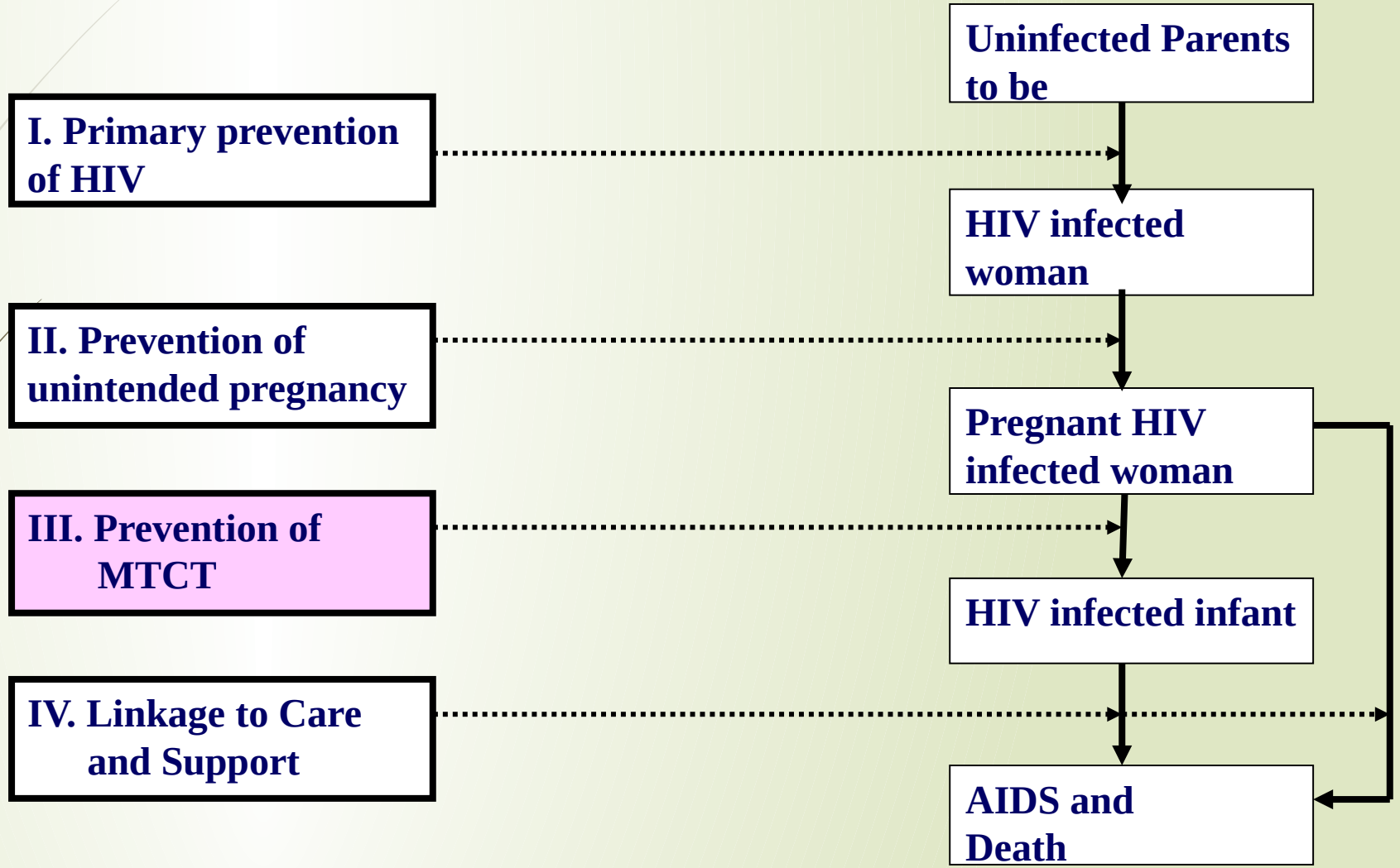
HIV PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

Session Objectives

- To discuss best practices for antenatal, intrapartum and postpartum care of the HIV-positive mother to reduce mother-to-child transmission
- To describe the evidence supporting these practices

WHO’s 4-prong approach to PMTCT

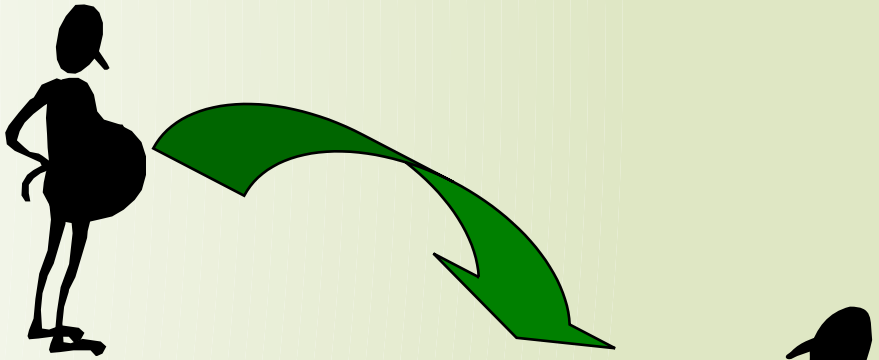


QUESTION ???

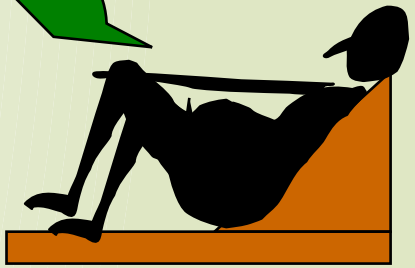
- When does most transmission of HIV from mother to child occur?

Timing of Mother to Child Transmission of HIV

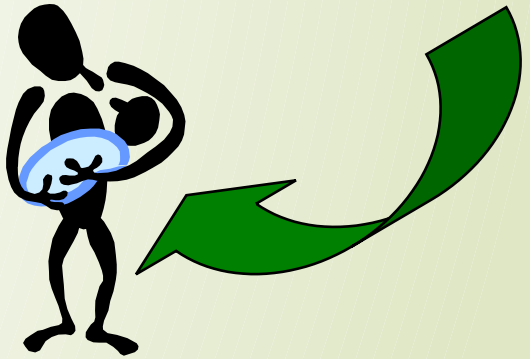
During pregnancy (5-10%)



During labor and delivery (10-20%)



During breastfeeding (5-10%)



Risk factors for MTCT

Viral

- Viral load (the higher the viral load, the greater the risk of HIV transmission)
- Viral resistance

Maternal

- Maternal immunological status
- Maternal nutritional status
- Maternal clinical status (including co-infection with an STI)
- Behavioral factors
- Antiretroviral treatment

Risk factors for MTCT; contd...

Obstetrical

- Prolonged rupture of membrane (longer than 4 hours)
- Mode of delivery
- Intrapartum hemorrhage
- Obstetrical procedures
- Invasive fetal monitoring

Fetal

- Prematurity
- Multiple pregnancy

Infant

- Breastfeeding
- Gastrointestinal tract factors
- Immature immune system

HARRT regimen to HIV +pregnant women

- Initiate HAART to all HIV women identified during pregnancy, labour and postpartum period as follows
  - **TDF, 3TC, and EFV** (single tab combination one tablet daily)

ARV for New born

Daily Neverapiine for six weeks

Feeding options for the HIV exposed infant

*"A little bit of this and a little bit of that is **not best** for the baby! "*

*Exclusive **formula** Feeding*



*Exclusive **breast** Feeding*

Avoid mixed feeding !

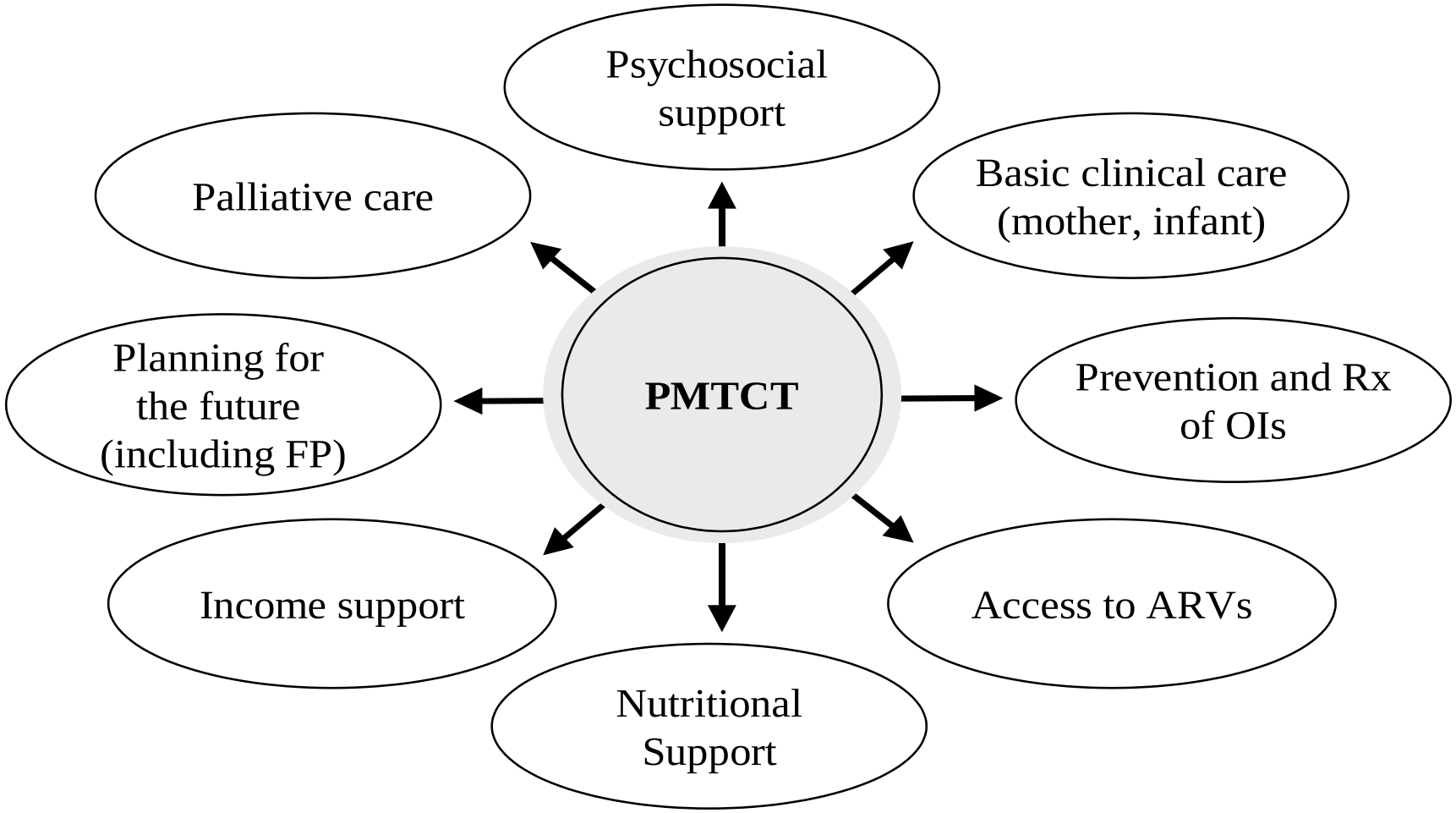
Breastfeeding

- Exclusive breastfeeding should be encouraged among all women regardless of HIV status
- For HIV free survival, all women for whom replacement feeding is not acceptable, feasible, affordable, sustainable and safe (AFASS) should be encouraged to exclusively breastfeed their infant for six months
- A woman should be supported in her infant feeding decision; the choice is hers

Ongoing care

- HARRT is initiated for HIV positive mothers in ANC will continue during post partum period until graduated from PMTCT services
- All HIV infected mothers should be linked to care and support to help keep them in the best health possible

Fig. 6.1: PMTCT as an Entry Point for Care and Support



Newborn

- Irrespective of the HIV status handle with gloves until maternal blood and secretions have been washed off
- Avoid hypothermia
- Give antiretroviral agents according to the recommendation (Neverapine for six weeks), if available
- Watch for anaemia
- Follow up infant for infection