



## NEVADA STATE HEALTH DIVISION

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# *A PROFILE OF CHILDREN BORN TO HIV INFECTED MOTHERS IN NEVADA: 1994-2003*

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&

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**A PROFILE OF CHILDREN BORN TO  
HIV INFECTED MOTHERS IN NEVADA:  
1994-2003 (2005)**

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## **BACKGROUND**

This report presents information about children born to Human Immunodeficiency Virus (HIV) infected mothers between 1994 and 2003 in Nevada. This document also presents a profile of those HIV mothers and includes some information about the fathers of these children.

One of the Healthy People 2010 goals set by the Center for Disease Control and Prevention (CDC) is to “Reduce new cases of perinatally acquired HIV infection.” To reach that goal, the Institute of Medicine recommended that the United States adopt a national policy of universal HIV testing, with patient notification, as a routine component of prenatal care. In addition, the U.S. Public Health Service revised its guidelines to assure voluntary screening of all pregnant women.

The State of Nevada’s Bureau of Community Health and the Bureau of Health Planning and Statistics took the step to “cross match” two databases that are housed within the two bureaus. “Cross matching” refers to a process whereby records pertaining to that same person, household, event, etc. in the HIV/AIDS Reporting System (HARS) database are linked to records from the birth registry. For the purposes of this document, the years linked include 1994 through 2003.

By cross matching these two databases, it is possible to determine the number of HIV infected women who gave birth in Nevada between 1994 and 2003. Additionally, it is possible to determine the number of children born to these women, analyzing specific variables such as demographics, mode of exposure, and the birth weight of their children.

## **GOALS**

The primary goal of this profile is to find children who may not have been detected with current surveillance measures and determine why and how they did not get the necessary medications/interventions to prevent infection with HIV.

A secondary goal is to develop a report that may serve as a resource for prevention and care efforts, to demonstrate the need for funding for the implementation of prevention and care services, and to serve as an evaluation tool for justifying the current programs and policies in Nevada. Epidemiological information is crucial to prioritizing targeted populations and to the planning process.

Funding for Nevada’s HIV Prevention Program comes from a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Nevada State Health Division. CDC requires that the Nevada HIV Prevention Community Planning Groups (CPGs) utilize the most up-to-date and accurate epidemiological data available in setting priorities, and in the development of goals and objectives to guide and coordinate future HIV prevention efforts.

## SUMMARY AND HIGHLIGHTS

### Children born to HIV infected mothers, 1994-2003

- ◆ Between 1994 and 2003, **230 children** were born to 158 HIV infected mothers in Nevada.
- ◆ **Fifty (22 percent) children contracted HIV** and were confirmed positive with the virus.
- ◆ **Three children** (6 percent) who contracted HIV between 1994 and 2003 **died** during the same time frame. All three children who died were born between 1995 and 1996.
- ◆ **Thirty-five (15 percent) of the 230 children** born to HIV infected mothers were **born at a low birth weight (LBW)** (LBW <2,500g and ≥1,500g), almost twice Nevada's average (8 percent) for the same time frame.
- ◆ **Eleven children (5 percent) were born at a very low birth weight (VLBW)** (VLBW <1,500g), more than three times Nevada's average (1 percent).
- ◆ The ages of the HIV infected mothers ranged between 13 and 42 years. **Fifty-eight (25 percent) children** were born to **HIV infected mothers** between the **ages of 18 and 27**, while **56 (24 percent)** had mothers who were **23 to 27** years old, and **55 (24 percent)** children had mothers between the ages of **28 and 32**.
- ◆ By race/ethnicity, African American and Native American mothers were over-represented. **One hundred-thirty-two (57 percent) children** born to HIV infected birth mothers **had African American mothers**, compared to 8 percent of Nevada's 2003 total birth mother population. Seven (3 percent) children with HIV infected mothers had Native American mothers, compared to 1 percent of the total birth mother population. Mothers of other races/ethnicities were under-represented.
- ◆ By county of residence, **one hundred-eighty-two (79 percent) children** born to HIV infected mothers were born to women who **resided in Clark County**, compared to 41 (18 percent) from Washoe County and 7 (3 percent) from the Rural Counties.
- ◆ HIV infected mothers **received antiretroviral medications** during only **101 (44 percent) pregnancies**. They did not receive antiretrovirals in another 100 (44 percent), while the status of 29 (13 percent) pregnancies was unknown. In comparison, 79 percent of HIV infected women nationally underwent antiretroviral therapy during their pregnancies.
- ◆ HIV infected mothers began **prenatal care in the first trimester for only 124 (54 percent) births**, compared to 72 percent of births for all mothers in Nevada. In

addition, HIV infected mothers received **no prenatal care for 21 (9 percent)** births, compared to only 3 percent of births for all mothers.

- ◆ In about **68 percent** of births to **White mothers** and **64 percent** of births to **Hispanic mothers**, the mothers received **prenatal care in the first trimester**. In contrast, in **only 43 percent** of births to **Native American mothers** and **47 percent** of births to **African American mothers**, the mothers received prenatal care in the first trimester.
- ◆ Per the Kessner Index, HIV infected mothers **received an adequate level of prenatal care for 92 (40 percent) pregnancies**, compared to 64 percent of pregnancies for all Nevada mothers during the same time frame. In addition, 64 (28 percent) children received an intermediate level of care, while 74 (33 percent) received inadequate care, no care, or an unknown level of care.
- ◆ HIV infected mothers **used alcohol during 18 (8 percent) pregnancies**, compared to less than 2 percent of pregnancies for all birth mothers in Nevada.
- Older HIV infected mothers, **between the ages of 33 and 42, were more likely to use alcohol during their pregnancies (approximately 20 percent)**, followed by mothers between the ages of 28 and 32 (9 percent) and women between the ages of 13 and 17 (8 percent).
- ◆ HIV infected **mothers used tobacco during 72 (31 percent) pregnancies**, compared to 12 percent of pregnancies for all birth mothers in Nevada.
- ◆ HIV infected mothers **between the ages of 33 and 37 used tobacco the most often, in over 46 percent of the pregnancies**. Mothers in the 28 to 32 and 23 to 27 year old age groups also used tobacco often, in 38 percent and 30 percent of their pregnancies respectively.

### **Attributes of HIV infected mothers, 1994-2003**

- ◆ **Fifty-one (32 percent)** of the 158 HIV infected mothers **gave birth to more than one child**. As a result, 120 children were born to HIV infected mothers of multiple children.
- ◆ The **mode of exposure to HIV** for the **mothers of 66 children (29 percent)** was sex with a **man who was already infected with HIV/AIDS through unnamed means**. The **mothers of 46 children (20 percent)** had been exposed to the virus through **sex with an injection drug user (IDU)**.
- ◆ For **45 (20 percent)** children, HIV infected mothers said they were **exposed to HIV through injection drug use (IDU)** while for **60 (26 percent)**, the mother **did not specify the mode of exposure**.

- ◆ Between 1994 and 2003, the HIV infected mothers of 211 (92 percent) children were still alive, while the **mothers of 18 (8 percent) children died**, and the status of one mother (less than 1 percent) was unknown.

### **HIV infected birth fathers, 1994-2003**

- ◆ Between 1994 and 2003, **141 children were born to HIV infected fathers**.
- ◆ Of the children born to HIV infected birth fathers between 1994 and 2003, **62 (44 percent)** were born to **White fathers**, **41 (29 percent)** were born to **Hispanic fathers**, **33 (23 percent)** were born to **Black fathers**, 2 (1 percent) to Native American fathers, and 3 (2 percent) to Other race fathers.
- ◆ Fifty (**36 percent**) of the 141 HIV infected fathers were **between the ages of 33 and 37**. Another 38 (25 percent) were between 28 and 32 years old.
- ◆ **Twelve (9 percent)** of the 141 HIV infected birth fathers for children born between 1994 and 2003 **died** while 127 (90 percent) remained alive and the status of two (1 percent) fathers was unknown.

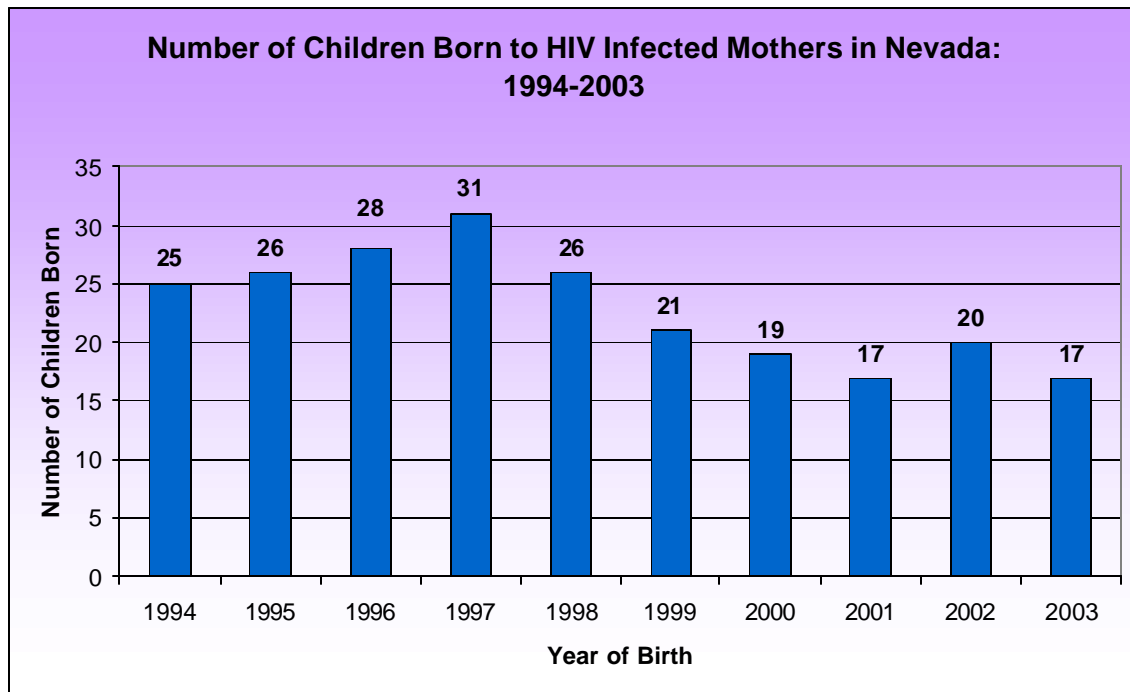
# ATTRIBUTES OF CHILDREN BORN TO HIV INFECTED MOTHERS, 1994-2003

## 1. Number of children born to HIV-positive mothers in Nevada

Between 1994 and 2003, 230 children were born to 158 HIV infected mothers in Nevada, an average of 23 children per year. The children represented 0.1 percent of the 285,662 births during those years.

Overall, the number of children born to HIV infected mothers decreased 32 percent between 1994 and 2003, from 25 births in 1994 to 17 in 2003. In the first half of that decade, between 1994 and 1998, an annual average of 27 children was born to HIV positive mothers. During that five-year span, the number of yearly births ranged from 25 to 31. In the second half of the decade, 1999 through 2003, the number of yearly births ranged from 17 to 21 and the annual average number of births was 18.

Figure 1



## 2. Number of HIV-positive and HIV-negative children born to HIV infected mothers in Nevada

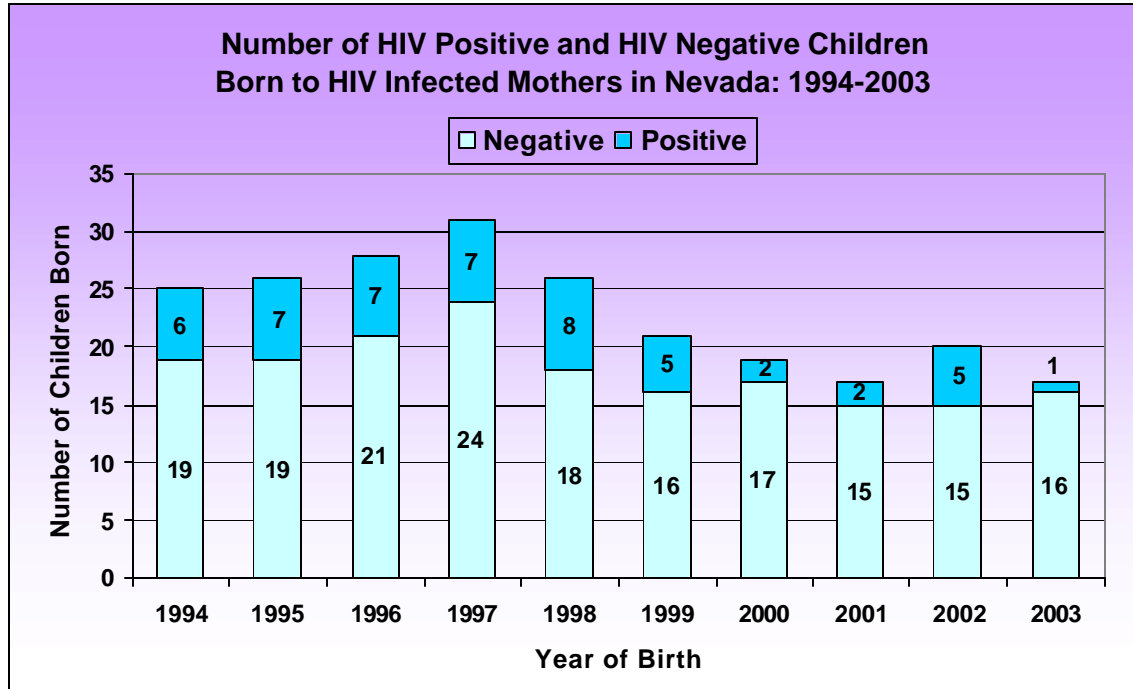
Of the 230 children born to HIV infected mothers between 1994 and 2003, 50 (22 percent) were reported as HIV positive, and 180 (78 percent) were HIV negative.

The number of HIV positive children decreased 77 percent in the ten years between 1994 and 2003, from 24 percent to 6 percent of children born to HIV infected mothers. In the



first five years of the decade, 1994-1998, an average of seven children per year born to HIV infected mothers acquired HIV. Between 1998 and 2003, the annual average decreased to three children developing HIV.

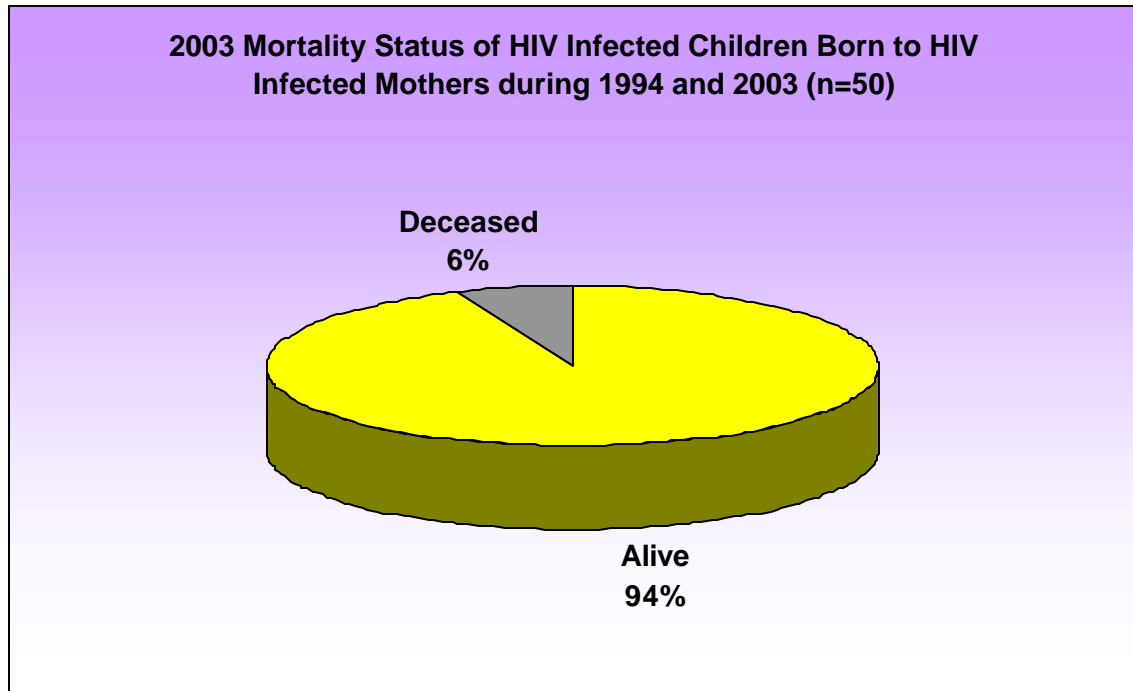
**Figure 2**



### **3. Mortality status of HIV infected children born to HIV infected mothers**

Of the 50 HIV infected children born to HIV infected mothers between 1994 and 2003, 3 (6 percent) had died and 47 were still alive in 2003. All three children who died had been born between 1995 and 1996.

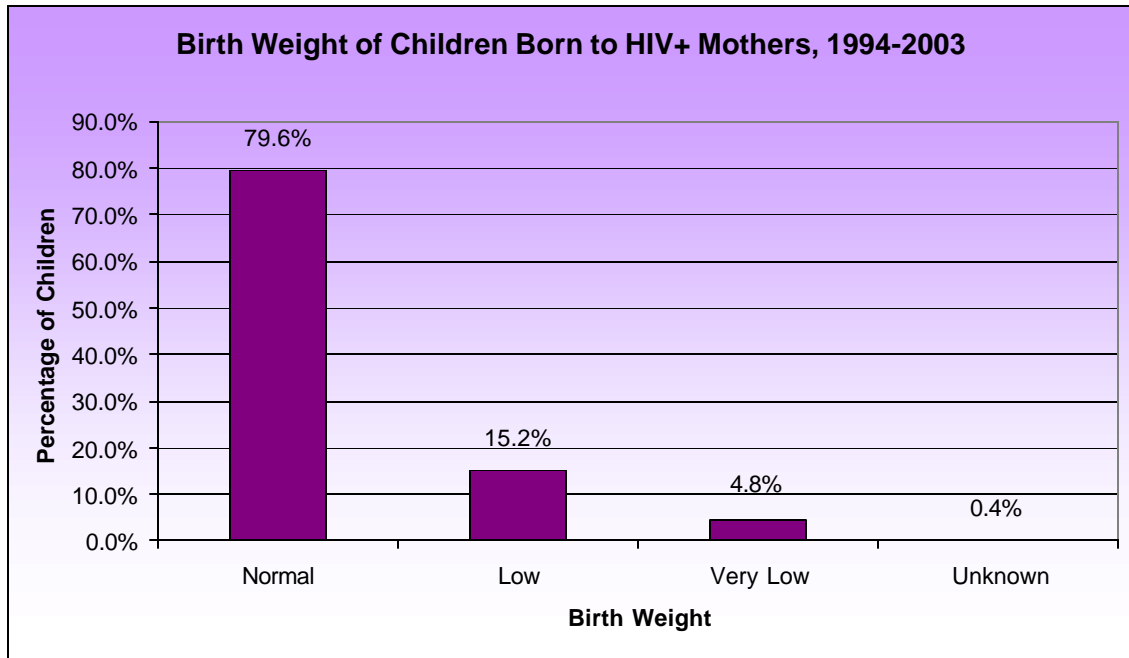
**Figure 3**



#### **4. Birth weight of children born to HIV-positive mothers**

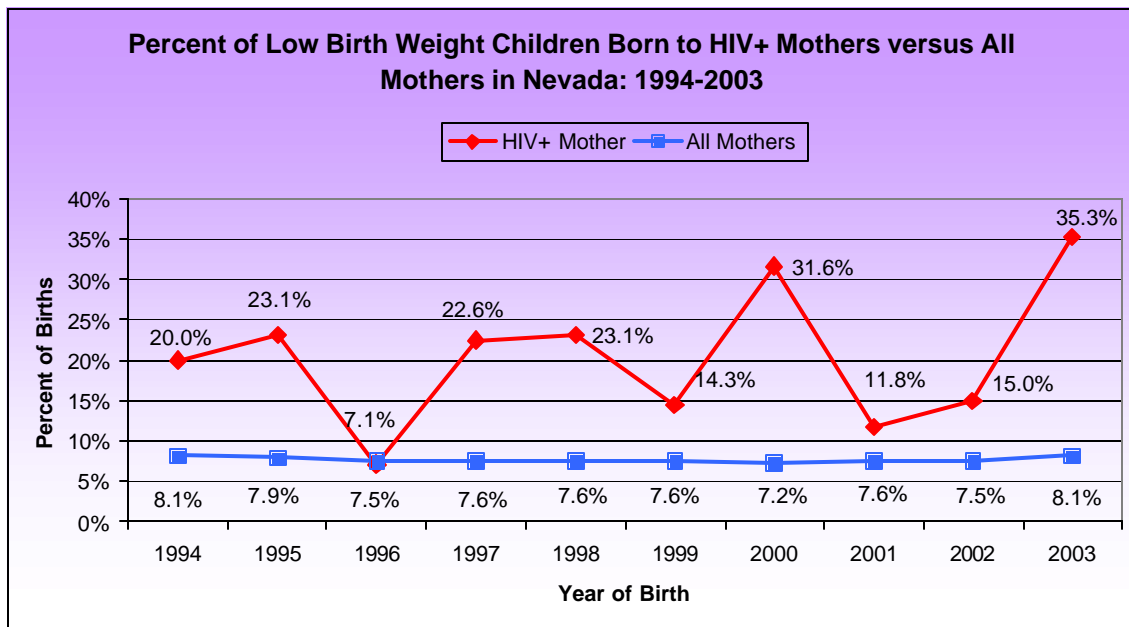
Low birth weight is defined as weighing less than 2,500 grams and very low birth weight is defined as weighing less than 1,500 grams. About 80 percent of children born to HIV infected mothers between 1994 and 2003 had a normal birth weight, while around 20 percent (46 children) had either a low (15 percent) or very low birth weight (5 percent). Less than one percent had an unknown birth weight.

**Figure 4**



Compared to all mothers who gave birth in Nevada between 1994 and 2003, HIV infected mothers gave birth to low birth weight infants two to four times as often as all Nevada mothers. Because of the low numbers of children born to HIV infected mothers, the percentage of low birth weight children fluctuated considerably, from 7 to 35 percent of births to HIV infected mothers. In contrast, the percentage of low birth weight children in Nevada ranged from 7 to 8 percent.

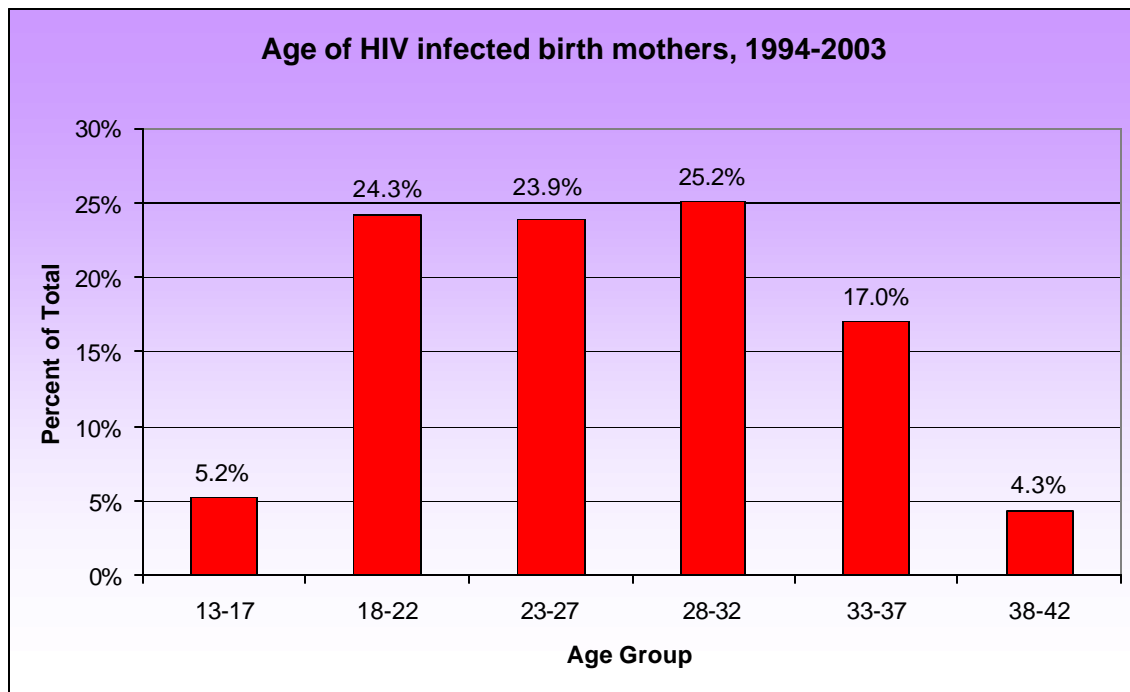
**Figure 5**



## 5. Age and race/ethnicity of HIV-infected mothers

**Age:** The ages of HIV infected mothers ranged between 13 and 42 years. Fifty eight (25 percent) of the 230 children born to HIV infected women between 1994 and 2003 had mothers who were between the ages of 28 and 32, 56 (24 percent) were between the ages of 18 and 22, and 55 (24 percent) were between 23 and 27. Thirty-nine (17 percent) mothers were between 33 and 37 years old. Only 12 (5 percent) were teens, between 13 and 17 years old, and 10 (4 percent) were older mothers, between 38 and 42.

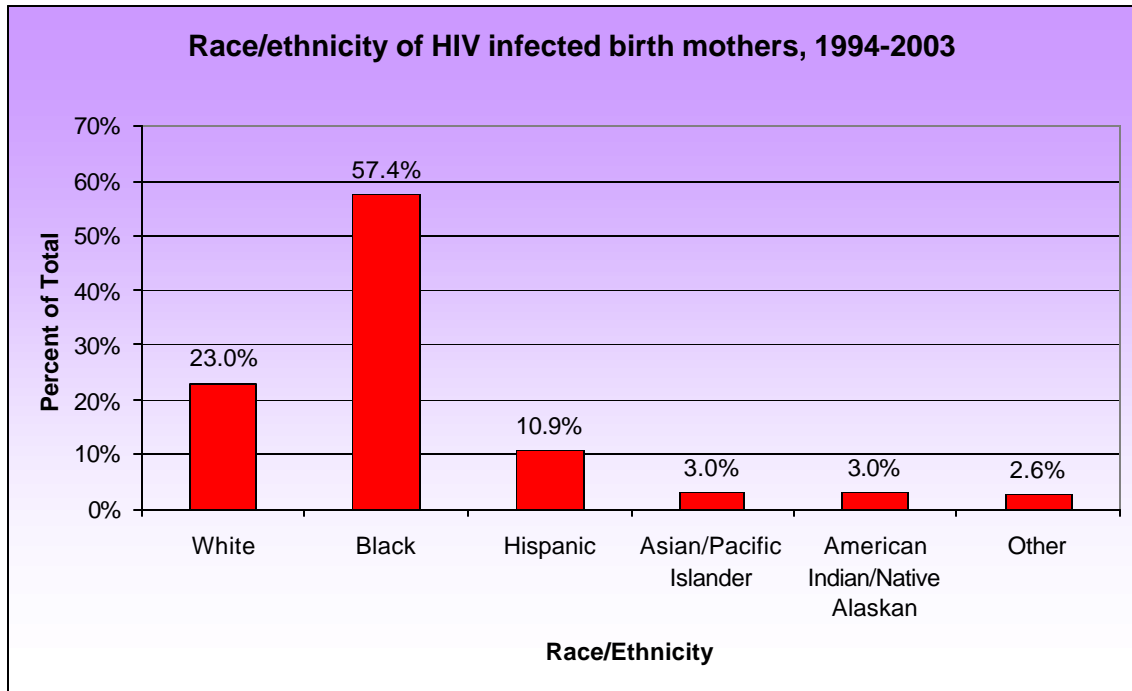
**Figure 6**



**Race/Ethnicity:** African American and Native American mothers were over-represented in the HIV infected birth mother population. One hundred eighty two (57 percent) children born to HIV infected birth mothers had African American mothers, compared to 8 percent of Nevada’s 2003 total birth mother population. Seven (3 percent) of the children of HIV infected mothers had Native American mothers, compared to 1 percent of the total birth mother population.

White, Hispanic, and Asian/Pacific Islander mothers were under-represented in the HIV infected birth mother population. Fifty three (23 percent) children were born to HIV infected White mothers. In comparison, 53 percent of the total birth mother population was White. Only 25 (11 percent) children were born to HIV infected Hispanic women, while Hispanic women made up 31 percent of the birth mother population. Seven (3 percent) children had Asian/Pacific Islander HIV infected mothers, while Asian/Pacific Islander mothers made up 5 percent of the birth mother population.

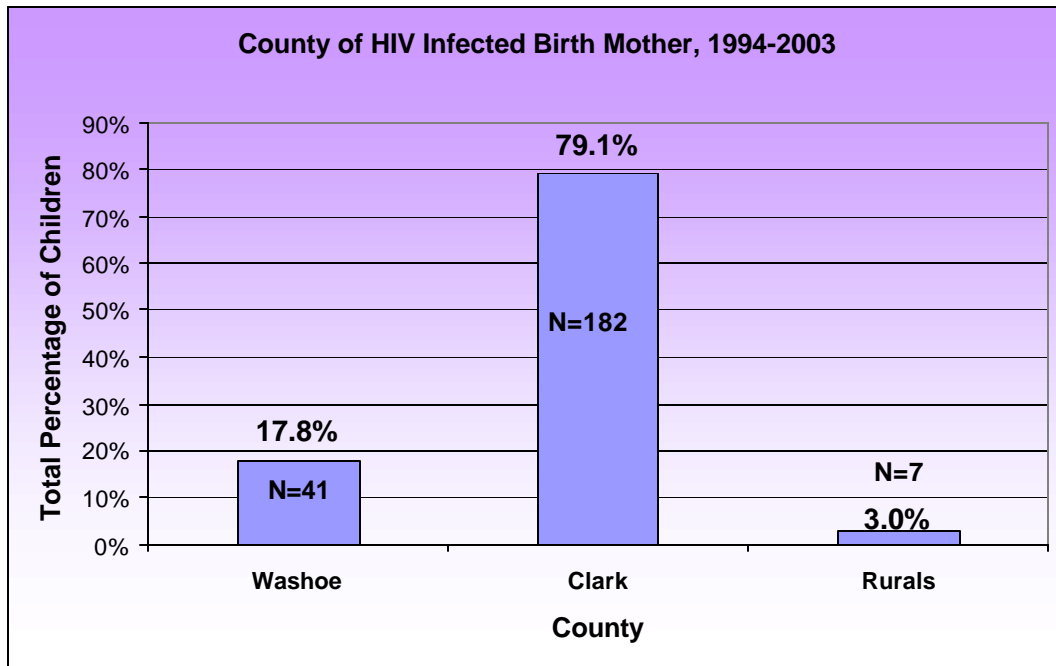
**Figure 7**



## 6. County of residence for HIV-positive birth mothers

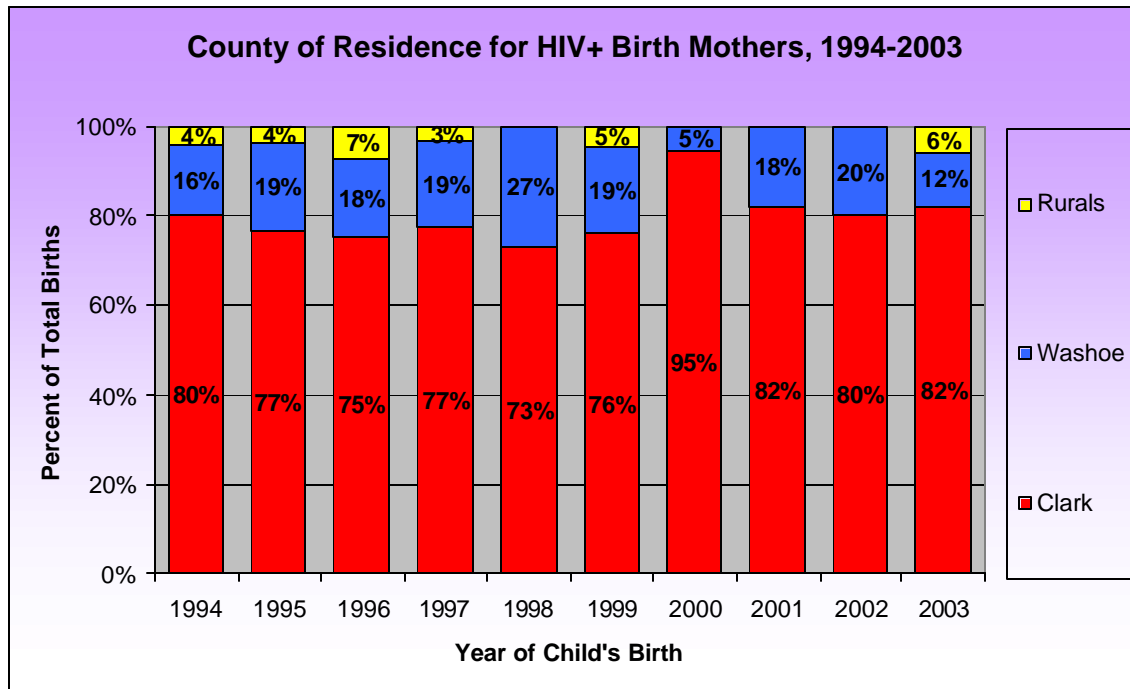
Between 1994 and 2003, 182 (79 percent) children born to HIV infected mothers were born to women who resided in Clark County. Forty one (18 percent) children were born to residents of Washoe County and 7 (3 percent) to residents of Rural Counties.

**Figure 8**



Between 1994 and 2003, the percentage of children born to HIV infected mothers who resided in Clark County increased from 80 to 82 percent of total births.

**Figure 9**



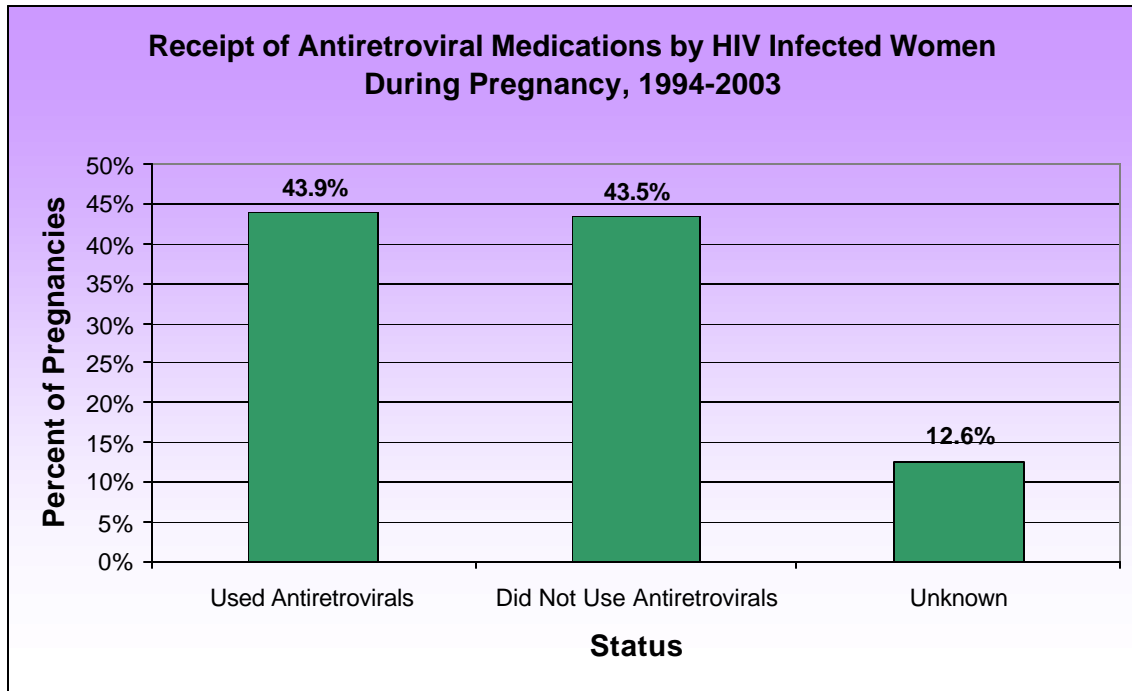
## 7. Use of antiretroviral medications by HIV-infected women during pregnancy

Between 1994 and 2003, HIV infected mothers received antiretroviral medications for only 101 (44 percent) of the 230 births. They did not receive antiretrovirals for another 100 (44 percent) births while the status of 29 (13 percent) births was unknown.

The perinatal use of antiretroviral therapy by HIV infected women in Nevada was far lower than national use. Nationally, the Centers for Disease Control and Prevention (CDC) reported that cumulatively, 79 percent of HIV-infected women received antiretroviral therapy during their pregnancies.<sup>1</sup>

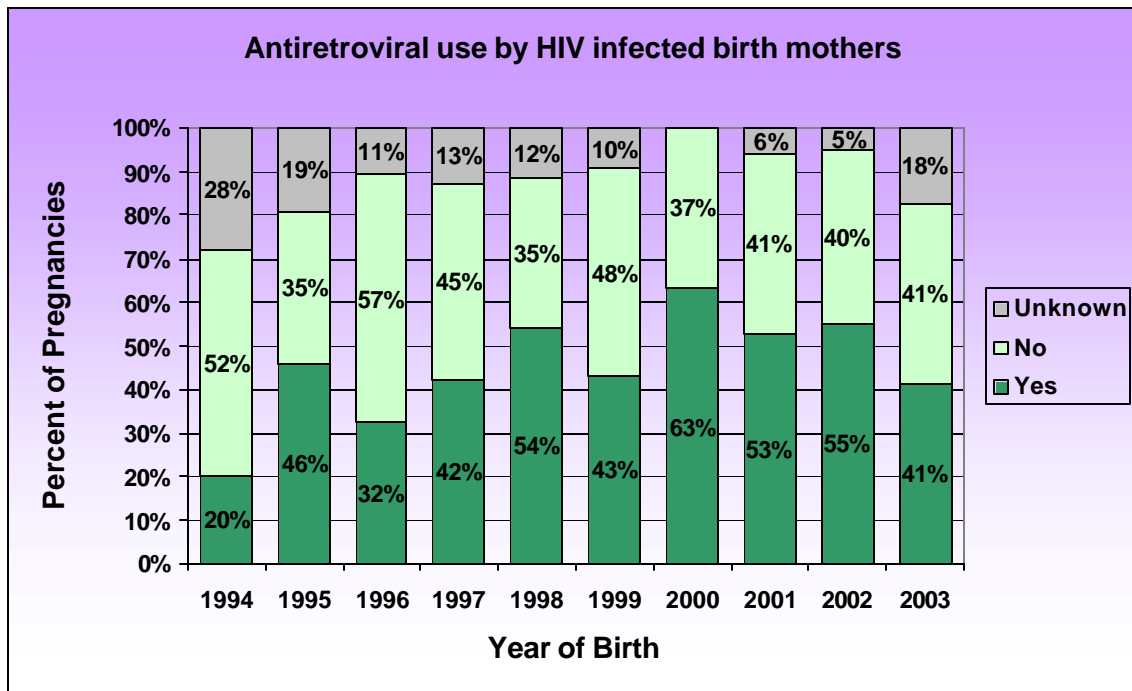
<sup>1</sup> CDC, HIV/AIDS Special Surveillance Report, "Enhanced Perinatal Surveillance, United States, 1999-2001," 2004.

**Figure 10**



The percentage of children whose mothers received antiretroviral medications increased when comparing the first five years to the second. The average yearly percent of mothers using antiretroviral medications between 1994 and 1998 was 39 percent, compared to a yearly average of 51 percent between 1999 and 2003.

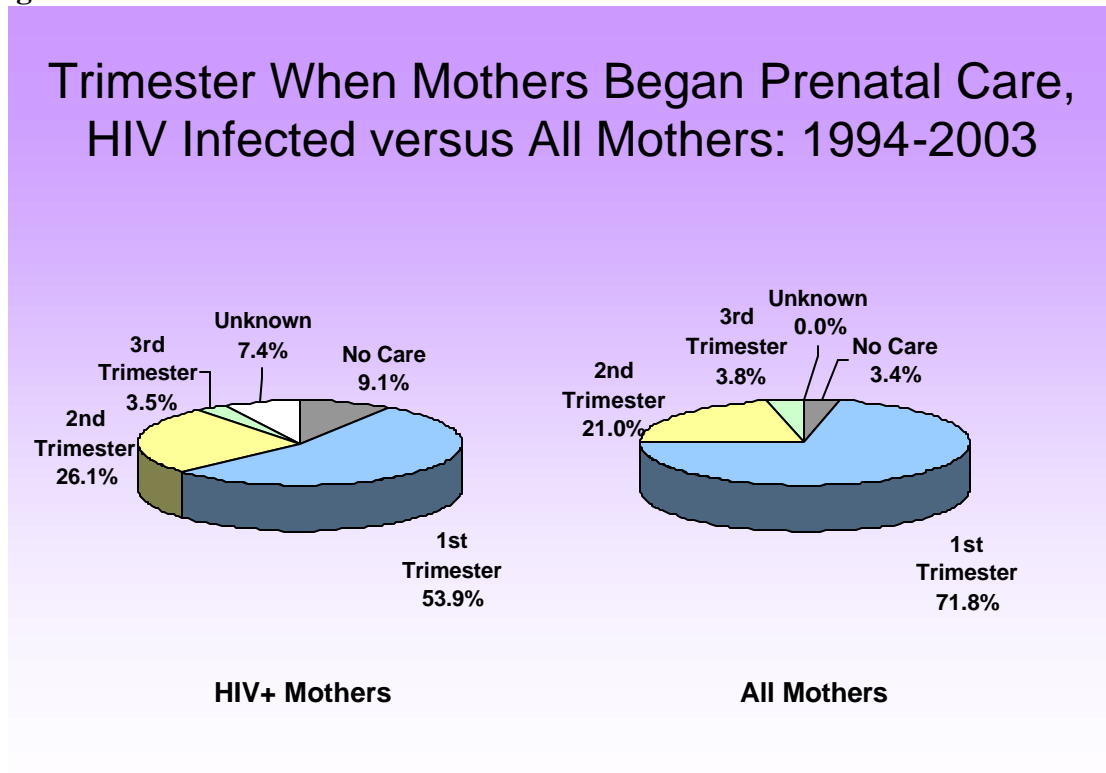
**Figure 11**



## 8. Level of prenatal care received by HIV infected mothers

HIV infected mothers began prenatal care in the first trimester for only 124 (54 percent) births, compared to 72 percent of births for all mothers in Nevada. In addition, HIV infected mothers received no prenatal care for 21 (9 percent) children, compared to only 3 percent of births for all mothers. The status of prenatal care for another 7 percent of births was unknown.

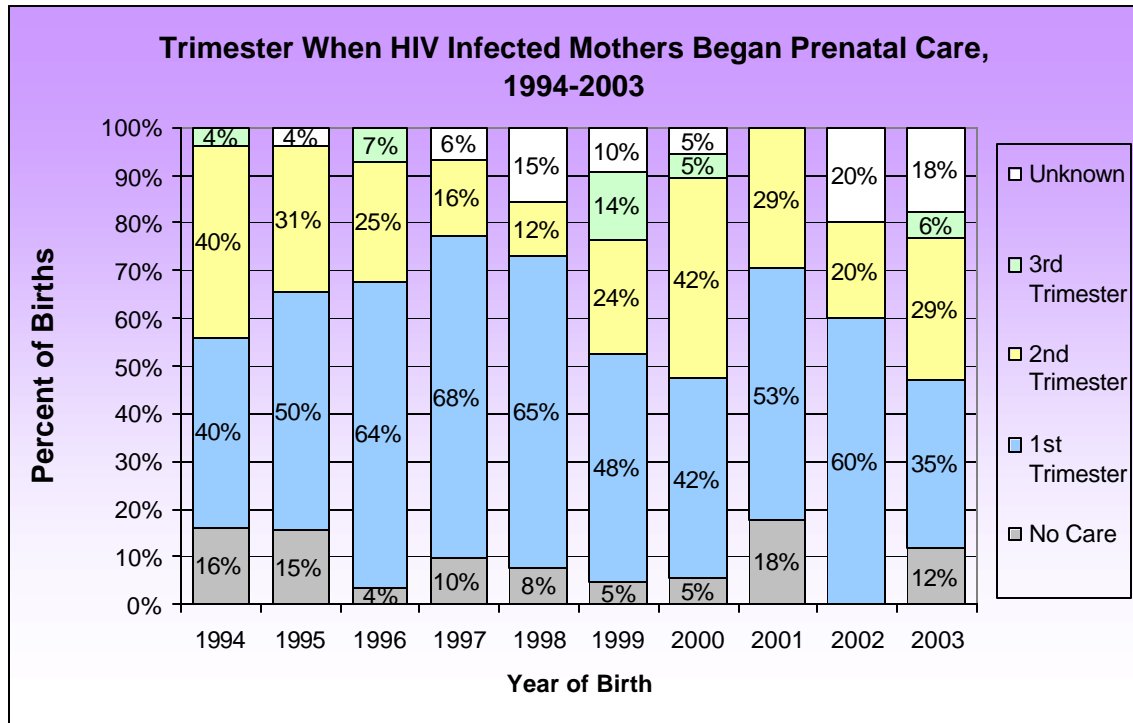
Figure 12



In the ten years under scrutiny, the percentage of HIV infected women who received prenatal care in the first trimester fluctuated, from a high of 68 percent in 1997 to a low of 35 percent in 2003. The percentage of women receiving no prenatal care decreased overall, despite yearly fluctuations. The number of HIV infected women whose prenatal status was unknown fluctuated, but did not show any signs of decreasing.



**Figure 13**

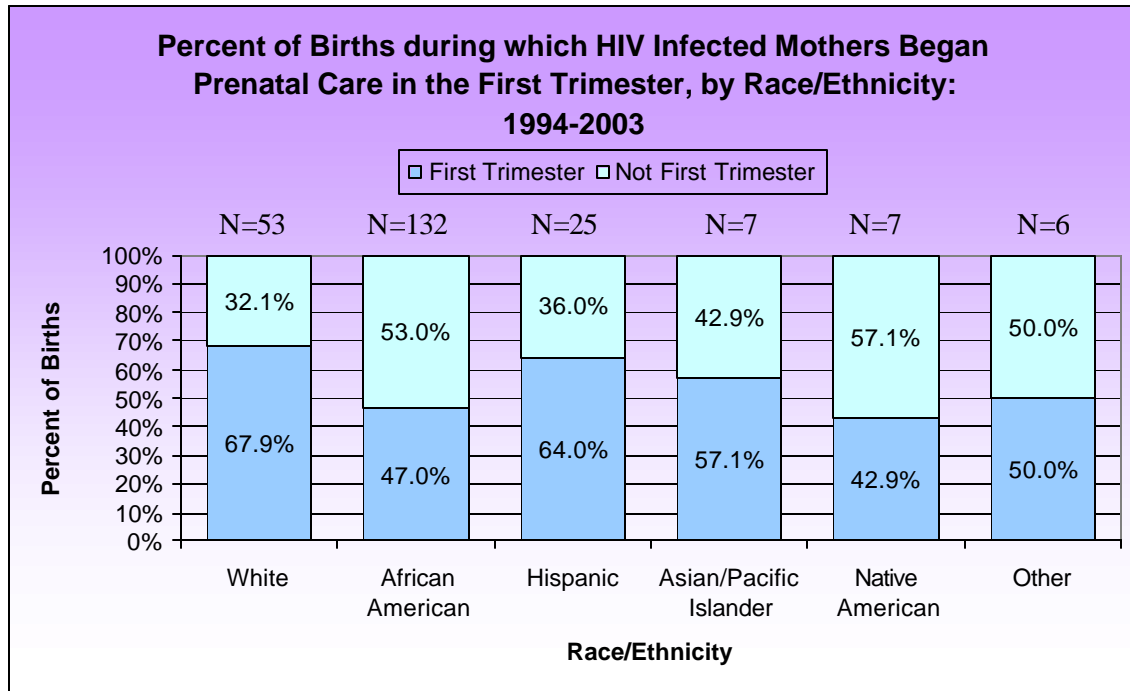


**◆ HIV Infected Mothers Who Began Prenatal Care in the First Trimester, by Race/Ethnicity**

Between 1994 and 2003, children of White and Hispanic HIV infected mothers were the most likely to receive early prenatal care. In about 68 percent of White and 64 percent of Hispanic births, the HIV infected mothers received prenatal care in the first trimester.

Children of Native American and African American HIV infected mothers were the least likely to benefit from early prenatal care. Native American HIV infected mothers received prenatal care in the first trimester for only 43 percent of births, while African American mothers received prenatal care in the first trimester for 47 percent of births.

**Figure 14**



## 9. Adequacy of prenatal care (according to the Kessner Index), by age group

The Kessner Index (KI) is a measure of prenatal care usage that classifies care as adequate, intermediate, or inadequate depending on when prenatal care was initiated and the number of visits to a health care provider. The KI defines adequate care as beginning in the first trimester and providing the appropriate number of visits based on gestational length and ACOG guidelines. Inadequate care is care that begins in the third trimester, is comprised of too few visits, or is missing necessary data.<sup>2</sup>

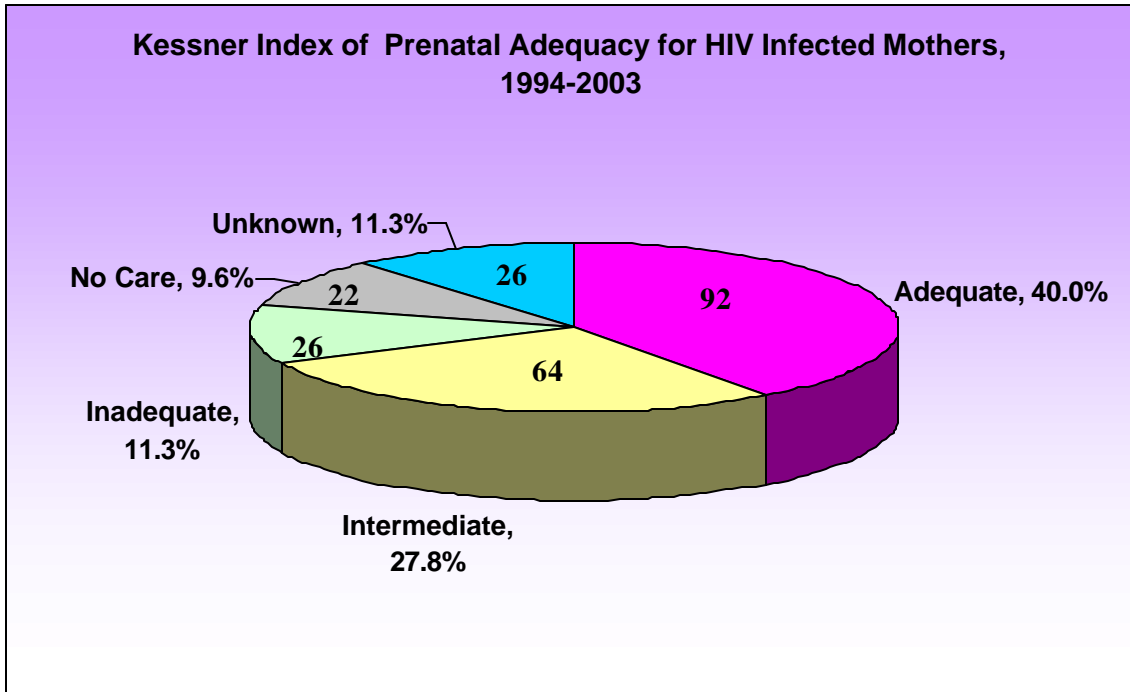
Per the KI, HIV infected mothers received an adequate level of prenatal care for 92 (40 percent) births while they received an intermediate level of care for 64 (28 percent) births. For 74 (one-third) births, HIV infected mothers received inadequate care, no care, or an unknown level of care.

In comparison, all birth mothers in Nevada between 1994 and 2003 received adequate prenatal care for 64 percent of births, as measured by a similar measure, the Kotelchuck index.<sup>3</sup>

<sup>2</sup> C. Swann, "A comparison of two prenatal care utilization indices," SUNY-Stony Brook, Stony Brook, NY, 6/01/01.

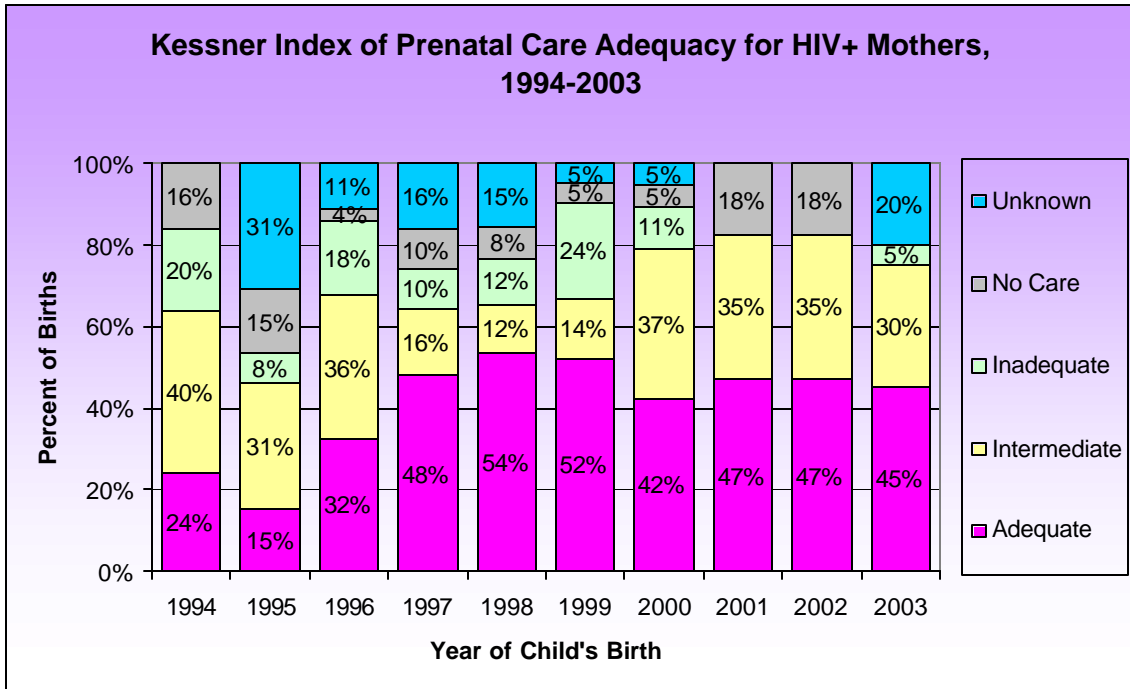
<sup>3</sup> Nevada Interactive Health Database System, Prenatal Care Module (Nevada, 1990-2003).

**Figure 15**



Over the past ten years, the level of prenatal adequacy increased 17 percent, from 64 percent of births at an adequate/intermediate level in 1994 to 75 percent in 2003.

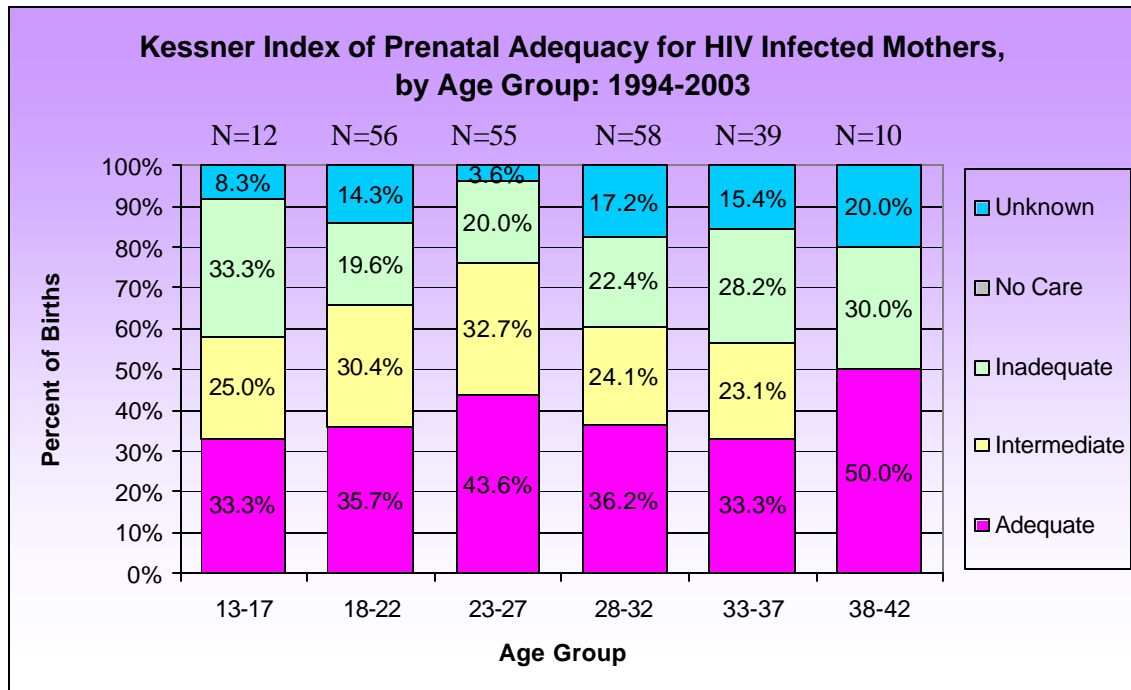
**Figure 16**



◆ **Kessner Index by Age Group of HIV Infected Mothers, 1994-2003**

By age group, children of 38 to 42 year old HIV infected mothers were the most likely to receive adequate prenatal care – for 50 percent of the births. Yet, this age group also had the largest percentage of inadequate or unknown prenatal care. When looking at age groups with the highest percentage of adequate and intermediate care, children with mothers between the ages of 23 and 27 received the best prenatal care, at 76 percent, followed by women between the ages of 18 and 22, at 66 percent.

**Figure 17**

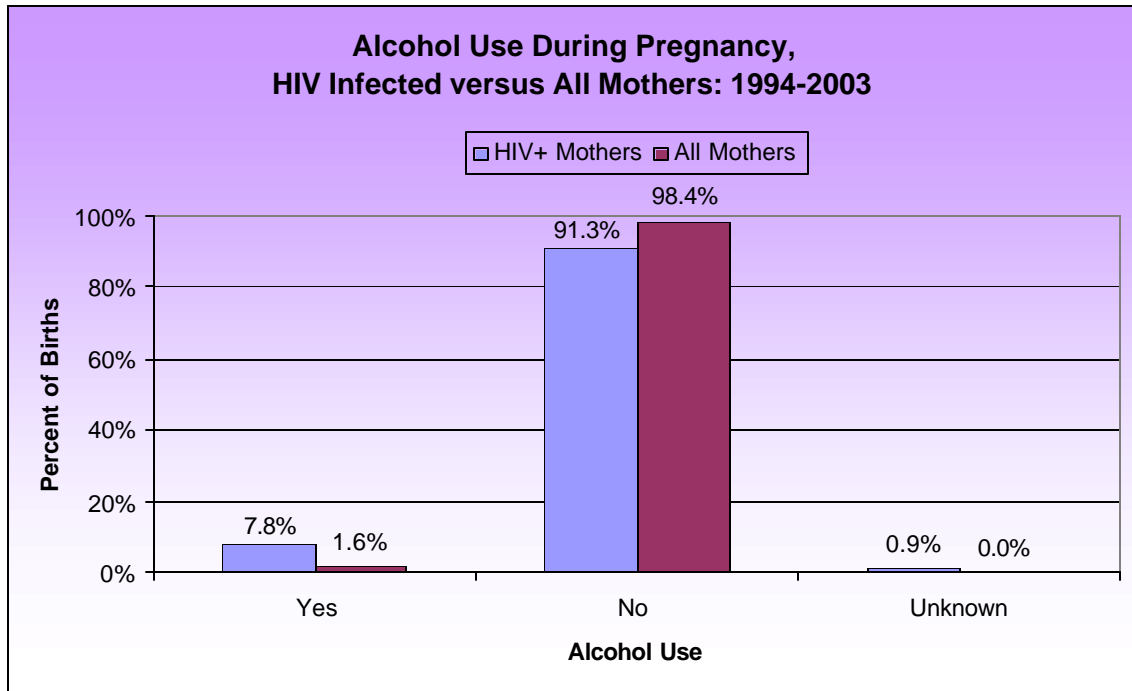


**10. Alcohol use by HIV infected mothers**

HIV infected women were more likely to use alcohol during their pregnancies than all birth mothers in Nevada. Between 1994 and 2003, HIV infected mothers reported that they used alcohol during 18 (8 percent) pregnancies, compared to less than 2 percent of all mothers in Nevada.<sup>4</sup>

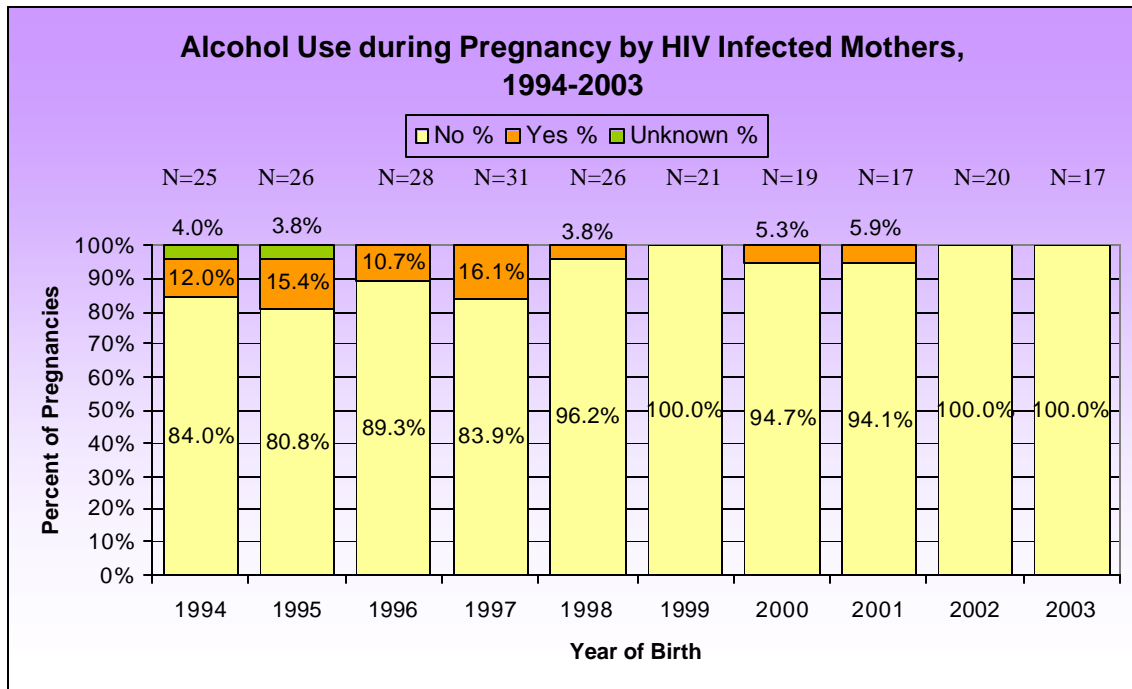
<sup>4</sup> Nevada State Health Division, Nevada Interactive Health Database System, Prenatal Care Module

**Figure 18**



The percent of pregnancies during which HIV infected mothers used alcohol decreased from 12 percent of the total in 1994 to 0 percent in 2003.

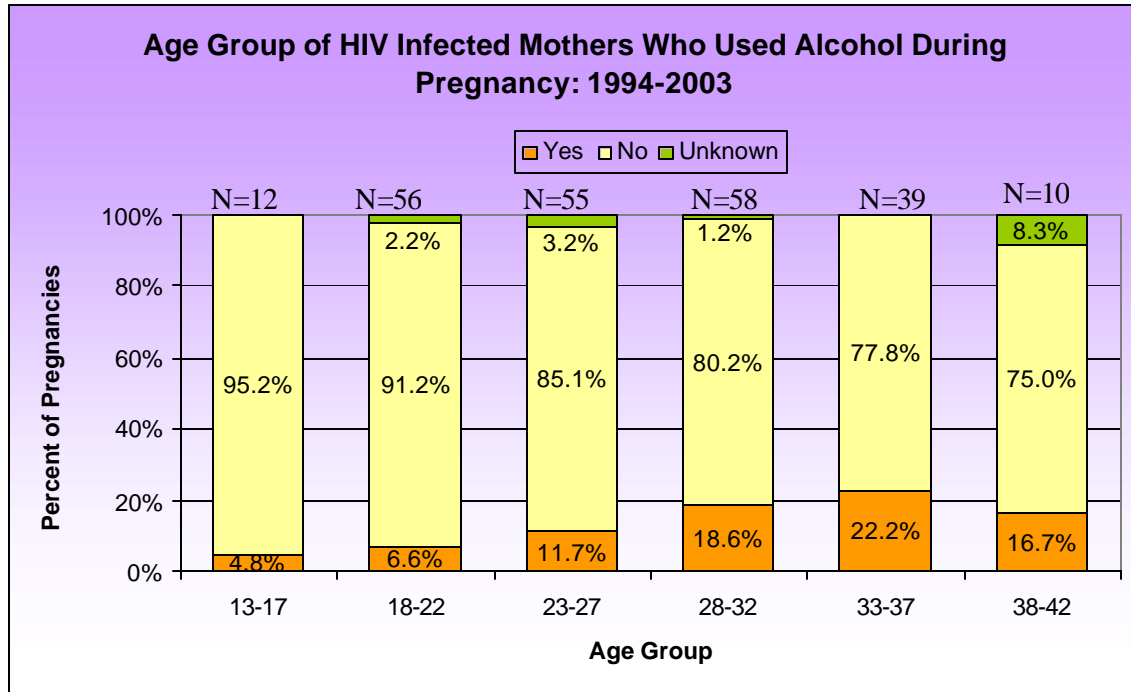
**Figure 19**



◆ **Age Group of HIV Infected Mothers Who Used Alcohol During Pregnancy**

Older HIV infected mothers, between the ages of 33 and 42, were the most likely to use alcohol during their pregnancies (approximately 20 percent of pregnancies), followed by mothers between the ages of 28 and 32 (9 percent) and women between the ages of 13 and 17 (8 percent).

**Figure 20**

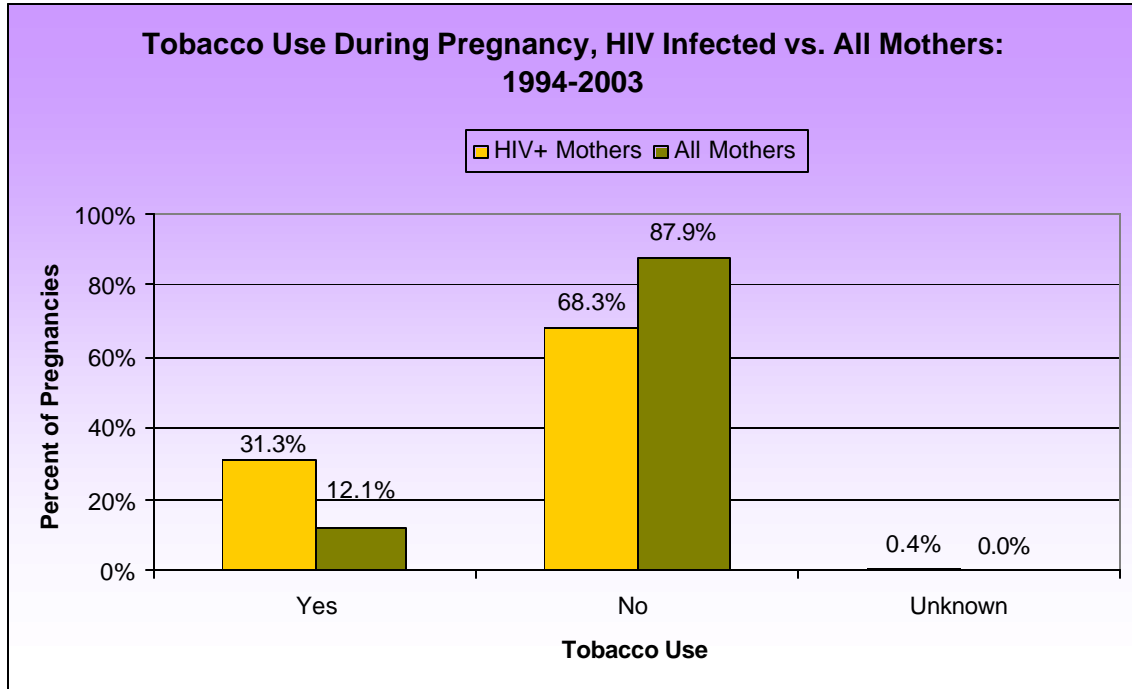


**11. Tobacco use during pregnancy by HIV infected mothers**

HIV infected mothers were more likely than all mothers in Nevada to use tobacco during their pregnancies. Between 1994 and 2003, HIV infected mothers reported that they used tobacco during 72 (31 percent) pregnancies, compared to 12 percent of pregnancies by all mothers.<sup>5</sup>

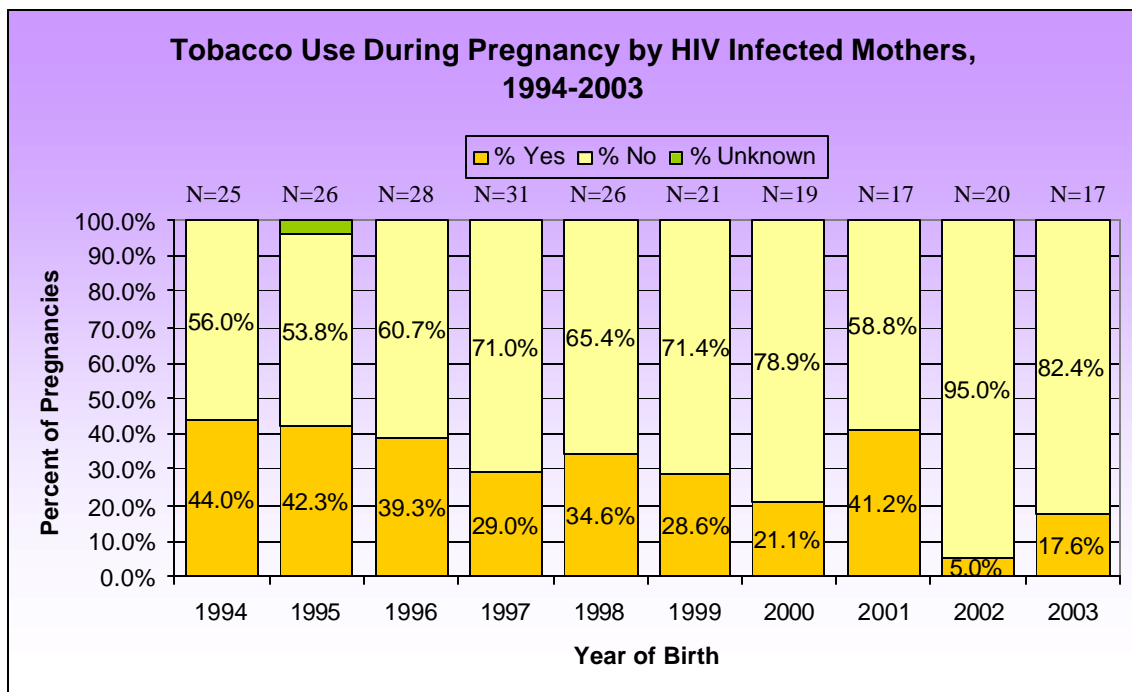
<sup>5</sup> Nevada State Health Division, Nevada Interactive Health Database System, Prenatal Care Module

**Figure 21**



Tobacco use among HIV infected pregnant women decreased 60 percent during the ten years between 1994 and 2003, decreasing steadily with the exception of a spike in use during 2001. HIV infected mothers used tobacco during 44 percent of their pregnancies in 1994. By 2003, HIV infected mothers used tobacco in only 18 percent of the pregnancies.

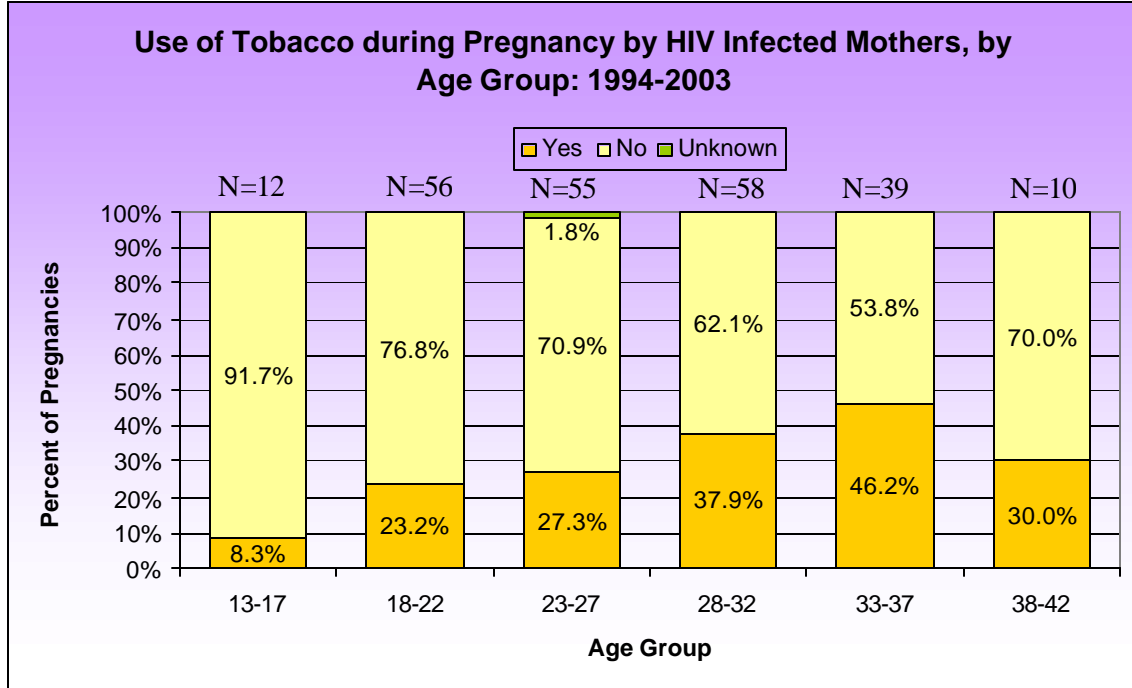
**Figure 22**



◆ **Age Group of HIV Infected Mothers Who Used Tobacco During Pregnancy**

HIV infected mothers between the ages of 33 and 37 used tobacco the most often, in over 46 percent of the pregnancies. Mothers in the 28 to 32 and 23 to 27 year old age groups also used tobacco often, in 38 percent and 30 percent of their pregnancies respectively. Teenage women (ages 13 to 17) used tobacco the least often, in 8 percent of their pregnancies.

**Figure 23**





## **ATTRIBUTES OF HIV-INFECTED MOTHERS WHOSE CHILDREN WERE BORN BETWEEN 1994 AND 2003**

### **1. HIV Infected Mothers Who Had Multiple Children**

Between 1994 and 2003, 51 HIV infected mothers, accounting for 32 percent of the 158 women who gave birth, had more than one child. Thirty-seven mothers (72 percent) had two children, while eleven (22 percent) had three children, two (4 percent) had four children, and one (2 percent) had five children. In all, these mothers had 120 children, or 52 percent of the 230 children born.

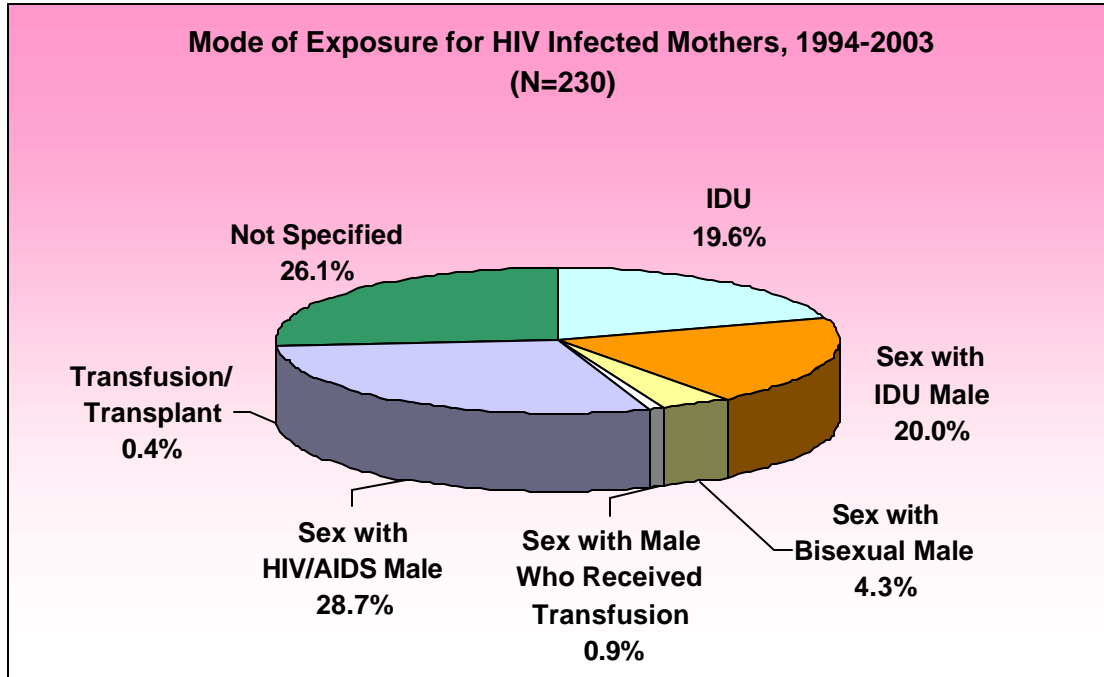
<b>Number of HIV Infected Mothers with Multiple Children, 1994-2003</b>			
Number of Children	Number of Mothers	Percentage	Total Number of Children
2	37	73%	74
3	11	22%	33
4	2	4%	8
5	1	2%	5
<b>Total</b>	<b>51</b>	<b>100%</b>	<b>120</b>

### **2. Mode of exposure to HIV for HIV infected mothers**

Between 1994 and 2003, the mode of exposure to HIV for the mothers of 66 children (29 percent) was sex with a man who was already infected with HIV/AIDS through unnamed means. The mothers of 46 children (20 percent) had been exposed to the virus through sex with an injection drug user (IDU). The mothers of 10 (4 percent) children were exposed through sex with a bisexual male and the mothers of 2 (1 percent) through sex with a male who received tainted blood products during a transfusion.

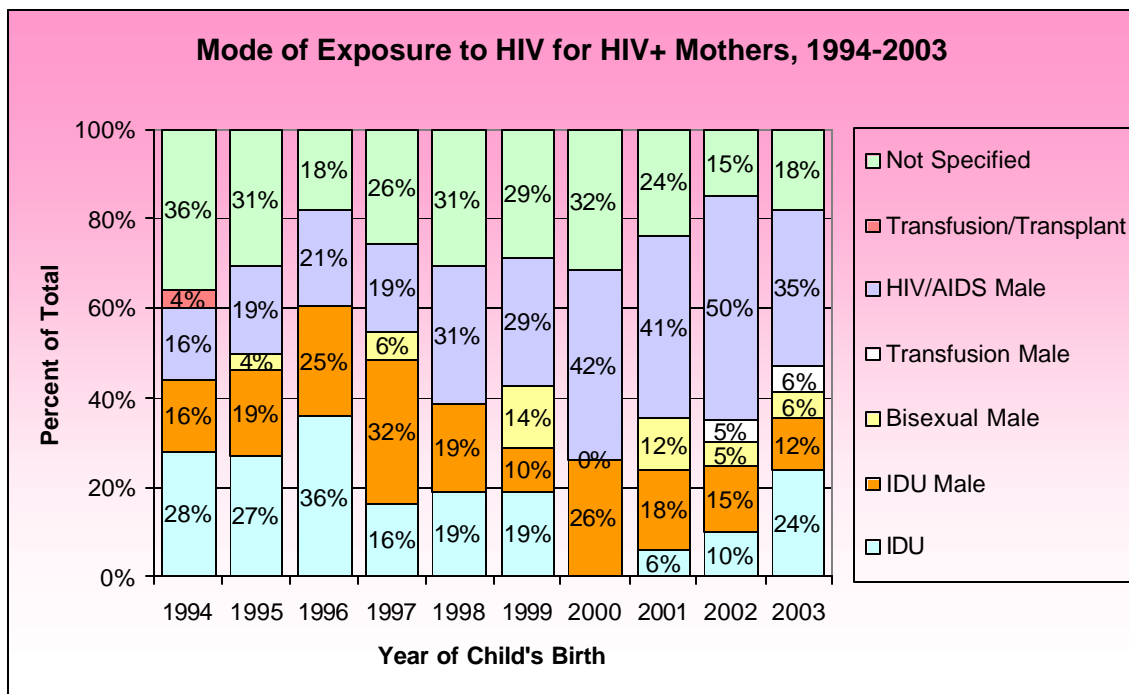
For 45 (20 percent) children, HIV infected mothers said they were exposed to HIV through personal injection drug use (IDU) while for 60 (26 percent), the mother did not specify the mode of exposure.

**Figure 24**



Between 1994 and 2003, the number of HIV infected mothers who had been exposed to the virus through an unnamed-risk HIV/AIDS male more than doubled (up 119 percent). The number of HIV infected mothers exposed to the virus through “not specified” means decreased 50 percent, through an IDU male decreased 25 percent, and through personal IDU decreased 14 percent.

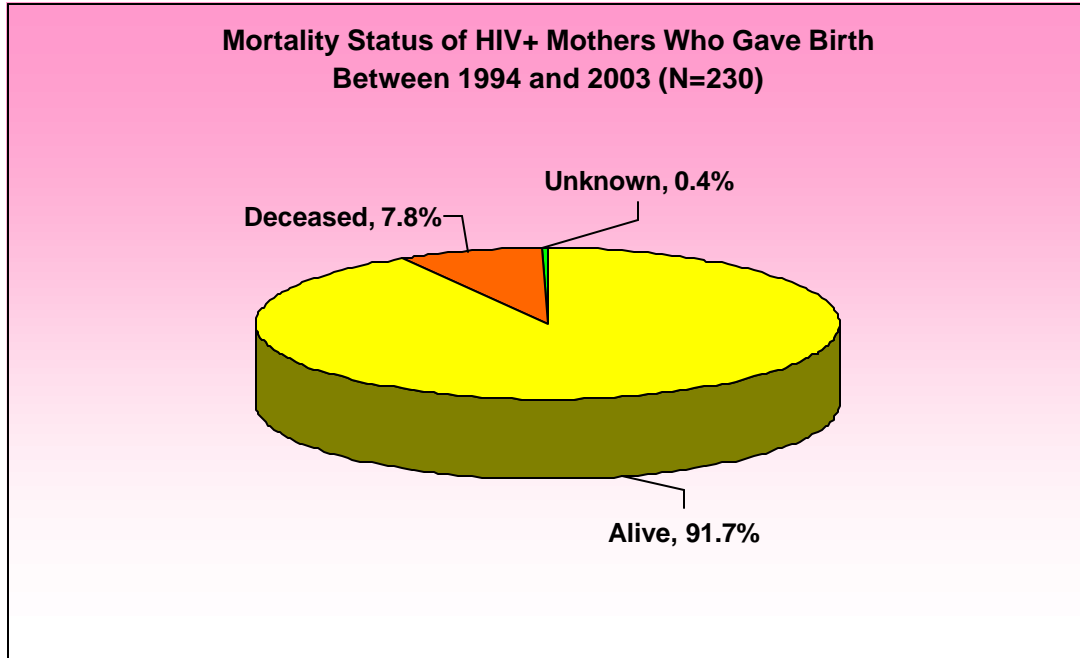
**Figure 25**



## 9. Mortality status of HIV infected mothers

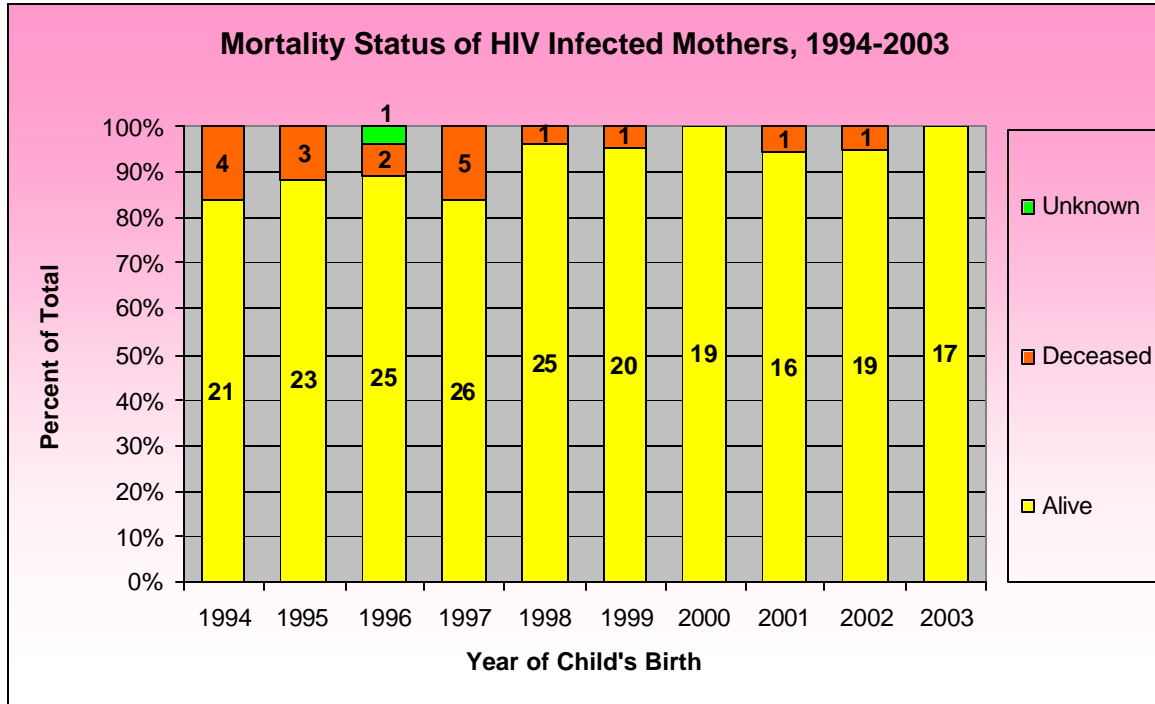
Of those HIV infected mothers who gave birth to live children between 1994 and 2003, about 92 percent (211) were still alive in 2003, while 8 percent (18) died and the status of less than 1 percent (1) was unknown.

**Figure 26**



The number of HIV infected mothers who were living increased 19 percent between 1994 and 2003. Within the ten year time span, the percent of those staying alive increased from an average of 88 percent between 1994 and 1998, to an average of 97 percent between 1999 and 2003.

Figure 27

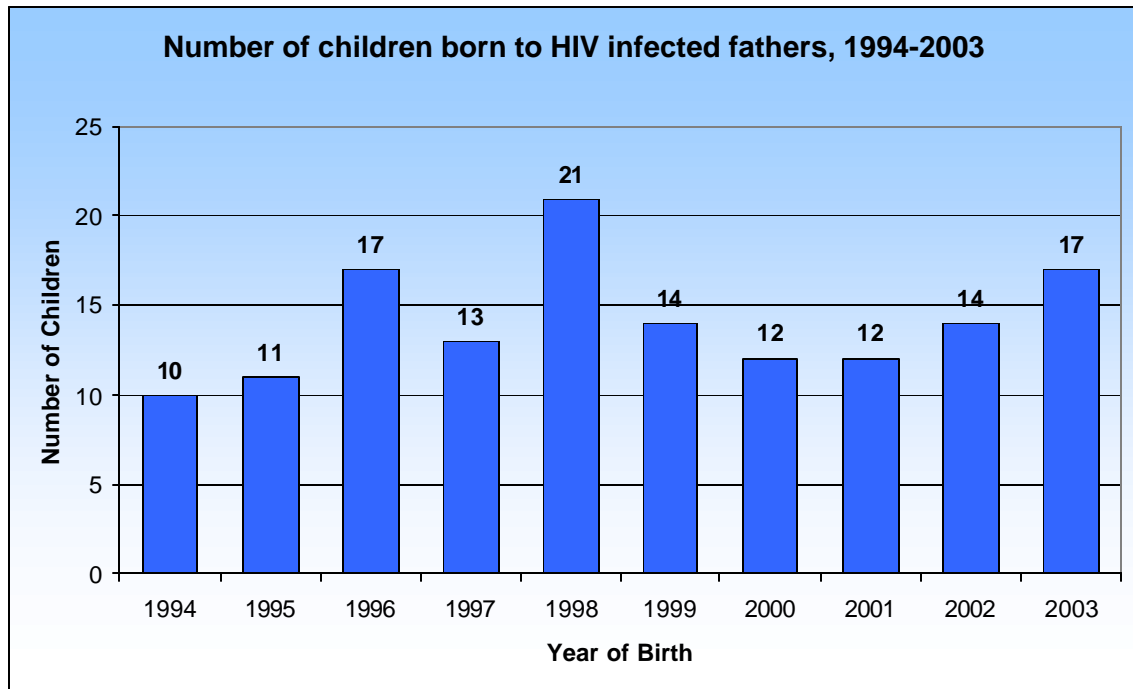


# ATTRIBUTES OF HIV-INFECTED FATHERS WHOSE CHILDREN WERE BORN BETWEEN 1994 AND 2003

## 1. Number of children born to HIV infected fathers

Between 1994 and 2003, 141 children were born to HIV infected fathers, an average of 14.1 children per year. The number of children born each year ranged from 10 children in 1994 to 21 children in 1998.

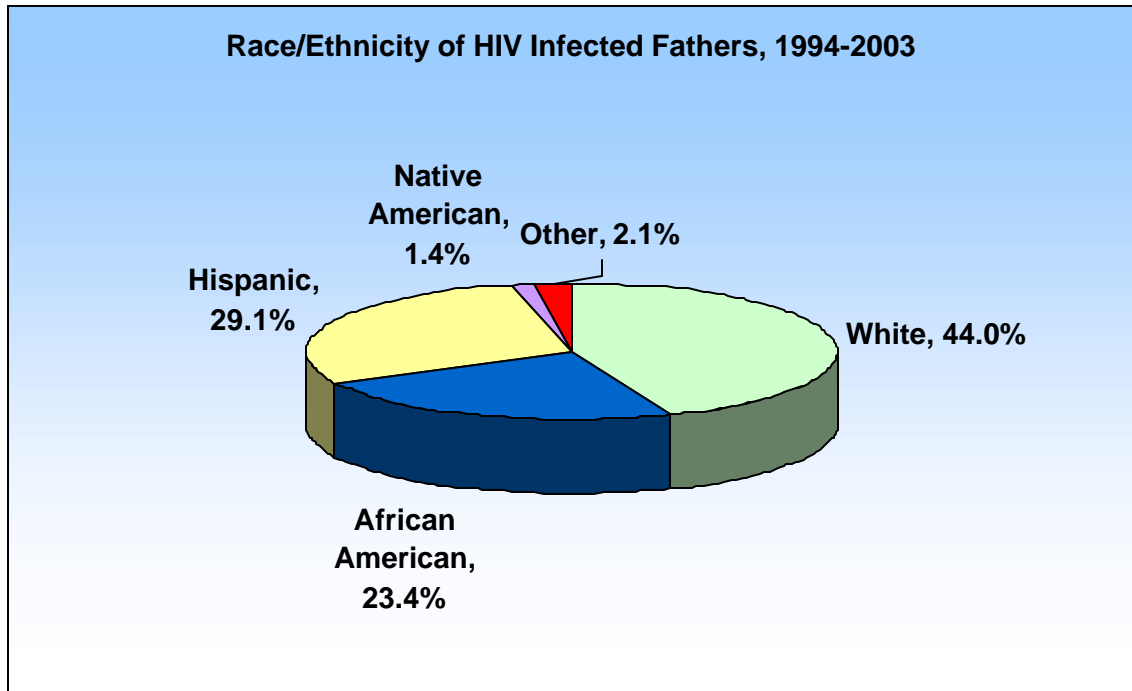
Figure 28



## 2. Race/ethnicity of HIV infected birth fathers

Of the children born to HIV infected birth fathers between 1994 and 2003, 62 (44 percent) were born to White fathers, 41 (29 percent) were born to Hispanic fathers, 33 (23 percent) were born to African American fathers, 2 (1 percent) to Native American fathers, and 3 (2 percent) to Other race fathers.

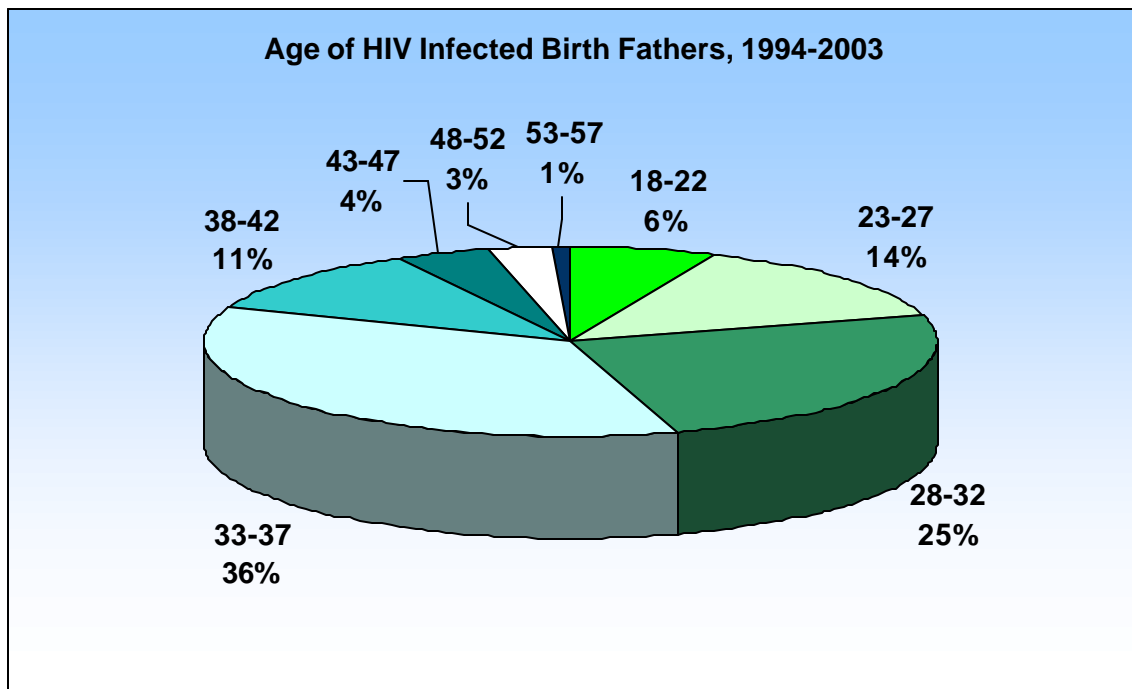
**Figure 29**



### **3. Age of HIV infected birth fathers**

Fifty (36 percent) of the 141 HIV infected fathers were between the ages of 33 and 37. Another 38 (25 percent) were between 28 and 32 years old. Twenty (14 percent) were 23 to 27 years old while 16 (11 percent) were between the ages of 38 and 42.

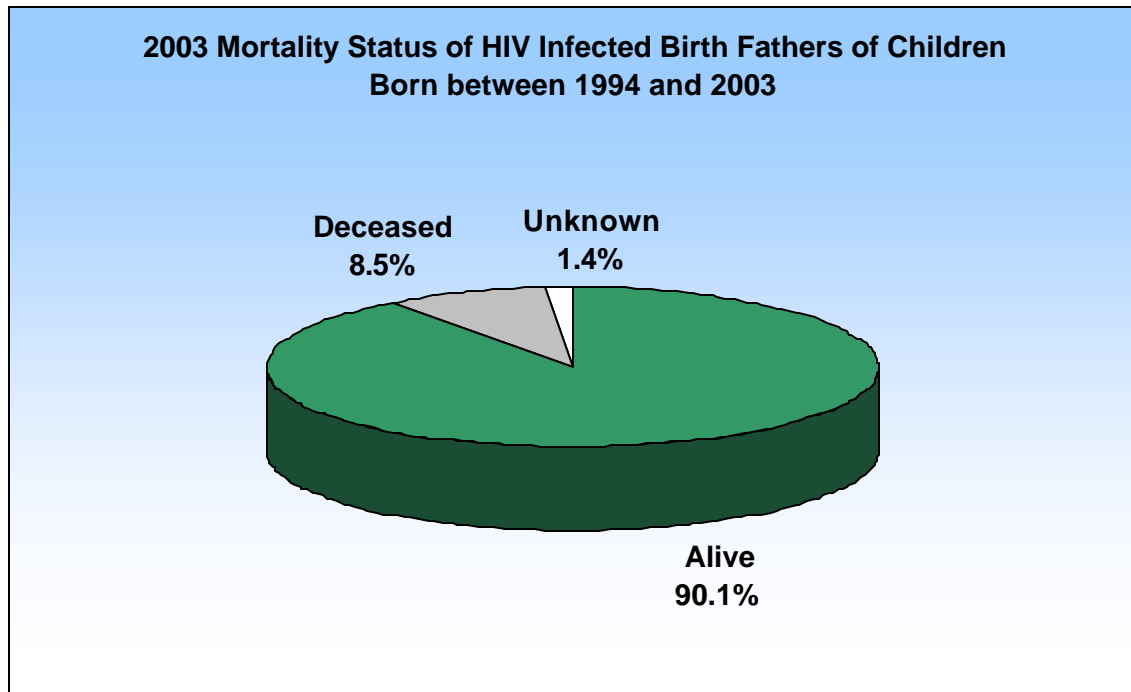
**Figure 30**



#### 4. Mortality status of HIV infected birth fathers

Twelve (9 percent) of the 141 HIV infected birth fathers for children born between 1994 and 2003 had died by 2003 while 127 (90 percent) remained alive and the status of two (1 percent) fathers was unknown.

**Figure 31**



By year, the majority of deaths occurred among fathers of children who were born between 1994 and 1998 – ten of the twelve deaths were among those fathers. Only two of the HIV infected birth fathers of children born between 1999 and 2003 had died. The two fathers with an unknown status had children between 2001 and 2003.

Figure 32

