LETTER TO THE EDITOR

INTRODUCTION TO DOCTORS' WIVES ASSOCIATION (DWA)-NEPAL

Dear Editor,

Doctors Wives Association (DWA) was initiated in the year 1984 by five enthusiastic active ladies (Wives of the eminent doctors of Nepal) interested to contribute their effort to improve the quality of life of the children and women of Nepal.

All the members of DWA are Doctors' Wives, but with different educational and experimental background. Most of them are housewives and some are working women who, apart from being involved in their own responsibilities, are keen to contribute their effort to bring in better world for the children and women of Nepal. Everybody is concerned to be involved to do something worthy for the people, specially women and children who are in need. As such, being the Doctors' Wives, the association has mostly engaged in health support activities -preventive, curative and rehabilitative – to relieve the ones in pain from pain.

DWA at present is running with the meager membership fees only and looking for sources of grants and funds to run the activities for handicapped children.

DWA will appreciate any support to help the children with disabilities to improve their quality of lives.

Doctors' Wives Association has been organizing free corrective surgical camp for the children with cleft- lip palate in different parts of Nepal since 1998. Such camps are jointly organized by Operation Unis Japan, Doctors' Wives Association, Local NGOs and concerned hospitals. Till date 307 children have been benefited by these camps.

DWA aims to improve the quality of life of women and children of the society. Driven by this aim the association has been staging awareness creation on various issues related to children and women of Nepal such as HIV/AIDS, breast and uterus cancer. Reproductive health, safe motherhood and neo natal care, importance of breast feeding, legal provision for women, effects of child abuse in their psychological health etc.

Surya Kumari Shrestha
General Secretary
Doctors' Wives Association (DWA)

PREVENTING MOTHER TO CHILD TRANSMISSION OF HIV

Dear Editor,

I read with great interest the article "Preventing Mother to Child Transmission of HIV" [1] by S. Sharma where the author has very clearly outlined the necessity of awareness amongst the health worker and rest of the people in the society about the potentially alarming situation due to HIV/AIDS.

The retrovirus produces significant morbidity and mortality by affecting host lymphocyte (CD4 helper Lymphocyte) depleting it severely and progressively resulting host susceptibility to infection (CD4count<100 cells/micro liter). There is a dramatic decline in the morbidity and mortality with the advent of highly active antiviral treatment (HAART)[2] that looks still far away from the reach of general population. Only limited number of patients are getting HAART from Teku hospital. In the absence of perinatal HIV prophylaxis, between 13% and 40% children born to HIV-infected mothers are infected with HIV. [3]

The risk of vertical transmission is higher with vaginal than cesarean delivery, higher among mothers with high viral-load and higher among those who breastfeed their children. Breastfeeding is thought to increase the rate of transmission by 10 to 20%.[3] It is sad to know that some doctors TUTH ask

for screening of HIV even without counseling. It sems they aware of the psycho-social implications. Despite having effective measures to reduce vertical transmission, we are unable to implement it for various reasons. It does not mean that we simply ignoring the fact and increasing the number of children with HIV.

The author has very well covered the worldwide scenario but unfortunately, in a developing country like ours where health facilities are minimal or even zero at some parts, it is very difficult to collect the correct data, document them and intervene in return. Curable ailment like Hansen's disease is still considered a social stigma in our society so it was not an unnatural incident to know about the sad disappearance of that particular mum from her rented house.[1] This incidence generates a question how far are we successful in preventing vertical transmission? The leading hospital in the heart of capital with maximum patient attending antenatal clinic is Maternity Hospital. Despite having HIV screening facility it recorded only 1,242 patient out of 14,358 new cases showing the selected screening test and only 3 patient (0.24%) were found to be HIV positive. It clearly indicates that 13,116 patients were left out, whose HIV status was not known and the vertical transmission could not be prevented. I hope a central hospital with a program on prevention of mother to child transmission can manage to arrange proper counseling (pre-test and post-test) for all attending ante-natal clinic.

The author has very correctly pointed the vital role of obstetrician and gynecologist to be aware and awaken people coming to them. We are equally responsible to contribute our part in doing so to avoid social discrimination depriving any patient from receiving the available antiretroviral treatment. In return the newborn will not be suffering as the mum if timely counseled about refraining from breast feeding and treating the infants within 48 hours of delivery. The health team in delivery room might have to take precautions to avoid accidental exposure. We should not forget the 'Iceberg-phenomenon' of disease in our day-to-day practice and do not get blinded by the limited reported cases in our country. We all have a lot to contribute to prevent further spread of this dreadful disease.

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1. Sharma S, Preventing Mother to child Transmission of HIV. Nepal *JNMA* 2003:42:380-382.

2. Kumar & Clark, clinical medicine, infectious diseases & tropical medicine 3rd edition: ELBS: 1995, 96 -105.

3. Mitchell H. Katz, MD & Harry Hollander, MD, www.cmdtlinks.com HIV infection, LANGE NY Mc Graw Hill CMDT - 43rd edition 2004 1263 - 1292.

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