

Component V-B: Provide Concordant Positive Results

Background

The counselor is responsible for providing the test results in a straightforward, clear, and succinct manner. First, the counselor should provide the couple with a summary of both of their test results by saying, “Your results are the same.” This should be immediately followed by, “Your test results are HIV-positive, which indicates that both of you are infected with HIV.” This approach reaffirms that the partners have sought to learn their HIV status as a couple and that they will be coping with their shared test results together.

The counselor should allow a moment of silence in the session to provide the couple with time to absorb the meaning of the test results. The counselor should make sure that the couple clearly understands the test results. As much as possible, the counselor should diffuse any discussion about one partner being unfaithful or bringing HIV into the relationship. The counselor may need to assist the couple in understanding that it is not possible to determine when or by whom either partner became infected, and in reality, this is neither relevant nor helpful. The counselor should attempt to focus the partners on how they can support each other and cope with their results.

Task	Counselor’s Objective
1. Inform the couple that their results are available.	Transition the session and notify the couple that they will be receiving their results.
2. Provide a simple summary of the couple’s results: Both test results are positive, which indicates that both partners are infected with HIV.	Reaffirm that the couple as a unit is receiving their test results and that they will deal with the outcome together.
3. Allow the couple time to absorb the meaning of the results.	Provide a moment for each of the individuals and the couple to consider the information they have been given and to collect their emotions.
4. Ask if the couple understands the results.	Check in with the couple to make sure they understand what their test results mean and the implications.
5. Encourage mutual support and diffuse blame.	Focus the couple on coping with the results. Ease tension and diffuse blame.

Component VI-B: Discuss Coping and Mutual Support

Background

In this component, the counselor should delicately balance the couple's expression of feelings—often of distress and loss—with supportive encouragement and understated but genuine optimism about the couple's ability to adapt to and cope with the results. The counselor's demeanor should be somber yet supportive. The counselor should refrain from labeling the couple's feelings for them. For example, the counselor should avoid saying, "You must be upset," or "This is difficult for you." The partners should first be supported to define the meaning of the results for themselves and identify their own thoughts, reactions, feelings, and emotions. The counselor can then supportively reflect back and normalize the couple's experiences.

As appropriate, the counselor may remind the couple of their resources and strengths, which they identified earlier in the session. The partners should be encouraged to be supportive of each other. At the same time, the counselor should help the couple recognize the potential need for additional support from others.

Task	Counselor's Objective
1. Invite both partners to express their feelings and concerns.	Understand how receiving positive results impacts the couple. Provide each individual with an opportunity to identify and voice emotions and reactions.
2. Validate and normalize the couple's feelings and acknowledge the challenges of dealing with a positive result.	Provide genuine empathy and offer support and understanding.
3. Ask how the partners can best support each other.	Focus the couple on generating ideas about how they can best support each other.
4. Recall the couple's strengths. Convey optimism that the couple will be able to cope and adjust to living with HIV.	Help the couple to recognize and build on their skills and resources, both individually and as a couple.
5. Address the couple's immediate concerns.	Determine if there are critical issues that must be addressed in order for the couple to listen, focus, and participate in the remainder of the session.

Component VII-B: Discuss Positive Living and HIV Care and Treatment

Background

The counselor should gently transition the session away from addressing the couple's feelings and emotions associated with dealing with HIV infection toward the clinical care, treatment, and preventive services required to manage HIV infection. Counselors should emphasize that there are many preventive treatments that can enhance the quality of the partners' lives. The goal is to motivate and empower the couple to seek needed care and treatment services and to advocate for their own health. To do this, the counselor should provide information at the couple's level of understanding to educate them about the essentials of HIV care and treatment. The aim is for the couple to fully understand and value the importance of accessing appropriate care.

Task	Counselor's Objective
1. Discuss positive living.	Encourage the partners to focus on their ability to enhance their health and well-being.
2. Address the need for preventive health care. <ul style="list-style-type: none"> • Encourage immediate visit to the HIV clinic. 	Encourage an immediate follow-up medical visit.
3. Encourage the couple to access appropriate care and treatment services.	Motivate the couple to obtain the essential clinical care for their HIV infection.
4. Provide needed referrals to the HIV clinic and other services. Identify and problem-solve obstacles.	Link the couple to care and services.

Fundamentals of Antiretroviral (ARV) Treatment of HIV Infection

During this component, the counselor's goal is to motivate the couple to seek needed care and treatment. The counselor should discuss how to access treatment and be able to make appropriate referrals. One treatment option that may come up is the use of antiretroviral drugs, or ARVs.

Counselors should generally understand the fundamentals of ARV treatment that we are about to discuss. However, counselors need to be mindful not to act as the "expert" on ARV treatment to clients. Counselors who are not clinicians should especially use caution and should not answer complicated questions.

Fundamentals of ARV treatment include:

- Antiretroviral treatments are medications used to treat HIV. "ARV" is the abbreviation commonly used to refer to these drugs.
- ARVs help infected persons feel better and delay the effects of HIV on their health. They can prolong life.
- ARVs do not cure HIV or AIDS.
- ARVs must be taken for life.
- A person taking ARVs is still infected and can transmit the virus to others.
- The patient **MUST** take his or her medication every day as directed (usually twice a day, sometimes three times a day) to stay healthy.

Counselors should discuss this information with couples in a clear and simple manner to make them aware that ARV medications help manage HIV infection.

Component VIII-B: Discuss Things to Do at Home to Keep Healthy

The goal of this component is to empower the couple to take action at home to remain healthy and to prevent other infections and illnesses. It's important to emphasize that there are inexpensive, effective, accessible, and feasible things the couple can do now to prolong life.

Task	Counselor's Objective
1. Discuss with the couple the need to live a healthy lifestyle. Discuss things that they can do right away to keep healthy.	Reinforce that the couple will need to play an active role in maintaining and preserving their own health.
2. Discuss the importance of having safe drinking water to prevent diarrhea. Inform the couple about where to get more information or obtain supplies.	Provide information that will help the couple to keep their drinking water supply safe in an effort to prevent diarrhea.
3. Discuss the importance of using bed nets to prevent malaria (when applicable). Inform the couple about where to get more information or obtain supplies.	Make the couple aware that sleeping under a bed net will help to prevent malaria. The counselor will also provide information to the couple on where they can obtain bed nets.
4. Discuss the importance of good nutrition. Inform the couple about where to get more information.	Reinforce the importance of good nutrition while providing assistance in obtaining nutritional information.

Component IX-B: Discuss Risk Reduction

Background

For HIV-infected couples, the issue of risk reduction may be delicate and complex, especially when talking about outside partners. Discussing the risks of having partners outside the relationship should be handled diplomatically and in general terms.

Reasons to talk about outside partners include:

- Outside partners could be HIV-negative.
- Outside partners could have STIs that would make the couple sicker.
- Individuals in the couple are HIV-positive and need to use condoms with outside partners.

The counselor should emphasize the importance of avoiding STIs. If there is any sexual exposure outside of the relationship, condoms must be used to protect the couple from STIs and to prevent the transmission of HIV.

Task	Counselor's Objective
1. Discuss the importance of being faithful and not having sex with outside partners.	Reinforce the importance of being faithful to protect the partners from getting other infections that could make their HIV disease worse.
2. Inform couple of the need to protect partners if they choose to have sex outside their relationship. Provide condom demonstration.	Reinforce the importance of encouraging other sex partners to go for HIV testing and of using condoms with any outside partners.

Component X-B: Discuss Children, Family Planning, and PMTCT Options

There are a number of issues to address regarding the couple’s family planning and reproductive choices. In terms of public health, the objective is to prevent unintended pregnancies and to reduce the risk of transmission of HIV to infants born to infected mothers. The most effective way to prevent HIV transmission to an infant is for the couple not to have additional children by having protected sex only. However, in terms of human rights, the couple should be supported to make informed reproductive choices and then their choices should be respected.

When discussing family planning and reproductive health issues with the couple, the counselor’s aim is to make sure that the couple understands PMTCT, has access to family planning services, and understands the importance of accessing PMTCT services if the woman is currently pregnant or if the couple conceives in the future. The counselor should aim at least to address the essential information and to provide appropriate referrals. If the couple is interested and time permits, the counselor can discuss their choices more fully.

Task	Counselor’s Objective
1. Discuss the issue of HIV testing of children.	Because children may have become HIV infected through their mother, encourage the couple to bring their children for HIV testing. If the children are HIV-positive, they can get the care and treatment they need.
2. Revisit the couple’s intentions concerning having children. Discuss the couple’s reproductive options.	Review the couple’s reproductive intentions in light of their HIV test results. Address options for limiting the risk of mother-to-child transmission of HIV while respecting the couple’s reproductive choices.
3. If the couple wishes to avoid pregnancy, discuss the need for “dual methods.”	Address the benefits and issues associated with the use of multiple contraceptive methods, such as condoms and oral contraceptives, to reduce the risk of unintended pregnancy and STD/HIV transmission.
4. Describe PMTCT programs.	Identify where the couple can obtain PMTCT services.
5. Address the couple’s questions and concerns about PMTCT services.	Identify and address any reservations, myths, or misconceptions that the couple may have about PMTCT services.
6. Provide needed referrals.	Link the couple to locally accessible family planning and PMTCT services.

Basic Information about Prevention of Mother-to-Child Transmission (PMTCT)¹

Counselors should have a general understanding of how to prevent mother-to-child transmission of HIV. This is especially important when counseling couples in which the woman is currently pregnant.

HIV can be transmitted from mother to child during pregnancy, during labor and delivery, and while breastfeeding. However, PMTCT interventions greatly reduce this risk.

The risk of mother-to-child transmission can be reduced by:

- Giving medication to the mother during pregnancy and labor
- Having a safe delivery (delivering the infant in a clinic or hospital)
- Giving medication to the infant immediately after birth
- Making appropriate infant feeding decisions with a health care provider

Universal PMTCT Messages:

- HIV transmission from mother to child during pregnancy, labor, delivery, or breastfeeding is called vertical transmission, perinatal transmission, or mother-to-child HIV transmission (MTCT).
- Prevention of mother-to-child HIV transmission is called PMTCT.
- MTCT accounts for nearly 90% of the more than 600,000 estimated new HIV infections that occur in children worldwide each year.¹
- Without any intervention (antiretroviral (ARV) prophylaxis or treatment) up to 35-40% of infants born to mothers infected with HIV who breastfeed can become HIV-infected.^{2,3}
- 5-10% transmission risk during pregnancy
- ~15% during labor and delivery
- ~ 15% during the breastfeeding period

Research published in 1994 showed that zidovudine (ZDV or AZT) given to pregnant HIV-infected women reduced the risk of MTCT.⁴ Since then, the testing of women and provision of ARVs for those who are pregnant and HIV-positive have resulted in a dramatic decline in the number of children perinatally infected with HIV in developed countries.⁵

Simple, effective interventions also make preventing MTCT in resource-limited settings an obtainable goal.^{2,6} Most countries are now supporting national PMTCT programs.

The key PMTCT interventions include:

- Provider-initiated routine opt-out testing and counseling in the context of pregnancy (i.e., during antenatal, labor and delivery, and immediate post-delivery periods) to enable women learn their HIV status.
- Short-course antiretroviral prophylaxis (ARVs), which can be given during pregnancy, during labor, and to the baby after birth to reduce the chance of transmission, and to improve the mother's health.
- Modified infant feeding practices, which could be either exclusive breast feeding or replacement feeding but no mixed feeding.

For individual women participating in PMTCT programs and receiving these interventions, the risk of transmission can be reduced to 10% or even as low as 5%, even in resource-limited countries.

Further, new global initiatives to support ARV therapy and widespread prevention, care, and treatment programs have created important opportunities to support PMTCT; integrate PMTCT into maternal-child health programs; introduce more effective ARV interventions; and provide linkages to care and treatment for mothers, infants, and family members (“PMTCT-plus”).⁵

- The best way to manage HIV in pregnancy, and prevent infants from getting HIV, is for all pregnant women to attend antenatal care as early as possible in pregnancy and to deliver in a health facility.
- Providers should routinely recommend HIV counseling and testing with same-day results.
- Pregnant HIV-infected women who need treatment for their health as well as for PMTCT should receive highly active antiretroviral therapy (HAART).⁷

Pregnant HIV-infected women who do not yet need treatment for their health should receive the most effective and accessible ARV prophylaxis regimen for PMTCT. The regimens for ARV prophylaxis recommended by WHO⁷ include:

- AZT from 28 weeks of pregnancy plus single-dose NVP+ 3TC at onset of labor, and AZT + 3TC for 1 week after delivery; and for the infant single-dose NVP soon after birth plus AZT for 7 days. This is the most effective regimen.
- Alternative prophylactic regimens include single-dose Nevirapine (SDNVP) for both the mother at labor and the baby immediately after birth.
- Infants born to HIV-positive women who had not received any ARVs should be given single-dose NVP at birth plus AZT for 4 weeks. SDNVP has the advantages of feasibility and cost as well as being accessible for women presenting late in pregnancy.⁸

HIV-infected women, including those on HAART, should avoid breastfeeding only if replacement feeding is acceptable, feasible, affordable, sustainable, and safe. If not, HIV-positive mothers should exclusively breastfeed their baby for the first few months of life and there should be no mixed feeding (i.e., combining breast milk with bottle-feeding, water, or formula feeding).

Women attending ANC should also be encouraged to bring their partner for HIV testing. All HIV-infected mothers, infants, and family members should be referred to treatment, care, and support services to ensure care for the entire family.

References for PMTCT Section

1. UNAIDS 2006 Report on the Global Aids Epidemic. The Joint United Nations Programme on HIV/AIDS, 2006.
2. De Cock KM, Fowler MG, Mercier E, de Vincenzi I, Saba J, Hoff E, et.al. Prevention of mother-to-child transmission of HIV-1 in resource poor countries: translating research into policy and practice. JAMA 2000; 283:1175-1182.
3. Nolan ML, Greenberg AE, Fowler MG. A review of clinical trials to prevent mother-to-child HIV-1 transmission in Africa and inform rational intervention strategies. AIDS 2002; 16(15):1991-1999.
4. Conner EM, Sperling RS, Gelber R, Kiseley P, Scott G, O'Sullivan MJ, et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. New Eng J Med 1994; 331(18):1173-1180.
5. <http://www.cdc.gov/hiv/resources/factsheets/perinat1.htm>
6. http://www.cdc.gov/nchstp/od/gap/docs/program_areas/About%20Our%20Work_PMTCT.01.05.pdf
7. WHO/ What's new in the PMTCT guidelines?
http://www.who.int/hiv/mediacentre/fs_2006guidelines_pmtct/en/
8. Marseille E, Kahn JG, Mmiro F, Guay P, Musoke P, Fowler M, et al. Cost effectiveness of a single dose nevirapine regimen to mother and infant to reduce vertical HIV transmission in sub-Saharan Africa. Lancet 1999; 354(9181):803-809.

Additional PMTCT Information

Testing and Counseling for PMTCT Support Tool Package can be obtained at:

<http://www.womenchildrenhiv.org/wchiv?page=vc-10-00>

Developed by the following international agencies: CDC, WHO, UNICEF, USAID and OGAC

Component XI-B: Discuss Disclosure and Getting Support

It is important for the couple both to understand the benefits of disclosing their HIV status to friends, family, and community members who will support them. It is also important for the couple to understand how to approach disclosing their status.

Task	Counselor's Objective
1. Explain the benefits for the couple to disclose their HIV status to others.	Help the couple to understand how disclosing their HIV test results to trusted friends or relatives can assist them with receiving additional support that they will need both individually and as a couple.
2. Explore the couple's feelings about sharing their results with a trusted friend, relative, or clergy.	Assess the couple's level of comfort about disclosing their test results to someone within their family or social network in order to receive additional support. <ul style="list-style-type: none"> • Identify who could provide additional support • Address confidentiality and disclosure concerns
3. Discuss disclosure basics.	Provide the couple with disclosure basics to assist them in mentally framing how they will disclose.
4. Reinforce that the decision to disclose is mutual.	Ensure that both partners are comfortable with the decision to share their results and with the person or people with whom they intend to confide their test results.
5. Explore the possibility of participating in a support group and additional counseling sessions.	Determine if the couple would be receptive to accessing other support resources, and specify the types of support that would be acceptable to the couple.
6. Answer remaining questions and provide support.	Bring closure to the session and provide appropriate reassurance and encouragement.

Disclosure Benefits and Basics

Potential benefits of disclosure to the HIV-infected person:

- May build a network of social and emotional support—may reduce sense of isolation and anxiety
- May enhance opportunities for HIV-infected person to receive support in obtaining proper medical care and treatment
- Assists HIV-infected individuals in taking medication properly by
 - Allowing the individual to take medication openly
 - Allowing the individual to acknowledge HIV status
 - Allowing the individual to receive support during treatment

Potential benefits of disclosure to sex partners:

- Allows sex partner to know of exposure risk
- Allows sex partner to seek testing and to reduce his or her risk of acquisition or transmission of HIV
- Enhances the sex partner's ability to understand and support the behavior changes needed to reduce risk

Potential benefits of disclosure to family and community:

- Helps infected individuals, couples, and families prepare for the future
- Allows an opportunity to address children's fears and anxieties
- Provides a role model to friends, family, and community
- Allows health care providers to take appropriate precautions

Disclosure Basics

Discussing disclosure to people and partners outside of the couple relationship is an issue that must be approached with sensitivity. Some guidelines to help couples with disclosure include:

- Identify the person most likely to be supportive and understanding to disclose to first.
- Find a private and quiet place and time for the discussion.
- Request that the discussion be kept confidential.
- Mentally frame the issues to be addressed beforehand.
- Develop a script of what to say and how and when to say it.

- Practice, practice, practice.
 - Anticipate both supportive and non-supportive responses and how they may feel to the couple
 - Imagine possible counter-responses.
- Focus on and share feelings. Avoid blame.
- Be clear and specific about what support is needed and what would be helpful.
- When finished, review the experience. Revise the approach as necessary for disclosure to the next person.
- When deciding which sex partners to disclose to, prioritize those who may have been exposed to HIV (if the HIV-positive person feels it is safe to disclose to that person).

Once couples and individuals decide to disclose and decide to whom to disclose, practicing the disclosure is a useful way to develop strategies to make the process easier.

Parental Disclosure to Children

(Sources: American Academy of Pediatrics 1999, Armistead 1995, Armistead 1997, Lee 2002, Wiener 1998)

Benefits of disclosing to children:

- Not knowing can be stressful for children.
 - Children can be highly perceptive. Children (especially older ones) often know something is wrong even if the parent has not disclosed.
 - Parents can relieve the stress of uncertainty as well as communicate trust and openness by talking about their status.
- Parents should be the ones to disclose their status. It's best for children to learn about their parents' HIV status from the parents themselves.
- Disclosure opens communication between parents and children and allows the parents to address the children's fears and misperceptions.
- Disclosure lowers parents' stress. Parents who have shared their HIV status with their children tend to experience less depression than those who do not.

Considerations for disclosing to children:

- The decision to tell a child that a parent or parents are HIV-infected should be individualized to the child's age, maturity, family dynamics, social circumstances, and health status of the parent.
- How a child reacts to learning that a parent (or parents) has HIV usually depends on the relationship the parent has with the child.
- Young children should receive simple explanations about what to expect with their parent's HIV status. The focus should be on the immediate future and addressing fears and misperceptions.
- Older children have a better capacity to cope with their parent's status and to understand the implications of being HIV-positive.
- It is possible that in some cases, disclosure may initially cause stress and tension. Parents should anticipate that their children might need time to adjust to and accept their parents' HIV status.
- If a parent discloses his or her HIV status but requires the children to keep it a secret from others, it can be stressful and burdensome to the children.
- Parents should consider disclosing their status to other adults who are close to their children. This creates a support network of adults who can help the children cope with and process their feelings.
- Parents who are experiencing intense feelings of anger or severe depression about their HIV infection may want to wait to disclose to their children until after they have learned to cope with their status.

HIV-affected children and families need ongoing support beyond disclosure for coping with HIV and planning for the future. This is addressed in more detail in Module Seven: Support Services.

- Establish and reinforce alliances:
 - With each individual
 - With the couple as a unit
 - Between the partners in the couple
- Demonstrate neutrality and nonbiased concern for and interest in both partners.
- Convey respect and positive regard for the couple’s relationship.
- Acknowledge the couple’s shared experiences and history.
- Admire and build on the couple’s strengths.
- Facilitate balanced participation of both partners.
- Direct communication:
 - To each individual
 - To the couple as a unit
 - Between the partners in the couple
- Focus on the couple’s present and future.
- Validate feelings while supportively challenging the couple and emphasizing action.
- Recognize the couple’s expertise and self-determination.
- Focus on solutions, not problems.
- Ease tension and diffuse blame.
- Negotiate and encourage small changes.

Notes:

References

American Academy of Pediatrics Committee on Pediatric AIDS. Disclosure of illness status to children and adolescents with HIV infection. *Pediatrics* 1999; 103(1):164-166.

Armistead L, Forehand R. For whom the bell tolls: parenting decisions and challenges faced by mothers who are HIV seropositive. *Clinical Psychology: Science and Practice* 1995; 2(3):239-250.

Armistead L, Klein K, Forehand R, Wierson M. Disclosure of parental HIV infection to children in the families of men with hemophilia: description, outcomes, and the role of family processes. *Journal of Family Psychology* 1997; 11(1):49-61.

Lee MB, Rotheram-Borus MJ. Parents' disclosure of HIV to their children. *AIDS* 2002; 16(16):2201-2207.

Weiner LS, Battles HB, Hellman NE. Factors associated with parents' decision to disclose their HIV diagnosis to their children. *Child Welfare* 1998; 77(2):115-135.

World Health Organization and Centers for Disease Control and Prevention. Prevention of mother-to-child transmission of HIV (PMTCT) training manual Atlanta, Georgia, 2004. WHO/CDC PMTCT training materials can be obtained at:
<http://www.cdc.gov/nchstp/od/gap/pmtct/>