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Pregnancy and HIV

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What women go through pediatric care and support: While pediatric palliative care mirrors adult palliative care in many ways, issues related to the delivery of HIV palliative care for pediatric clients are different. The clinical course of HIV is more rapid in children, and mortality for infected babies is as high as 40 percent in the first year of life. Maternal antibodies make serologic diagnosis of HIV difficult in the first 18 months. Unless virology diagnostic tools are available, this means that interventions such as cotrimoxazole prophylaxis and safe infant feeding must be initiated before diagnosis is confirmed. Children are dependent on adults for their care. These adults need to be identified, recruited, and educated as to how to care for a child. Family-centered care need to be supported, and caregivers encouraged to seek care and treatment interventions for a child. Certain symptoms are more common in children, including skin disorders, sore mouth, and convulsions. Some, such as pain, are more difficult to children. Nutrition and growth are critical indicators of well-being, and of response to care and treatment. Failure to thrive is a key indicator of clinical deterioration. Safe infant feeding is a critical issue both for prevention and for care.

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