

Use of ARVs for treating pregnant women and preventing HIV infection in infants WHO OPTION A (Breastfeeding)

Time Line

1-13 weeks of gestation

14 weeks through to delivery

Labour and delivery

After delivery

START: Recommend HIV testing at first Ante Natal Clinic visit.



If **Mother** HIV- positive, CD4-testing and/or clinical assessment (staging) takes place and Cotrimoxazole is provided.

Counseling to **Mother** on infant feeding.

If CD4 count \leq 350 cells/mm³ or WHO stage 3 or 4



ART is provided to **Mother** if needed on basis of CD4 result or clinical assessment.

Mother continues to take ART throughout pregnancy, delivery and thereafter.



If **Mother** has received **no or less than 4 weeks** of Zidovudine.



Mother at labour: Single dose Nevirapine and (Lamivudine+ Zidovudine) is recommended.



After delivery :
***Mother:** Zidovudine + Lamivudine (7 days) and referral for HIV care.

***Baby:** Daily dose Nevirapine (from birth until one week after ending breast feeding).

Provide Cotrimoxazole for **Mother** and **Baby**.



If CD4 count $>$ 350 cells/mm³



No need for ART, however, **Mother** is given Zidovudine daily

If **Mother** received **4 or more weeks** of Zidovudine



Mother at labour: Single dose Nevirapine and (Lamivudine+ Zidovudine) intra and post-partum can be **omitted**



After delivery :
Baby: Daily dose Nevirapine (from birth until one week after ending breast feeding)
At 6 weeks of age, provide **Cotrimoxazole**.

PCR-testing: to determine HIV status in children

Mother :Provide Cotrimoxazole

ART: Antiretroviral Treatment . Only for pregnant women with CD4 cell count \leq 350 cells/mm³ or WHO clinical stage 3 or 4.

PCR (Polymerase Chain Reaction): technique used to determine HIV status in infants

Zidovudine, Nevirapine and Lamivudine: first line HIV drugs used for PMTCT
Cotrimoxazole: drug to prevent opportunistic infections