HIV SCREENING DURING PREGNANCY

Each year the MSCC puts in an Official Information Act request to the National Health Board asking for the numbers and ethnicity of women identified as being HIV+ during pregnancy as a result of the antenatal HIV screening programme.

The resulting letter from this year’s request revealed that in 2013 one woman was found to be HIV+ as a result of antenatal screening.

In 2012 two women were identified as being HIV+ as part of antenatal screening. In 2011 only one woman was diagnosed as HIV+ during her pregnancy.

In each of the previous two years three women identified as being HIV+ as a result of antenatal screening.

Costs of the screening programme
This raises the issue of the cost of a screening programme that is only resulting in the identification of one or two women who may gain a benefit. To provide further context for this result, it has been estimated that an HIV+ woman has a 25% chance of passing the virus to her baby during pregnancy. So it is quite possible that none of the women identified as being HIV+ over the past 4 – 5 years would have given birth to a baby with HIV.

Aside from the millions being spent on the National Antenatal HIV Screening programme, there are also concerns around the adverse impact on some of the women being screened for HIV, as well as the lack of informed consent for an HIV test.

Lack of informed consent
Reports from childbirth educators in the Auckland region reveal that many pregnant women are unaware that they have been tested for HIV, something women’s health groups have been concerned about since the programme was first proposed.

Non-negative results
Some women will be screened for HIV and receive what is referred to as a non-negative result. A non-negative result is one in which there was a low level of reactivity to the test, and a subsequent blood test will usually result in a negative HIV test.

The impact of being told that the test for HIV was not negative, and that another blood sample is needed is considerable. Women are likely to experience a range of extremely distressing emotions and may not absorb the reassuring information that the second test is highly likely to result in a clear result that shows she does not have HIV.

When screening programmes are introduced the most important maxim is the requirement to first do no harm. Screening programmes are undertaken on well populations and have a significant responsibility to ensure that screening does not cause more harm than good. Careful monitoring is therefore needed to make sure that the benefits of screening far outweigh any possible negative impacts.

When a screening programme only offers a potential benefit to one person it is difficult to justify the considerable resources being spent on it, especially when such screening does more harm than good.