PMTCT programme (If you are HIV positive)

Step 1: Pregnancy
- On the same day that you test HIV positive you will be checked and started on a 3-in-1 antiretroviral tablet, sometimes called the FDC. FDC means Fixed Dose Combination, and is a combination of 3 antiretrovirals (ARVs) in one tablet.
- The FDC will be started at any stage during pregnancy, and will be taken by all pregnant women who test HIV positive.
- The FDC is used for your own health, and also protects the baby against HIV. One tablet will be taken at the same time every day.
- If you cannot be started or continued on the FDC because of sicknesses or complications, you will be given other ARVs instead. All pregnant women who are HIV-positive should receive ARVs.
- If you were started on antiretroviral treatment before your pregnancy, you will continue with this treatment.
- Once you start on treatment you will continue with treatment for life. It is important for your own health, to continue with treatment and not stop after baby is born.

Step 2: Labour and delivery
- If you were not taking ARVS during pregnancy and go into labour, you will be given Treatment –during labour and delivery.
- If you are on ARVs you will take your tablets at the same time as normal during labour and delivery and will not get extra ARVs.
- If you have been taking the FDC, you will continue with this at the same time as normal during labour and delivery and will not get extra ARVs.

HIV-positive mothers can transmit HIV to their babies
- While the mother is pregnant.
- During labour and delivery.
- Through breast milk.

PMTCT stands for Prevention of Mother-to-Child Transmission of HIV.

A HIV-positive mother can protect her baby and reduce the chance of her baby becoming infected with HIV by her and the baby taking treatment that works against HIV

I have just found out that I am pregnant – what should I do now?
- Book early at your local antenatal clinic (as soon as you find out that you are pregnant).
- Get an HIV test at your clinic.
- You must also be checked for TB.

If you test HIV-negative
- Test again every 3 months during pregnancy, in labour/delivery, at your 6 week check-up after delivery and every 3 months during breastfeeding.
- You will need to start ARVS as soon as possible if your repeat test is positive during pregnancy or breastfeeding.
- When you have just been infected with HIV, the HIV test can be negative even though you are HIV infected. This is called being in the window period.

If you test HIV-positive you must have a CD4 count and other tests done on the same day.

A CD4 count test is used to find out how strong your body is. This counts the number of CD4 cells (fighter cells or ‘soldiers’) in your blood – these cells are part of your immune system that keep you from getting sick.

A viral load is a test to count the amount of HIV in your blood. It is usually done when someone is taking ARVS.

TB, like other infections, can increase the chances of your baby getting HIV. This is because the infection increases your viral load and decreases your CD4 count.

The baby can also get TB from you. It is very important that you have all infections treated quickly and you take all your medication correctly.
If you do not know your status, or you previously tested HIV-negative, you should test during or immediately after labour.

**Step 3: After delivery**
- If you have been taking the FDC or single ARVs, you will continue taking these for life.
- If you were not on ARVs, you will start them after delivery and take them for life.
- Women shouldn’t stop ARVs after delivery, but should continue with them for life.

**Step 4: Baby**
- In all cases the baby will receive at least nevirapine syrup at birth and then once a day for six weeks.
- Some babies may get nevirapine for longer – they will tell you at the clinic if this applies to your baby.
- Some babies may get nevirapine with AZT – they will tell you at the clinic if this applies to your baby.
- Breastfeeding women should be taking ARVs, but if you are breastfeeding and not taking them for some reason, the baby will get nevirapine until one week after you stop breastfeeding.

It is really important for you to take your ARVs and to give the baby the nevirapine and any other treatments from the clinic/hospital and any other treatments from the clinic/hospital.

**Step 5: Baby’s HIV test**
- If you are HIV-positive, your baby will be tested for HIV at birth (PCR test). You should ask for these results when you go to your clinic for your check-up after birth, even if the test was done at hospital.
- When your baby is 6 weeks old, you must bring him or her for check-up and immunisations. Your baby will be started on co-trimoxazole (Bactrim). Bactrim will be stopped if your baby is HIV-negative and you are not breastfeeding. The second PCR test for your baby will be done at your 10 weeks or 14 week visit – the clinic will let you know when to do the test.
- You must come to the clinic to collect your PCR results. If your baby is sick you should go to the clinic as soon as possible – you don’t have to wait for your appointment date. If your baby is HIV-positive, treatment for HIV (ARVs) should be started as soon as possible.
- If your baby tested HIV-negative, you still need to bring your baby for repeat testing. This is usually done six weeks after you stop breastfeeding and at 18 months. These tests are important to be sure of the babies status.

For more information: [www.hivsa.com](http://www.hivsa.com)

• The people in the images are models and do not necessarily have HIV or any condition portrayed in this pamphlet.

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