Dear Provider,

In the past 2 ½ years, missed opportunities have changed the lives of eight babies. Eight families have received the news that their newborn was positive for HIV.

…the father of the child continued to participate in risk behavior throughout the pregnancy and then habitually returned to the mother. After the initial HIV screen in early pregnancy, on-going risk evaluation and re-testing did not occur. Mother was hospitalized about 8 weeks after birth and was found to be positive. Her baby was tested and had 8 million copies of HIV by 2 months of age…

Eight cases where intervention may have changed lives fell short.

…the mother was married to an African immigrant that had never been tested. No further testing was pursued during pregnancy. When the baby was 2 days old, the mother received the news that the father was HIV positive. She had a negative ELISA test and was told to come back in 3 months. There was no counseling regarding breastfeeding, so she continued to nurse the infant. Three months later, upon re-testing, the mother was HIV positive. Two weeks later, her baby was diagnosed positive and admitted to the hospital for pneumocystic pneumonia.

For the health of these children and their families, Indiana **can** and **must** do better.

One of the amazing advances in the fight against HIV in the last 15 years is the ability to prevent mother-to-baby transmission of the virus. With appropriate interventions including medications for the mother, choice of best delivery method, and treatment of the infant after birth, transmission rates can be decreased to 1-2%. Since perinatal acquisition accounts for more than 90% of all U.S. pediatric HIV cases, prevention of mother-to-baby transmission remains the most important weapon in the arsenal against pediatric HIV. In addition, early identification of maternal disease allows for early intervention, decreased transmission, and better prospects for long-term health.

In response to the increased numbers of infected babies recently, a collaborative effort of multiple agencies focused on the health of women and children are raising awareness of efforts to prevent mother-to-baby transmission of HIV. In 2010, the "One Test Two Lives" statewide campaign aims to improve clinical practices that prevent perinatal HIV transmission. This campaign emphasizes opt-out prenatal testing of pregnant women in accordance with Indiana Law. Identifying infected mothers allows for interventions to change the course of the lives of women and their children.

Please join in this collaborative team of health care advocates like yourself. Enclosed you will find your initial campaign kit for "One Test Two Lives". Please review the materials and incorporate them into your practice to make sure that no opportunities to prevent this disease are missed on your watch.

Together we can take advantage of every opportunity to keep babies in our state healthy. We can make sure that no more families get devastating news. We can do better. We must do better. The future health of Indiana depends on it.

Thank you for your attention to this important matter,

The One Test Two Lives Campaign Committee

For further information and support, please visit the Initiative's website at www.1test2lives.in.gov

Indiana State Department of Health

Indiana University School of Medicine

Indiana Perinatal Network

Midwest AIDS Training + Education Center (MATEC)

Ryan White Center for Pediatric Infectious Disease

IU National Center of Excellence in Women's Health