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Ministry of Health
National Maternal and Child Health Centre

Standard Operating Procedures (SOP) for the Provision of Prevention of Mother-to-Child-Transmission of HIV Services at Health Centres and Referral Hospitals CAMBODIA

In order to ensure implementation of the revised National Guidelines for the Prevention of Mother-to-Child Transmission of HIV, approved by the Ministry of Health on 20th September 2005, and to standardize prevention of mother-to-child transmission (PMTCT) services, the National Maternal and Child Health Centre (NMCHC), in agreement with the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS), requires all Health Centres, Former District Hospitals, Referral Hospitals and National Hospitals with PMTCT services to adopt the following procedures:

1. PMTCT services at Health Centres:

1.1. Pre-test counselling and HIV testing

- Provide information on health-related issues including HIV/AIDS and PMTCT and group pre-test counselling on PMTCT to all pregnant women and their partners during the mother class. Individual and/or couple counselling should also be provided to pregnant women and/or their partners who request additional counselling.
- If there are not enough clients to have a formal mother class then individual and/or couple pre-test counselling should be provided for all ANC clients and their partners.
- The counsellor will draw blood once the clients agree to HIV testing, and send the blood sample to the nearest VCCT laboratory with the PMTCT code number labelled on the blood tube and on the standard referral slip for HIV testing.
- ANC staff are responsible for sending the blood sample and bringing back the test result from the laboratory. The standard appointment card for post-test counselling should be given to all clients receiving an HIV test.
- For health centres within the compound of the Referral Hospital, the PMTCT counsellor from the maternity ward should come to help the counsellors at the health centre to ensure that PMTCT services run smoothly.
- Antenatal examination to monitor the health of the mother and foetus should be conducted as usual.

1.2. Post-test counselling

- A skilled, trained counsellor should conduct individual or couple post-test counselling in a private room.
- HIV test results should be given the same day as testing and when possible, in the same morning as testing. An appointment should be made for each client indicating the date and time to receive post-test counselling in order to reduce client waiting times.
- For HIV-negative pregnant women and/or their partners: the counsellor should review messages on risky behaviours and how to remain HIV-negative. Information regarding infant feeding options should also be reviewed during the counselling session.
- For HIV-positive pregnant women and/or their partners: the counsellor should inform all HIV-positive pregnant women and their partners about available care, support and treatment services and the benefits and risks of disclosing their HIV status.

Education about condom use is still important even when the pregnant woman or her husband are HIV positive. Available PMTCT interventions should be carefully discussed and infant feeding options reviewed.

- Once the HIV-positive pregnant woman accepts to receive care and treatment, the counsellor should send her with a standard referral slip, containing the PMTCT code number, to the nearest OI/ART service to be evaluated for ARV treatment or ARV prophylaxis and to be enrolled in care and support services provided by the Continuum of Care. The standard referral slip developed by NCHADS, NMCHC, and CNAT should be used.
- Additional counselling should be provided during each ANC visit to HIV-positive pregnant women that do not accept to receive care, treatment or ARV prophylaxis services. However, clients who refuse these services should be provided with routine antenatal care without discrimination. Condom use promotion should be provided to HIV-infected pregnant women to prevent HIV re-infection.
- Iron supplements and tetanus toxoid immunisation should be provided to HIV-positive pregnant women in the same way as to other pregnant women.
- Both HIV-negative and HIV-positive pregnant women should be given an appointment for regular ANC examinations. If possible, the appointment date for ANC and for OI/ART should be made for the same day in order to ease the transportation burden for the pregnant woman.

2. OI/ART services in the referral hospital:

- First priority should be given to HIV-positive pregnant women who are referred from health centres to OI/ART services, in order to minimize their waiting times and exposure to other nosocomial infections.
- OI/ART physicians should enrol HIV-positive pregnant women into OI/ART services in accordance with OI/ART standard operating procedures.
- If the pregnant woman is eligible for HAART, she should be fast-tracked to receive treatment as soon as possible.
- If the pregnant woman is not eligible for HAART, ARV prophylaxis (AZT) to prevent mother-to-child transmission of HIV should be given by the OI/ART physician at 28 weeks of gestation until the time of delivery. If the pregnant woman is assessed for HAART eligibility at an early stage of pregnancy and is not eligible for HAART, she should be reassessed before 28 weeks of gestation.
- Before giving or refilling ARV prophylaxis (AZT) physicians should check the Hb level of the pregnant woman. Iron should be given to HIV-positive pregnant women as usual. Please see PMTCT Guidelines for recommended haemoglobin and/or haematocrit levels.
- OI/ART services are responsible for contacting HBC teams or PLWHA-SG, with permission of the pregnant woman, in order to make sure that women have good adherence with ARV prophylaxis or treatment, return for regular ANC visits and deliver at a PMTCT delivery site.
- OI/ART teams should report all cases of HIV-positive pregnant women to the maternity ward and the maternity physician should report all HIV-positive delivery cases to OI/ART services during monthly meetings with the technical working group.

3. PMTCT services at Maternity (For HIV-positive deliveries only):

3.1. <u>During labour and delivery:</u>

- Information about HIV testing and available PMTCT interventions should be given to all pregnant women who come to deliver and who do not know their HIV status, so that they can receive HIV testing and benefit from access to PMTCT interventions if appropriate.
- The counsellor or midwife should check the necessary registers and all documents brought by the pregnant woman to identify those who are HIV-positive in order that

their infant can receive ARV prophylaxis if appropriate, following the National Guidelines.

- The counsellor or midwife must record all necessary information in the maternity PMTCT register, including information related to ARV treatment or ARV prophylaxis given during antenatal, intra-partum and post-partum periods.
- In case a pregnant woman informs the maternity staff that she is HIV positive but received no ART or ARV prophylaxis during pregnancy, the counsellor or midwife should check the HIV test result and all other supporting documents to confirm the HIV status of the woman.
- HIV positive mothers and their infants should be given appropriate ARV prophylaxis regimens, based on the ARV prophylaxis received by the mother during pregnancy, following the National PMTCT guidelines.
- ARV prophylaxis should be prescribed by a PMTCT-trained physician and provided to mother and child by a PMTCT-trained counsellor. If a PMTCT-trained physician is not available, the PMTCT team leader, PMTCT-trained maternity chief or PMTCT-trained duty chief must be responsible for providing ARV prophylaxis to HIV-infected women and HIV-exposed children to prevent mother-to-child transmission of HIV.
- ARV drugs should be requested by the chief of maternity ward and stored in the maternity ward locked cabinet. The key should be handed-over to a duty team leader during the duty time. It is the responsibility of the maternity chief to check the expiry date on all drugs and to ensure that a continuous supply of 'in-date' ARV drugs is kept in Maternity.

<u>Note</u>: Please see the ARV prophylaxis protocols for HIV infected women and their exposed children in the National Guidelines for PMTCT.

3.2. <u>Before discharge from the hospital</u>:

- Before the HIV positive woman is discharged from the hospital, the physician should prescribe ARV prophylaxis to the woman (if she received Nevirapine during labour) and her infant, according to the National Guidelines.
- The PMTCT counsellor at maternity should remind the woman about the importance of good adherence to the ARV drugs for both the mother and her infant.
- Women taking HAART during pregnancy should be advised by the PMTCT physician or counsellor at maternity to continue their treatment. All HIV positive women should return to OI/ART services for follow-up on time according to the appointment date given.
- The PMTCT counsellor at maternity is responsible for contacting the HBC team or PLWHA-SG, (or TBA if home-based-care is not available) with the woman's consent, in order to:
  1) help follow-up HIV-infected mothers and HIV-exposed children;
  2) ensure that mother and child adhere to the post-delivery ARV prophylaxis regimen;
  3) ensure that the mother receives good care and support;
  4) ensure that HIV-exposed children are referred to the nearest paediatric clinic for care and OI prophylaxis; and
  5) ensure that children receive regular immunisations at the health centre.
- Information about HIV testing and available PMTCT interventions should be repeated to all mothers who do not know their HIV status, before they are discharged from the hospital.

3.3. <u>For HIV positive women who deliver outside the hospital</u>:

- The PMTCT-trained physician in Maternity should provide ARV prophylaxis for the child to the designated caregiver (e.g. father, grandmother), to take to give to the baby.
- HIV exposed infants born outside a PMTCT Maternity site should receive the same immunisations and be referred for follow-up care in the same way as other children.

4. HIV/AIDS paediatric care service of the referral hospital:

- See the SOP of HIV paediatric care developed by NCHADS.

5. Special Cases:

5.1. <u>Phnom Penh City</u>: *National Maternal and Child Health Centre, Municipality Referral Hospital in Phnom Penh City, and National Hospitals that offer ANC, VCCT, PMTCT and delivery services <u>but do not offer OI/ART services</u>:*

- Pre-test counselling, HIV-testing and post-test counselling should follow the same procedures as outlined in sections 1.1 and 1.2.
- Male clients found to be HIV-positive should be referred to the nearest OI/ART services.
- Once HIV-positive pregnant women accept to receive care and support, the counsellor should draw the woman's blood, using the appropriate tube (K3), and send the blood sample labelled with the PMTCT code number to the hospital laboratory. The laboratory staff should then send the blood samples to the National Institute of Public Health for CD4 count checking and return the test results to the counselling team leader.
  - If the pregnant woman's CD4 count is less than 250, she should be referred for care and treatment in a hospital with OI/ART services, using the standard referral slip.
  - For HIV-positive pregnant women who are not eligible for HAART (CD4 >250), ARV prophylaxis (AZT) should be given by the responsible physician working for the PMTCT Programme at NMCHC, National hospital, and referral hospitals, from 28 weeks of gestation until delivery.
  - If the pregnant woman is assessed for HAART eligibility at an early stage of pregnancy and is not eligible for HAART, she should be reassessed before 28 weeks of gestation. If she is still not eligible for HAART, the PMTCT-trained physician should provide ARV prophylaxis with AZT starting at 28 weeks of gestation.
  - Before giving or refilling ARV prophylaxis (AZT) physicians should check the Hb level of the pregnant woman. Iron should be given to HIV-positive pregnant women as usual. Please see PMTCT Guidelines for recommended haemoglobin and/or haematocrit levels.
- HBC team or PLWHA-SG should be contacted to assist with follow-up, care and support of HIV-positive mothers and HIV-exposed infants as mentioned in 2. and 3.2 above.
- If women live in provinces outside Phnom Penh, physicians should consider the possibility of referring them to OI/ART services within their province.
- Routine ANC examinations should be conducted as usual.
- Data should be sent to the PMTCT secretariat every month for aggregation.

5.2. *National Hospital and Health Centres in Phnom Penh city that offer OI/ART services, <u>but do not yet offer PMTCT services</u>:*

- OI/ART team should refer HIV-positive pregnant women to the National Maternal and Child Health Centre, National hospital, referral hospital or health centre that has PMTCT services for antenatal care and to a PMTCT Maternity site for delivery in order to ensure the mother and child receive the recommended ARV prophylaxis regimen during the intra-partum and post-partum periods.
- OI/ART teams should examine the possibility of referring HIV-positive pregnant women that live outside Phnom Penh city to receive OI/ART or PMTCT services within their province.
- National hospitals that already have OI/ART services should examine the possibility of setting up PMTCT services within the hospital in collaboration with NMCHC.

5.3. *Calmette Hospital*

- Calmette Hospital is a National Hospital, which offers VCCT, OI/ART, PMTCT and other health care services within the hospital, so PMTCT implementation follows the procedures outlined for provincial referral hospitals above.

5.4. *National Paediatric Hospital*

- Children born to HIV positive mothers within Phnom Penh city should be referred to receive care in the National Paediatric Hospital (NPH) from 6 weeks of age.
- NPH should work in collaboration with NMCHC in data collection from HIV exposed children, to enable comprehensive monitoring of the PMTCT Programme.

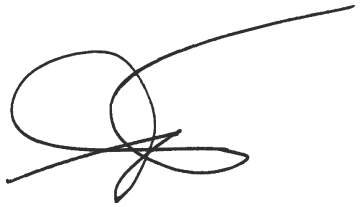
6. Health Centres (Former District Hospitals).

- Former district hospitals that have enough physicians and other staff to provide PMTCT services, should be allowed to provide AZT prophylaxis to HIV-positive pregnant women if they are not yet eligible for HAART or cannot reach OI/ART services. Providing AZT prophylaxis to HIV-positive clients by the physicians at the former district hospital is allowed only after Provincial and National level evaluation.

7. Reporting and monitoring

- Standardized PMTCT registers for ANC and Maternity should be used at all PMTCT sites. These registers should then be used to complete the two standardized PMTCT monthly summary report forms.
- The PMTCT team leader at ANC and the maternity chief of each site are responsible for completing and sending the PMTCT monthly summary report form to the PMTCT operational district coordinator each month.
- The PMTCT district coordinator is responsible for sending the PMTCT monthly summary report forms from all PMTCT sites within her/his district to the PMTCT provincial coordinator each month.
- The PMTCT provincial coordinator is responsible for aggregating and sending the PMTCT monthly summary report form containing data for all PMTCT sites within the province to the PMTCT Secretariat each month. The report should be submitted by the end of the 1st week of the next month. Individual site summary report forms should also be sent with the aggregated report.
- National Hospitals in Phnom Penh should report directly to the PMTCT Secretariat.
- The PMTCT Secretariat will send national PMTCT data to the MoH every quarter.

Phnom Penh, 6 April 2007
Seen and Approved



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