



Impact of Maternal HIV Infection on Child Health

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DESCRIPTION

The Human Immunodeficiency Virus (HIV) has been one of the largest public health challenges especially in Low and Middle Income Countries (LMICs). The World Health Organization estimates that other than 90% of pediatric HIV/AIDS infection is accounted for by Mother-To-Child Transmission (MTCT). The main consequences of maternal HIV infection to fetal health are mother-to-child transmission and the potentially increased hazard of adverse pregnancy outcomes similar as low birth weight. It is suggested that low birth weight is associated with perinatal morbidity and mortality but also with long-term adverse health outcomes. Relating important and adjustable factors that causally impact these child birth outcomes will improve understanding of the pathways underpinning the associations, thereby provide clues for possible prevention and intervention with the PMTCT programme. Malawi is one of the countries that have made efforts to implement the Prevention of Mother to Child HIV Transmission (PMTCT) program. An effective PMTCT programme requires HIV-infected mothers and their infants to have access to and take up a cascade of interventions, of which some of them include enrolment of HIV-infected pregnant women and their families into anti-retroviral treatment, safe childbirth practices and appropriate infant feeding. The aim of PMTCT programmes is to reduce vertical transmission from mother to child and the program has been successful in reducing vertical HIV transmission, but implications of uptake of PMTCT interventions on adverse pregnancy outcomes and appropriate infant feeding have been reported. There has been conflicting evidence in literature on the association of maternal HIV on adverse pregnancy outcomes such as low birth weight. Some studies have claimed that ART among HIV-infected mothers is associated with adverse outcomes such as low birth weight, intrauterine growth

restriction, preterm delivery and still births. Other studies have attributed these adverse outcomes to maternal HIV. Even though the mechanism on how HIV infection causes Low Birth Weight (LBW) remains unknown, it is believed that complications related to HIV infection impairs placental functions resulting in LBW Lambart suggests that prenatal care and antiretroviral therapy may reduce adverse pregnancy outcomes such as LBW.

In preventing mother to child transmission, WHO recommends HIV infected mothers from resource limited settings to receive ART and practice exclusive breastfeeding for the first 6 months postpartum. HIV transmission through breastfeeding can be reduced if HIV-positive women breastfeed exclusively for six months rather than practicing mixed feeding. Evidence suggests that HIV-infected mothers who are on ART and mix-feed may have a higher rate of transmission than mothers who exclusively breastfeed and are on ART. Exclusive breastfeeding is one of the most effective global public health interventions for child survival. Breast milk has nutrients and antibodies that are essential for child growth and a defensive mechanisms against antigens, respectively. Therefore there is a need to emphasise the importance of exclusive breastfeeding.

In an effort to help policy makers ensure that there is effective uptake of PMTCT guidelines such as accessing and utilizing ANC services among HIV-infected pregnant mothers, and promoting and supporting appropriate infant feeding among HIV-infected mothers for child survival and prevention of infectious diseases, we aim to estimate the causal effect of maternal HIV on child birth weight while ascertaining the mediating effect of ART status on this effect and the causal effect of knowledge of a mothers HIV status on the practice of exclusive breastfeeding.

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