ELIMINATING MOTHER-TO-CHILD TRANSMISSION OF HIV AND KEEPING THEIR MOTHERS ALIVE JOB AID FOR HEALTHCARE WORKERS



WOMEN LIVING WITH HIV AND PREGNANT/POST-PARTUM^{5, 6} If following 'Option $B+'^7$ initiate ART and maintain after delivery and cessation of breastfeeding regardless of CD4 cell count or WHO clinical stage⁶ **HIV Exposed Infant** 1. Daily NVP or twice daily AZT from birth to age 4-6 weeks⁶ 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

1. Refer to national protocols and the IATT document Preventing HIV and Unintended Pregnancies: Strategic Framework 2011-2015 available from www.srhhivlinkages.org/content/uploads/docs/articles/pmtct1_2_en.pdf

2. 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 HIV-negative status; 3) when to repeat testing for HIV negative client

3. For more information on couples counselling and testing see WHO (2012) Guidance on couples HIV testing and counselling – including antiretroviral therapy for treatment and prevention in serodiscordant couples: Recommendations for a public health approach available from www.who.int/hiv/pub/guidelines/9789241501972/en/

4. National HIV Counselling and Testing Protocols will address how to progress if the client does not agree to testing and HIV-status is unknown 5. Refer to national ART protocols and the IATT toolkit Expanding and Simplifying Treatment for Pregnant Women Living with HIV: Managing the Transition to Option B/B+ available from www.emtct-iatt.org/toolkit/

6. For more information on treatment guidelines and recommended regimens see the latest WHO guidelines (2013) Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection available from: www.who.int/hiv/pub/guidelines/arv2013/download/en/index.htm

7. Decision about whether to follow Option B or Option B+ should be taken at the national level

8. Treatment as prevention is a term used to describe HIV prevention methods that use ART in HIV-positive persons to decrease the chance of HIV transmission independent of CD4 cell count. More information is available from WHO (2012) Antiretroviral Treatment as Prevention of HIV and TB: Programmatic Update available from: www.who.int/hiv/pub/mtct/programmatic_update_tasp/en/ Also see footnote 3

9. For more information about the package of essential services to be provided see sections 5 and 7 of *Preventing HIV and Unintended Pregnancies*: Strategic Framework 2011 - 2015 available from www.srhhivlinkages.org/content/uploads/docs/articles/pmtct1 2 en.pdf