ALL WOMEN OF REPRODUCTIVE AGE

HIV negative

1. Antenatal advice and check-up
2. Offer retesting for HIV as per national protocol
3. Counselling on:
   a. How to reduce risk of HIV
   b. Female and male condoms
   c. Treatment as prevention (for sero-discordant couples)
4. Post-partum contraception
5. Gender-based violence prevention and management

HIV Positive

Pregnant

Follow national HIV counselling and testing protocol [consider couples counselling and testing]1, 2

If following “Option B” initiate ART

WOMEN LIVING WITH HIV AND PREGNANT/POST-PARTUM

Not pregnant

Planning pregnancy

1. Antenatal advice and check-up
2. Counselling on:
   a. Safe conception
   b. Treatment as prevention (for sero-discordant couples)
3. Post-partum contraception
4. Clinical management of HIV and evaluate for ART eligibility
5. STI screening and management
6. Referral to HIV network/support group
7. Gender-based violence prevention and management

If CD4<500 cells/mm3 continue until after delivery and cessation of breastfeeding

If CD4>500 cells/mm3 continue with ART

If following “Option B+” initiate ART and maintain after delivery and cessation of breastfeeding regardless of CD4 cell count or WHO clinical stage

HIV Exposed Infant

1. Daily NVP or twice daily AZT from birth to age 4-6 weeks
2. Essential routine immunization and growth monitoring
3. Cotrimoxazole prophylaxis for children who have been exposed to, and are living with, HIV
4. HIV early infant diagnosis – if positive start on ART, if negative retest later and establish final HIV diagnosis after exposure to HIV has ceased or at 18 months, whichever is later
5. Monitor for HIV-related clinical conditions
6. Continued infant feeding counselling and breastfeeding support, especially after early HIV testing, provide nutritional support, supplements and replacement foods if indicated
7. Diagnosis of common childhood infections and conditions with integrated management of childhood illnesses

If HIV-positive refer to paediatric care


4. For more information on national protocols see guidelines available from www.srhhivlinkages.org/content/uploads/docs/articles/pmtct1_2_en.pdf
5. For more information on treatment guidelines and recommended regimens see the latest WHO guidelines (2013) available from www.who.int/hiv/pub/guidelines/9789241501972/en/
8. For more information about the package of essential services to be provided see sections 5 and 7 of Expanding and Simplifying Treatment for Pregnant Women Living with HIV: Managing the Transition to Option B/B+ available from www.who.int/hiv/pub/guidelines/9789241501972/en/
9. More information about the package of essential services to be provided see sections 5 and 7 of Expanding and Simplifying Treatment for Pregnant Women Living with HIV: Managing the Transition to Option B/B+ available from www.who.int/hiv/pub/guidelines/9789241501972/en/
10. Decision about whether to follow Option B or Option B+ should be taken at the national level
11. Transition to Option B/B+ is to be used to decline HIV prevention strategies. Early use of ART in the third trimester may increase the chances of HIV transmission independent of CD4 cell count. More information is available from WHO (2012)
12. National HIV counselling and testing protocols will address how to progress if 1) the client does not agree to testing; 2) client is of documented or self-reported, high risk status; 3) client is not in support of HIV testing for the pregnant (or non-pregnant) woman

OVERARCHING PRINCIPLES

• Deliver services from a rights-based approach (i.e. ensuring choice, confidentiality and non-discrimination)
• Involve the male partner wherever possible
• Provide facilitated referrals to other services as appropriate

JOBS FOR HEALTHCARE WORKERS

1. 6.

2. 3.

3. 4.

4. 8.

5. 7.

6. 5.

7. 2.

8. 1.