needed for good adherence.

Q5

What are the warning signs that my child should see a doctor?

Every parent should know the warning signs for which the child has to be brought to the healthcare provider. These include:

- Fever with a temperature of 100.4°F/ 38°C
- Cough or difficulty in breathing
- Altered bowel movements
- Skin rashes such as diaper rashes, ulcers in oral mucosa or skin, and curdy patches in the mouth
- Altered behavior or sensorium
- Bruises and bleeding with unknown etiology
- Ear pain or fluid drainage from the ear
- If child has been in contact with someone with chickenpox or any other contagious illness.

Q6

How to prevent spread of HIV to others?

Universal precautions play a very important role in preventing the spread, it is very crucial to follow the same for any contact with blood irrespective of HIV-infected status of the child. These include:

- To wear gloves when in contact with person’s blood and body fluids.
- To use a mixture of one-fourth cup of bleach with two cups of water for cleaning blood and body fluid spillage.
- Clothes soiled with body fluids and blood has to be cleaned with soap and water. Stains can be removed by using bleach or nonchlorine bleach.
- Soiled items which cannot be washed has to be discarded.
- Razors or toothbrushes should not be shared with the HIV infected.

Education to children regarding prevention of HIV spread also helps.

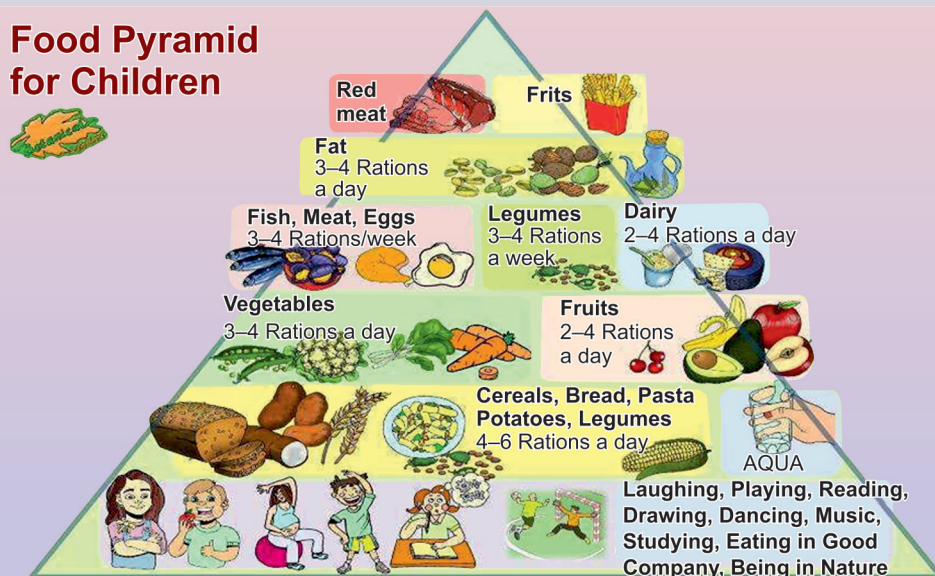
- They can be taught about self-management of nosebleed or cuts.
- They should be advised to carry clean handkerchief.
- The cuts to be tightly covered by the handkerchief.
- They should particularly be instructed that others should not come in contact with blood from the cuts directly with bare hands.

Q7

How to take care of nutrition of the child?

Ensure balanced diet for optimum growth and development. Give your child three balanced meals a day and healthy snacks.

Food Pyramid for Children



Q8

How to disclose HIV status to the child?

- One should decide about disclosure based on age of the child. Experts recommended that a child should be disclosed about his HIV status before 10 years of age. A delay can have serious consequences in the child.
- Children should be disclosed their status in stages according to their cognitive skills and emotional maturity. The child should be able to adjust to the facts and the challenges the illness poses.
- Caregivers often fear that the children will be stigmatized if they are told of their positive status as a result of which they delay disclosing the status. Reducing stigma makes disclosure easier. This also leads to better treatment adherence and coping mechanism.
- Creating conducive school and community environments are important to make disclosure process easy and to prevent discrimination.
- It is beneficial to harness many sources of support, both personal-like caregivers, peers, and institutional like schools.
- Motivational counseling should be given to the family members along with child.

Q9

How to help a child with HIV who has psychosocial wellbeing?

- HIV is a chronic illness with complications of stigma, blame, guilt, poverty, death, comorbid conditions, and fractured families leading to overwhelming psychological impact in emotional, cognitive, and behavioral domains for both the parent and the child.
- There is a greater risk of depression, anxiety, feelings of isolation, and other psychiatry problems such as attention deficit hyperactivity disorder (ADHD), mood disorders, conduct disorders, and oppositional defiant disorders.
- Adolescent needs special attention with emerging sexuality, high-risk behavior, and consequences of disclosure.
- Parents/caregivers need counseling and support by healthcare providers since they need to be guardians to their children.
- They need to identify the flag signs of depression (aches, apathy, low mood, increased irritability, disturbed sleep, and eating), anxiety, self-harm, suicidal tendencies, and aggression, etc., and seek help by trained healthcare providers.
- Regular screening by psychological tools is important.
- An interdisciplinary intervention with family centric approach is needed. Motivational counseling, cognitive-behavioral therapy (CBT), and medications can help.
- Life skills training for children and parents will help to reduce psychological impact.
- Parent-support and peer-support groups and ensuring daily routine of school, play, etc. will help the parent and child to maintain psychological well-being.

Q10

How to take care of a child born to HIV positive mother?

HIV infection can spread from an infected pregnant lady to her baby during pregnancy (through the placenta—risk is about 5%), at the time of labor (risk is about 15–20%) and through breastfeeds (risk is about 10–15%). By giving ARV to the pregnant lady, the risk of transmission of the virus to the baby becomes almost negligible.

<https://clinicalinfo.hiv.gov/en/glossary/prevention-perinatal-transmission>

Though HIV virus is found in the breastmilk, there are enough immunity boosting substances in the breastmilk that are essential for the baby. Breastmilk helps to protect the child against several other infections. Thus, the benefits of breastmilk outweigh the risks of transmission of HIV. With ARV therapy to the pregnant lady, the HIV virus gets nullified in the breastmilk, and it becomes safe to breastfeed the child. Thus, it is now recommended that all HIV-infected women should breastfeed their babies. Mothers should exclusively breastfeed the child for 6 months and after 6 months, complementary feed can be added. Breastfeeding can continue with the complementary feeds. Apart from mother's milk, no other milk should be given to the child. Your doctor will give your baby ARV medicines from birth and most of the times, it would be given for 6 weeks. Sometimes, it may be extended up to 12 weeks of life.

Vaginal or Cesarean Delivery

With the advent of ARV, the HIV virus in the pregnant lady can be suppressed and the HIV viral load may become negligible. In such a case, the child can be delivered through vaginal delivery as the risk of transmission of HIV to the baby at the time of labor becomes minimal. If the HIV viral load is still high, then the option of cesarean section can be considered as the risk of HIV transmission through cesarean section is less as compared to vaginal delivery.

Postbirth Care

After the birth of the child, the baby should be tested for HIV by polymerase chain reaction (PCR) test at birth, 4–6 weeks of life, and when the breastfeeding is discontinued. HIV should be again tested at 18 months of age by enzyme-linked immunosorbent assay (ELISA). If any test comes positive, then the result should be reconfirmed by repeating the test. If the repeat test is positive, then the child should be started on HIV medications as soon as possible.