

PMTCT Counseling Support Flipchart



HOW TO USE THE COUNSELING CUE CARDS FLIPCHART

The counseling cue cards flipchart was developed to support a range of providers (trained counselors, lay counselors, peer educators, expert clients, mother mentors, doctors, nurses, pharmacists, community health workers, and others) who work with pregnant women living with HIV and their families.








This set of cue cards is for countries and programs offering lifelong antiretroviral therapy (ART) to all pregnant and breast feeding women (known as Option B+).¹ Previous approaches to PMTCT (Options A and B) recommend that only pregnant women with CD4 counts ≤ 350 cells/mm continue lifelong ART after weaning, but Option B+ recommends that all pregnant women who start ART continue it lifelong. The cue cards can be further adapted to reflect national PMTCT and pediatric care and treatment guidelines, as well as the specific clinic, community, and cultural contexts in which they are used. It may be helpful to translate the cards into local languages.

Each of the cards focuses on a specific topic important to the care and support of pregnant women living with HIV, their children, and families across the PMTCT continuum of care. Providers may use the cue cards as job aides and reminders of key information to cover during initial post-test and ongoing counseling sessions with pregnant women and newly delivered mothers, their partners, family members, and supporters. The cue cards have been color coded to reflect topics that should be covered during the various visits during pregnancy and postpartum care. A key has been included to indicate which cards should be reviewed during patient visits. The cue cards do not have to be used in sequence, instead should be used according to the client's specific needs and concerns during the session. Good counseling and communication skills should always be used, no matter what the counseling topic.

NOTES: Key points to guide counselors during counseling sessions have been **bolded** to serve as reminders. Some cue cards contain colored numbers as **cross-references** to other cards on specific topics (for example, if infant feeding is mentioned, there will be a cross-reference to the specific cue cards addressing infant feeding to which the provider may want to refer.

HOW TO USE THE COUNSELING CUE CARDS

FLIPCHART: BY VISIT

-  First visit: **1, 2, 3, 4**
-  First and subsequent visits: **5**
-  To be discussed at multiple points in pregnancy and postpartum care: **6, 7, 8, 9**
-  Term and early postpartum care: **10, 11, 12, 13**
-  Early infant follow-up visits: **14, 15, 16**
-  Infant feeding support: **17, 18**
-  If baby determined to be HIV infected: **19**

PMTCT Counseling Support Flipchart



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1. PMTCT Basics



1. PMTCT Basics

IT IS IMPORTANT FOR YOU TO KNOW THAT:

- Not all babies born to women living with HIV will become HIV-infected.
- If you, your baby, and your partner all get the care and medicines you need, you can lower the chances that your baby will become HIV-infected.
- **You can save two lives - your own and your baby's - if you get medical care and take medicines to help you stay healthy and to help prevent passing HIV to your baby.**
- **All members of your family should get an HIV test:** your partner, your biological children and also the children that are under your care (*explain family approach to HIV testing*).

KEEP YOURSELF AND YOUR BABY HEALTHY AND YOUR BODY STRONG:

- **All pregnant and breastfeeding women living with HIV need to take antiretroviral therapy, or ART, for life.** Starting ART before you become pregnant or early in your pregnancy, and taking it for your whole life has many benefits for you, your baby, your partner, and any babies that you may have in the future. **2, 3, 9, 12**
- **All babies born to mothers living with HIV also need to take an antiretroviral medicine (ARV) called nevirapine (NVP) for the first six weeks of life.** **14**
- **Come back to the clinic for all of your appointments** –during your pregnancy, after your baby is born, and for life. **5, 11**
- Plan to have a **safe delivery** at a health facility. **10**
- **Safely breastfeed** your baby to lower the chance that your baby will become HIV-infected after he or she is born. **14, 17, 18**
- **Tell someone you trust about your HIV-status** so they can help you care for yourself and your baby. **7**

WAYS TO LOWER THE CHANCES THAT YOUR BABY WILL BECOME HIV-INFECTED:

- **Come back to the clinic for all appointments, take your ART** and other medicines the right way for life and **give your baby NVP** - it will help you stay healthy and lower the chances that your baby will become HIV-infected. **2, 3, 9, 14**
- **MAKE SURE YOU HAVE AN APPOINTMENT FOR YOUR NEXT VISIT.**

2. Preparing to Start and Adhere to Lifelong ART



2. Preparing to Start and Adhere to Lifelong ART

START TAKING MEDICINES CALLED ART AND TAKE THEM FOR YOUR WHOLE LIFE:

- Antiretroviral medicines (**ARVs**) help lower the amount of HIV in the body.
- These medicines are **safe** for you and for your baby and can make you stay healthy and live a long life.
- ALL pregnant and breastfeeding women living with HIV **need to start ART and take it every day, for life**. This is different than non-pregnant adults, who need to start ART when their CD4 count is low (≤ 350) or if they have advanced HIV or AIDS.
- Taking **ART will help**:
 - **Keep you healthy**
 - **Lower the chance** that your **baby will be HIV-infected**
 - **Lower the chance of passing HIV to your partner** (if serodiscordant)
 - **Give protection** from HIV if you decide to have **another baby in the future**.
- You should **take your ART** at the **same time**, every day during your pregnancy and for your whole life (*explain regimen and that this is a once/day regimen*).
- Be sure to **bring your ART with you when you go to the hospital for delivery**. Tell the health care worker that you are taking ART. **10**
- Your baby will also need to take **nevirapine syrup from birth until six weeks of age** to lower the chances that he or she will become HIV-infected (*show NVP syrup, syringes, and clips*). **14**
- You will need to **continue your ART** after the baby is born for the rest of your life.

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR MEDICINES. THIS INCLUDES:

- Coming to **all of your appointments** – during and after the pregnancy - and for your whole life.
- **Taking your ART** the right way, every day for your whole life.
- Taking medicines, including **cotrimoxazole**, to prevent and treat infections.
- Taking **multi-vitamins** and iron tablets every day.

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2. Preparing to Start and Adhere to Lifelong ART



2. Preparing to Start and Adhere to Lifelong ART (cont.)

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR ART:

- Very **good adherence** is needed for ART to work. If you take your ART the right way, for your whole life, you will feel healthy and lower the chance of passing HIV to your baby or partner. **8**
- If you **do not take your ART** your CD4 count will go down and you will likely get **sick**. There will be a higher chance that your baby will become HIV-infected and that you would pass HIV to your partner.
- Stopping your medicines or forgetting to take them often can lead to “**drug resistance**.” This means that the medicines will no longer work (even if you start again).
- **Do not stop your ART after delivery**. ART is important during pregnancy, breastfeeding, continuing for life, even if you feel good.

MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE:

- Try to talk with someone you trust so you have **support** to come back to the clinic and take your medicines. **7**
- Make sure you **understand your care and treatment plan**. If there is something you do not understand, make sure to ask at the clinic (*review client's specific care and treatment plan*).
- **Come to all of your scheduled appointments** at the clinic. The clinic will call you if you missed your appointment.
- **Take your ART** the right way, at the same time, every day. (*discuss client's medication schedule*).
- **Use reminders**, like setting an alarm on your phone. (Offer other reminders such as a pill box, or medicine calendar (*discuss specific reminder options that the client would like to use*)).
- Pick up your medicines on time and before they run out.
- **Plan ahead** if you will need to take your ART when you are away from home, including for your labor and delivery. Some people like to store their medicine in a pill box or a small bag when they travel.
- **Plan ahead** if you need to move to another part of the country or change clinics. Let the nurses know so they can make sure you have enough ART so that you don't miss any doses.
- Join a **support group**. Counselors at the clinic are also here to help you.

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2. Preparing to Start and Adhere to Lifelong ART



2. Preparing to Start and Adhere to Lifelong ART (cont.)

ART SIDE EFFECTS:

- Side effects from ART are usually **not serious** and most go away after a couple of weeks. **4**
- All medications can cause some side effects. It is important to **keep taking your medicines**, even if you have some side effects at first.
- Some people have wild dreams at night when they start taking ART or you may experience dizziness, headaches, or drowsiness. These usually go away after a couple of weeks.
- Sometimes the medication will cause kidney problems. This is unusual in pregnant women and your nurse will monitor you for any problems
- **You should come to the clinic right away** if you have: a **red rash, high fever, problems breathing, a bad headache, or very severe vomiting or diarrhea.**
- **Never** make the decision alone to **stop taking ART**. Instead, come to the clinic right away to talk with the nurse or doctor.

MISSED ART DOSES:

- If you miss a dose of your ART, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away (*give example*).
- **Never** take **2 doses** at the same time. If you are not sure how to take your medicines, call or come to the clinic to ask.

3. First Line Regimen

TDF (Tenofovir) + FTC (Emtricitabine) + EFV (Efavirenz)



3. First Line Regimen

TDF (Tenofovir) + FTC (Emtricitabine) + EFV (Efavirenz)

YOUR TREATMENT WILL INCLUDE THREE MEDICINES IN ONE PILL

- Your regimen includes three different medicines [Tenofovir (or TDF) and emtricitabine (or FTC) and efavirenz (EFV)] in **ONE pill**
- The pill should be taken **once a day**. It is best to take your pill at **night**.
- Some women find it easier to take the pill on an **empty stomach** but sometimes it is better if you have a **little something to eat first**. You should try both ways and see what works better for you.
- This **pill is safe** for you and for your baby
- This medicine can be **started right away** without waiting for your CD4 test results. All women can take this medication regardless of their CD4 count.
- Some people have wild dreams at night when they start taking ART or you may experience dizziness, headaches, or drowsiness. These usually go away after a couple of weeks.
- Sometimes the medication will cause kidney problems. This is unusual in pregnant women and your nurse will monitor you for any problems.
- All medications can cause some side effects. It is important to **keep taking your medicines**, even if you have some side effects at first.
- **You should come to the clinic right away if you have any problems with the medicine. Come to clinic immediately if you have** a red rash, high fever, problems breathing, a bad headache, or very severe vomiting or diarrhea.
- **Never** make the decision alone to **stop** taking **ART**. Instead, come to the clinic right away to talk with the nurse or doctor.

4. Staying Healthy During Your Pregnancy



4. Staying Healthy During Your Pregnancy

COME TO THE CLINIC FOR ALL YOUR APPOINTMENTS: 2, 5, 11


- You should come to the clinic for **all of your appointments during your pregnancy**
- After the baby is born, you, your partner and your baby should come back to the clinic **within 7 to 14 days of birth.**
- The next visit for you and your baby will be at **6 weeks after birth.**
- Since you will be taking ART for life, come back to the clinic for **all of your appointments and ART refills.**

GET EMOTIONAL SUPPORT: 7

- There may be times you feel down. Try to remember that you are not alone and that there are people who can support you.
- If you are feeling very anxious or have too much stress, or if you feel depressed, it is important that you **speak with a counselor, nurse,** or other health care provider or a trusted relative, friend or your partner.
- Join a **mothers' support group** so you can talk with other women going through the same situation. We can link you to a support group if you are interested.

TAKE ART EVERY DAY FOR YOUR WHOLE LIFE AND GIVE YOUR BABY ARVs: 2, 3, 9, 11, 14, 17

- All pregnant and breastfeeding women living with HIV need to take ART early in pregnancy (or before becoming pregnant).
- **We recommend that you take ART the right way, every day for your whole life.**
- ART does not cure HIV. There is no cure for HIV.
- All babies born to women living with HIV also need to take an ARV called nevirapine, every day from birth **until 6 weeks of age.**
- ARVs are **safe** for you and your baby.
- **You and your baby** will also need to take a medicine called **cotrimoxazole** every day to prevent infections. You will also need to take **iron and multi-vitamins** during your pregnancy. *(show CTX and describe how to take it)*
- Take your medicines at the same time, every day, for life. Never share your medicines with other people.

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4. Staying Healthy During Your Pregnancy



4. Staying Healthy During Your Pregnancy (cont.)

GET REGULAR CD4 TESTS: 5

- The **CD4 cells** are the **soldiers** in our bodies that help us **fight infections**.
- **HIV** attacks and **kills the CD4 cells** and it becomes more and more difficult for our bodies to fight infections.
- **ART stops the HIV from attacking the CD4 and ART keeps your CD4 count high.**
- It is important to get a **CD4 test done every 6 months** and to pick up the results so we can see **how well the medicines are working** to keep you healthy.
- The **higher** your **CD4 count**, the **better**. If your CD4 count is high, there is a lower chance of passing HIV to your baby or your partner.

ASK YOUR PARTNER TO GET AN HIV TEST: 6

- Sometimes it can be hard to talk to your partner about getting tested. If you want, we can talk about ways to get your partner to come for an HIV test.

PRACTICE SAFER SEX: 13, 7

- Always **use a new male or female condom** every time you have sex. (*demonstrate and give condoms*)
- Using condoms when you are pregnant is important to prevent HIV transmission to your partner (if negative) and also to prevent sexually transmitted infections (STIs).
- Talk to your partner about using condoms.
- Taking ART the right way, every day, for life also helps protect your partner from HIV (if serodiscordant).

PREVENT AND TREAT SEXUALLY TRANSMITTED INFECTIONS (STIs):

- If you or your partner has **signs of STIs**, **come to the clinic** right away. Many times women do not have any of these signs, so it is important that we test you for STIs to know for sure.
- If you or your partner has an STI, both of you **need** to get **treatment**. Otherwise, you will just keep giving the infection to each other and some STIs can also be passed to your baby.

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4. Staying Healthy During Your Pregnancy



4. Staying Healthy During Your Pregnancy (cont.)

PREVENT AND TREAT TUBERCULOSIS (TB):

- Taking your ART the right way, every day, can help prevent TB.
- Have a lot of **fresh air** in your home
- **Cover your mouth** when you cough or sneeze, and ask others do the same.
- TB spreads very easily. Try to **avoid** very close contact with someone who has TB and support that person to get treatment at the clinic.
- If you have **signs of TB**, like coughing, night sweats, fever, or if you lose a lot of weight, **come to the clinic** right away.

EAT ENOUGH NUTRITIOUS FOODS AND GET ENOUGH REST:

- Not eating enough or not eating nutritious foods can make you unwell and lead to problems for your baby.
- **Drink lots of fluids. Avoid alcohol.**
- Take the **vitamin and iron tablets** that you get at the clinic.
- Try and get **plenty of rest**, especially in the last months of pregnancy.

PLAN TO DELIVER YOUR BABY SAFELY:

- Plan on having a **safe delivery** in a **health centre or hospital**.

10

STAY AWAY FROM SMOKING, ALCOHOL, AND DRUGS:

- Smoking, alcohol, and drugs will hurt you and your baby.
- If you are having trouble quitting smoking, drinking alcohol, or taking drugs, we can help you or refer you for professional help to quit.

5. Sticking to Your PMTCT Care Plan



5. Sticking to Your PMTCT Care Plan

STICK TO, AND PARTICIPATE IN, YOUR CARE PLAN DURING AND AFTER YOUR PREGNANCY - AND FOR LIFE. THIS INCLUDES:

- **Coming to all of your clinic, lab, and pharmacy appointments; taking all of your medicines and giving your baby medicines** the right way, at the same time, every day; and following the advice of the nurses and doctors about how to take care of yourself and your baby during pregnancy, after the baby is born, and for life.

COME TO THE CLINIC:

- For at least all your **antenatal care visits**.
- Since you are taking ART for life, it is also important for you to **come to all of your appointments**.
- Once your **baby** is born, it is important for you to bring him/her to the clinic for **check-up** within **7 to 14 days of birth**. The **second visit will take place at 6 weeks after birth**. The **second visit is important because, at this visit, we will test your baby for HIV**. After that, visits will be at **10 weeks, 6-, 9-, 15-, and 18-months until final status** is confirmed. [14, 15](#)

CLINIC VISITS ARE IMPORTANT BECAUSE:

- The nurse will give you a **check-up** and may also **take blood**. This is to make sure that you are healthy, to check your CD4 count, and to make sure that your baby is doing well.
- If something is wrong, the doctors and nurses will be able to quickly get you (or your baby) the treatment that is needed.
- During these appointments, you will get the **medicines and vaccinations** that you and your baby need.
- You will have a chance to receive **one-on-one counseling** during your visits.
- Always remember that if you are **feeling sick or have questions**, you should **come to the clinic** even if you do not have an appointment.

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5. Sticking to Your PMTCT Care Plan



5. Sticking to Your PMTCT Care Plan (cont.)

PLAN HOW YOU WILL STICK TO YOUR PMTCT AND LIFELONG CARE PLAN:

- **Get support** from people you trust. They can help you remember your appointments, take care of things at home when you are away, or come to the clinic with you.
- If you cannot keep an appointment, then come as soon as possible. If the clinic does not see you they may call you to inquire on why you didn't come and then set up another appointment for you (*explain appointment card and give clinic contact information*).
- If you have to change clinics because you are moving to another part of the country or going for a long visit, make sure to tell the nurses. They need to make sure you have everything you need to stay healthy and to keep taking your ART.
- Be sure to **come back to the clinic before** your or your baby's **medicines run out**. If you are planning to be away, we can give you extra medicines.
- **Plan ahead** if you will need money for transport to the clinic and discuss difficulties with your health care workers.
- Write down the dates of your appointments and ask someone to help remind you.
- Join a mothers' **support group** (*give specific information about local support groups*). Counselors at the clinic are also here to support and help you.

6. HIV Testing for Your Partner and Children



6. HIV Testing for Your Partner and Children

Explain the concept of family approach to HIV testing in Swaziland

YOUR PARTNER(S) SHOULD GET TESTED FOR HIV:

- Your test result does not tell us whether or not your partner has HIV. The only way to know your partners' HIV-status is for him to get an HIV test.
- The sooner your partner knows his HIV-status, the sooner we can take steps to keep your partner negative or to get your partner started on care and treatment.
- If your **partner is living with HIV**, he will also **need HIV care and treatment** to stay healthy. If your partner is HIV-positive and has a CD4 count ≤ 350 , your partner will need to start ART.
- If your partner is **HIV-negative**, we can help you learn what steps to take in order to keep him negative. **8**

TALK WITH YOUR PARTNER ABOUT GETTING AN HIV TEST: 6, 7

- You could tell your partner you want to talk about HIV testing so that the two of you can be closer, make decisions together, and **keep your family healthy**.
- Ask your partner to **come to this clinic** – or another clinic that is convenient – to learn more about HIV testing and counseling. All test results are kept confidential.
- We can also help by talking to your partner about getting an HIV test.

ALL CHILDREN UNDER YOUR CARE SHOULD GET TESTED FOR HIV: 6

All children that are under your care (biological and others) will benefit from an HIV test. This will tell you who needs medical care. Even though you are living with HIV, this does not necessarily mean that your children are also HIV-infected. We need to do an HIV test.

- Even if your children do not seem sick, they may be HIV-infected.
- **Children living with HIV need care and treatment**, which is available for free.
- **HIV develops much faster in children** than it does in adults, so it is important to test children as early as possible (as early as 4-6 weeks of age).
- **Without treatment**, many children living with HIV will become **very sick and die**.
- HIV care and treatment, including ART, can help save your child's life and help him or her grow and become a healthy adult. **19**

7. Disclosing Your HIV-Status



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IF THE CLIENT HAS NOT YET DISCLOSED TO HER PARTNER OR OTHER SUPPORTERS:

We recommend that you talk to your partner and/or other people that you trust about your HIV-status if you feel safe doing so.

- You could say that HIV testing is a routine part of care for all pregnant women, and that this is why you were tested. HIV testing helps protect the baby.
- It is possible that your partner will be supportive of you, help you protect your baby from HIV, and help you stay healthy.
- It may be **hard** for you to **adhere to your and your baby's care and medicines if your partner does not know** your HIV-status. Your partner may ask questions about your clinic visits or medicines.
- Your **partner** should also **have an HIV test** and, if positive, enroll in care and treatment. **6**
- If you want, **we can help you talk to your partner** about your HIV-status. Invite your partner to come to the clinic with you on your next visit
- If you have other mature children or adolescents in the family that are taking ART, you can consider sharing your status so they can also support you as you support them.

BENEFITS OF TELLING SOMEONE YOU TRUST ABOUT YOUR HIV-STATUS:

- You will not have to keep your HIV-status a secret anymore.
- You will not have to worry about the person finding out your HIV-status accidentally.
- You might be able to talk to the person about your concerns and get his or her support.
- The person might be able to help you with your own lifelong care and treatment and your baby's care and treatment.

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7. Disclosing Your HIV-Status



7. Disclosing Your HIV-Status (cont.)

DISCLOSING YOUR HIV-STATUS IS A PROCESS:

- Many people prefer to **disclose to one person they trust at a time**, instead of disclosing to many people at once.
- Here are some ways that you could start the conversation: (*practice by role playing*)
 - “I wanted to talk to you about something because I know you can help and support me.”
 - “I went to the clinic today for a checkup and they talked to me about how it is important for everyone to get an HIV test because you can’t tell if someone is positive just by looking at them.”
 - “I need to talk to you about something difficult. It is important for our family that I be able to tell you even the hard things. We need to support each other.”

8. Being Part of a Discordant Couple



8. Being Part of a Discordant Couple

TALK TO YOUR PARTNER:

- It is good to **talk to your partner** about your HIV-status if you feel safe doing so.
- We can help you both understand the ways you can keep each other safe and healthy.
- If your partner tests **negative for HIV**, encourage him to **get regular HIV tests**. **6**

BRING YOUR PARTNER TO THE CLINIC FOR COUPLES COUNSELING:

- By taking part in **couples counseling**, both you and your partner can make sure you understand what the results mean and **ways to prevent HIV from spreading**.
- Couples counseling can also be a chance for you and your partner to **talk about your concerns** and to agree on how you will keep each other healthy.

TAKE YOUR ART THE RIGHT WAY, EVERY DAY: **2, 9, 16**


- Taking your medicines the right way, every day, for your whole life lowers the amount of HIV in your body.
- Taking ART the right way, every day **lowers the chance you will pass HIV** to your partner during sex (you should also always use condoms also) or to your baby during pregnancy and breastfeeding.

PRACTICE SAFER SEX:

- It is important to talk to your partner about **using condoms** – both with you and with other partners, including during pregnancy and breastfeeding (*demonstrate and give male and female condoms*).
- Using condoms every time you have sex is important to prevent HIV transmission to your partner(s) and also to **prevent sexually transmitted infections (STIs)**.
- **Male circumcision** can help protect HIV-negative men from HIV infection.

PREVENT AND TREAT STIs:

- If you or your partner has **signs of STIs** (like itching, a rash, strange discharge from the vagina, penis, or anus, or sores around the genitals), **come to the clinic right away**. Many women do not have any of these signs, so it is important that we test you for STIs to know for sure.
- If you or your partner has an **STI, both of you need to get treatment**. Otherwise, you will just keep giving the infection to each other and some STIs can also be passed to your baby.

Section continues on next page 

8. Being Part of a Discordant Couple



8. Being Part of a Discordant Couple (cont.)

PLAN FOR, OR PREVENT, FUTURE PREGNANCIES (DEPENDING ON YOUR DESIRES): 13

- **Use family planning** if you do not want to become pregnant ever again or if you want to wait before becoming pregnant again. *(provide family planning counseling, methods, and/or referrals, if needed)*
- **Using condoms** can help prevent HIV, STIs, and unintended pregnancy. *(discuss dual protection)*
- If you want to **have another baby**, the safest time to get pregnant is **when** you are taking your ART the right way, every day, **your CD4 count is high (at least over 350,)** and you do not have any opportunistic infections.
- If you are already on ART or start lifelong ART during this pregnancy, **continuing to take your medicines the right way, every day** will give you protection if you decide to have another baby. [9](#), [12](#), [16](#)
- If you decide you want to have another baby in the future, come to the clinic with your partner and we can talk more about the safest times and ways to get pregnant.

9. Continuing to Take Your ART While You Are Pregnant



9. Continuing to Take Your ART While You Are Pregnant

TAKING ART HELPS LOWER THE CHANCES THAT YOUR BABY WILL BE HIV-INFECTED AND HELPS YOU LIVE LONGER AND STAY WELL:

- It is important that you **continue taking ART during your pregnancy** and for your whole life
- These **medicines are safe** for you and for your baby.
- ART does not cure HIV, but it can make you stay healthy and live a long life.
- Taking ART will help to:
 - **Keep you healthy**
 - **Lower the chance that your baby will be HIV-infected**
 - **Lower the chance of passing HIV to your partner** (if partner is HIV negative), however you still need to be protected through condom use
 - Give you **protection from HIV** if you decide to have **another baby in the future**.
- Continue to take the same medicines during your pregnancy that you were taking before. *(review her ART regimen and explain if there will be any changes)*
- Take your ART at the same time(s), every day. *(review her regimen dosing and timing, including if it is a once/day or twice/day regimen)*
- It is important to **keep taking your ART during your labor and delivery**. Be sure to bring your ART with you when you go to the hospital to deliver. Tell the health care worker that you are taking ART. [10](#)
- Your baby will also need to take nevirapine syrup from birth until 6 weeks of age to lower the chances that he or she will become HIV-infected *(show NVP syrup)*. [14](#)

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR MEDICINES.

- **Come to all of your appointments** – during and after the pregnancy - and ongoing for your whole life.
- **Take your ART the right way, every day for your whole life.**
- Take medicines, including **cotrimoxazole**, to prevent and treat infections.
- Take **multi-vitamins and iron** tablets every day.

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9. Continuing to Take Your ART While You Are Pregnant



9. Continuing to Take Your ART While You Are Pregnant (cont.)

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR ART:

- **Come to all of your appointments** will help you get the care, tests, and medicines you need, and give you a chance to ask questions and get support.
- Very **good adherence** is needed for ART to work. If you take your ART the right way, for your whole life, you will **feel better** and **lower the chance of passing HIV** to your baby or partner. **8**
- If you do not take your ART the right way, every day, the HIV in your body will grow stronger. Your CD4 count will go down and you will likely get sick more. There will be a higher chance that your baby will become HIV-infected and that you would pass HIV to your partner.
- **Stopping your medicines** or forgetting to take them often can lead to “**drug resistance.**” This means that the medicines will no longer work (even if you start again).

MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE **5**

- Try to **talk with someone you trust** so you have support to come back to the clinic and take your medicines. Your treatment supporter can help you in many ways (*explain importance*). Make sure you **understand your care and treatment plan**. If there is something you do not understand, make sure to ask at the clinic. (*review client's specific care and treatment plan*)
- **Come to all** of your scheduled **appointments** at the clinic.
- **Take your ART** the right way, at the same time, every day. (*discuss medication schedule*)
- **Use reminders**, such as a setting an alarm on your phone, using a pill box, or medicine calendar. (*discuss specific reminder options that the client would like to use*)
- **Pick up your medicines** on time and **before they run out**.
- **Plan ahead** if you will need to take your ART when you are away from home, including for your labor and delivery. Some people like to store their medicine in a pill box or a small bag when they travel.
- Join a **support group** (*give specific information about local support groups*). Counselors at the clinic are also here to help you.

Section continues on next page



9. Continuing to Take Your ART while You Are Pregnant



9. Continuing to Take Your ART While You Are Pregnant (cont.)

ART SIDE EFFECTS:

- Side effects from ART are usually **not serious** and most go away after a couple of weeks. **3**
- All medications can cause some side effects. It is important to **keep taking your medicines**, even if you have some side effects at first.
- Some people have wild dreams at night when they start taking ART or you may experience dizziness, headaches, or drowsiness. These usually go away after a couple of weeks.
- Sometimes the medication will cause kidney problems. This is unusual in pregnant women and your nurse will monitor you for any problems
- **You should come to the clinic right away** if you have: a **red rash, high fever, problems breathing, a bad headache, or very severe vomiting or diarrhea.**
- **Never** make the decision alone to **stop taking ART**. Instead, come to the clinic right away to talk with the nurse or doctor.

MISSED ART DOSES:

- If you miss a dose of your ART, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away (*give example*).
- **Never take 2 doses at the same time.** If you are not sure how to take your medicines, call or come to the clinic to ask.

10. Having a Safe Labor and Delivery



10. Having a Safe Labor and Delivery

HAVE A SAFE DELIVERY IN A HEALTH CARE FACILITY:

- **Deliver your baby in a hospital.** Health facilities are best equipped to ensure safe conditions to protect women with HIV and their babies.
- **Plan** where you want to give birth to your baby, and how you will get there. You may want to plan to stay with family or friends near the hospital if you live far away.
- Find someone you trust who can give you **emotional support** during labor and delivery, such as your treatment supporter or someone to whom you have disclosed your HIV status.
- **Bring your health card, NVP syrup for the baby and your ARV medication** to the hospital. Tell the health care worker your HIV-status and which medicines you are taking.

TAKE YOUR ART DURING LABOR AND DELIVERY: 2, 3

- Be sure to **bring your medicines** to the hospital and tell the health care worker you are taking ART.
- **Keep taking your ART** during labor and delivery, after you give birth, during breastfeeding, and for your whole life. [16](#)
- If you haven't taken ART during your pregnancy, the doctor or nurse will give you ARVs to take when you are in labor and during the delivery, in order to help reduce the risk of HIV transmission to the baby.

YOUR BABY NEEDS TO TAKE NEVIRAPINE SYRUP FROM BIRTH UNTIL 6 WEEKS OF AGE: [14](#)

- Nevirapine syrup is **safe** for your baby and will help protect him or her from HIV. (*show NVP syrup and the clips for the syringes*)
- Your baby needs to take nevirapine **syrup as soon as possible after birth and then every day for 6 weeks.** If you have been given the NVP during antenatal care remember to **bring it to the hospital** when you deliver together with your ART (*review nevirapine dosing, syringes and clips*)
- If you give **birth at home, bring the baby to the hospital within the first 3 days** after birth, and make sure that the baby starts taking nevirapine syrup as soon as possible.

Section continues on next page 

10. Having a Safe Labor and Delivery



10. Having a Safe Labor and Delivery (cont.)

TAKING CARE OF YOURSELF AND YOUR BABY AFTER THE DELIVERY:

- What babies need most after delivery is to be loved. This is a special bonding time for you and your baby, so spend as much time as you can with the baby skin-to-skin on your chest.
- **Breastfeed** your baby **within one hour of being born**. He or she will naturally want to breastfeed once lying on your chest. [14](#), [17](#)
- Be sure to **take care of yourself and your baby** by continuing to take your ART throughout breastfeeding and beyond, resting, drinking lots of fluids, and eating healthy foods. [11](#)

11. Taking Care of Yourself after Your Baby is Born



11. Taking Care of Yourself after Your Baby is Born

TAKE CARE OF YOURSELF AFTER THE DELIVERY:

- **Keep taking your ART** the right way, every day during breastfeeding and for your whole life. (*review ART regimen*) **16**
- **Spend** as much **time** as you can **with the baby** skin-to-skin on your chest or resting together. Babies love this and it helps with their development.
- Try to get help and **support from friends or family**. Try not to do too much physical activity. **4**
- If you have **heavy bleeding, problems breathing, fever, pain in your belly, or bad-smelling discharge, come to the clinic right away.**
- As a new mother, you need to **eat and drink more than usual**, especially if you are breastfeeding. Eat nutritious foods and clean water/fluids more frequently throughout the day. **5**
- You should **wash often** and try to keep your genitals very clean – but only use clean water with no soap. Wait a couple of weeks before you sit in water.

COME BACK TO THE CLINIC WITHIN 2 WEEKS OF DELIVERY AND ALSO 6 WEEKS AFTER YOU DELIVER:

- You and your baby will need a **postnatal checkup during the first week** after you have your baby. We will check to make sure you are healing properly and not bleeding too much and check to perform a health check.
- You will need a second checkup **6 weeks after the baby is born** to make sure you are still healing properly.
- We will also check your **baby** and give him or her an **HIV test**. **15**
- For your health, you need to **continue your own HIV care** and **continue** to take your **ART for** your whole life.
- You will need to **get a CD4 test every six months** to monitor your health.

Section continues on next page 

11. Taking Care of Yourself after Your Baby is Born



11. Taking Care of Yourself after Your Baby is Born (cont.)

PRACTICE SAFER SEX:

- In order to prevent infection, **wait** at least **6 weeks** after delivery to have sex again (*outline the dangers of engaging in sex earlier post delivery*).
- It is healthiest for mothers and babies to **wait at least 2 years before having another child**. You can **use a family planning method** to prevent or space a future pregnancy. **13**
- **Use condoms** every time you have sex to prevent HIV transmission to your partner (if negative), prevent unintended pregnancy, and to prevent STIs (*provide condoms and demonstrate their use*). **7, 8, 13**
- Taking your **ART** the right way, every day for life will also help protect your partner(s) from HIV.
- Sufficient **vaginal lubrication** can make sex less painful and more pleasurable. Speak to a nurse or doctor about recommendations for increasing your comfort during sexual intercourse.
- Encourage your **partner(s)** to come for an **HIV test**. **6**
- If you or your partner has itching, a rash, strange discharge from the vagina, penis, or anus, or sores around the genitals, come to the clinic right away. If diagnosed with an **STI**, you will **both need treatment**.

12. Continuing to Take Your ART While You Are Breastfeeding



12. Continuing to Take Your ART While You Are Breastfeeding

TAKING ART HELPS LOWER THE CHANCES THAT YOUR BABY WILL BE HIV-INFECTED AND HELPS YOU LIVE LONGER AND STAY WELL:

- It is important that you **continue taking ART while you are breastfeeding and continue for your whole life**
- These **medicines** are **safe for you and for your baby**.
- ART does not cure HIV, but it can make you stay healthy and live a long life.
- **Taking ART will help to:**
 - **Keep you healthy**
 - **Lower the chance that your baby will be HIV-infected**
 - **Lower the chance of passing HIV to your partner** (if partner is HIV negative), however you still need to be protected through condom use [8](#), [13](#)
 - **Give protection from HIV** if you decide to have **another baby in the future**.
- **Continue to take the same medicines** you took in pregnancy, while you are breastfeeding. *(review her ART regimen and explain if there will be any changes)*
- Take your **ART at the same time(s), every day**. *(review her regimen dosing and timing, including if it is a once/day or twice/day regimen)*
- It is important to **keep taking your ART while you are breastfeeding**. Tell the health care worker at your child wellness visits that you are taking ART. [14](#)
- Your **baby** will also need to take **nevirapine syrup from birth until 6 weeks of age** to lower the chances that he or she will become HIV-infected *(show NVP syrup)*. [14](#)

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR MEDICINES.

- **Come to all of your postpartum appointments** – and ongoing for your whole life.
- Take your **ART** the right way, every day for your whole life.
- Take medicines, including **cotrimoxazole**, to prevent and treat infections.
- Take **multi-vitamins and iron tablets** every day.

Section continues on next page 

12. Continuing to Take Your ART While You Are Breastfeeding



12. Continuing to Take Your ART While You Are Breastfeeding (cont.)

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR ART:

- **Come to all of your appointments** will help you get the care, tests, and medicines you need, and give you a chance to ask questions and get support.
- Very **good adherence** is needed for ART to work. If you take your ART the right way, for your whole life, you will **feel better** and **lower the chance of passing HIV** to your baby or partner. **8**
- If you do **not take your ART the right way**, every day, the **HIV in your body will grow stronger**. Your CD4 count will go down and you will likely get sick more. There will be a higher chance that your baby will become HIV-infected and that you would pass HIV to your partner.
- **Stopping your medicines** or forgetting to take them often can lead to “**drug resistance**.” This means that the medicines will no longer work (even if you start again).

MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE

- Try to **talk with someone you trust** so you have support to come back to the clinic and take your medicines. Your treatment supporter can help you in many ways (*explain importance*). Make sure you **understand your care and treatment plan**. If there is something you do not understand, make sure to ask at the clinic. (*review client's specific care and treatment plan*)
- **Come to all** of your scheduled **appointments** at the clinic.
- **Take your ART** the right way, at the same time, every day. (*discuss medication schedule*)
- **Use reminders**, such as a setting an alarm on your phone, using a pill box, or medicine calendar. (*discuss specific reminder options that the client would like to use*)
- Pick up your medicines on time and before they run out.
- **Plan ahead** if you will need to take your ART when you are away from home. Some people like to store their medicine in a pill box or a small bag when they travel.
- Join a **support group** (*give specific information about local support groups*). Counselors at the clinic are also here to help you.

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12. Continuing to Take Your ART While You Are Breastfeeding



12. Continuing to Take Your ART While You Are Breastfeeding (cont.)

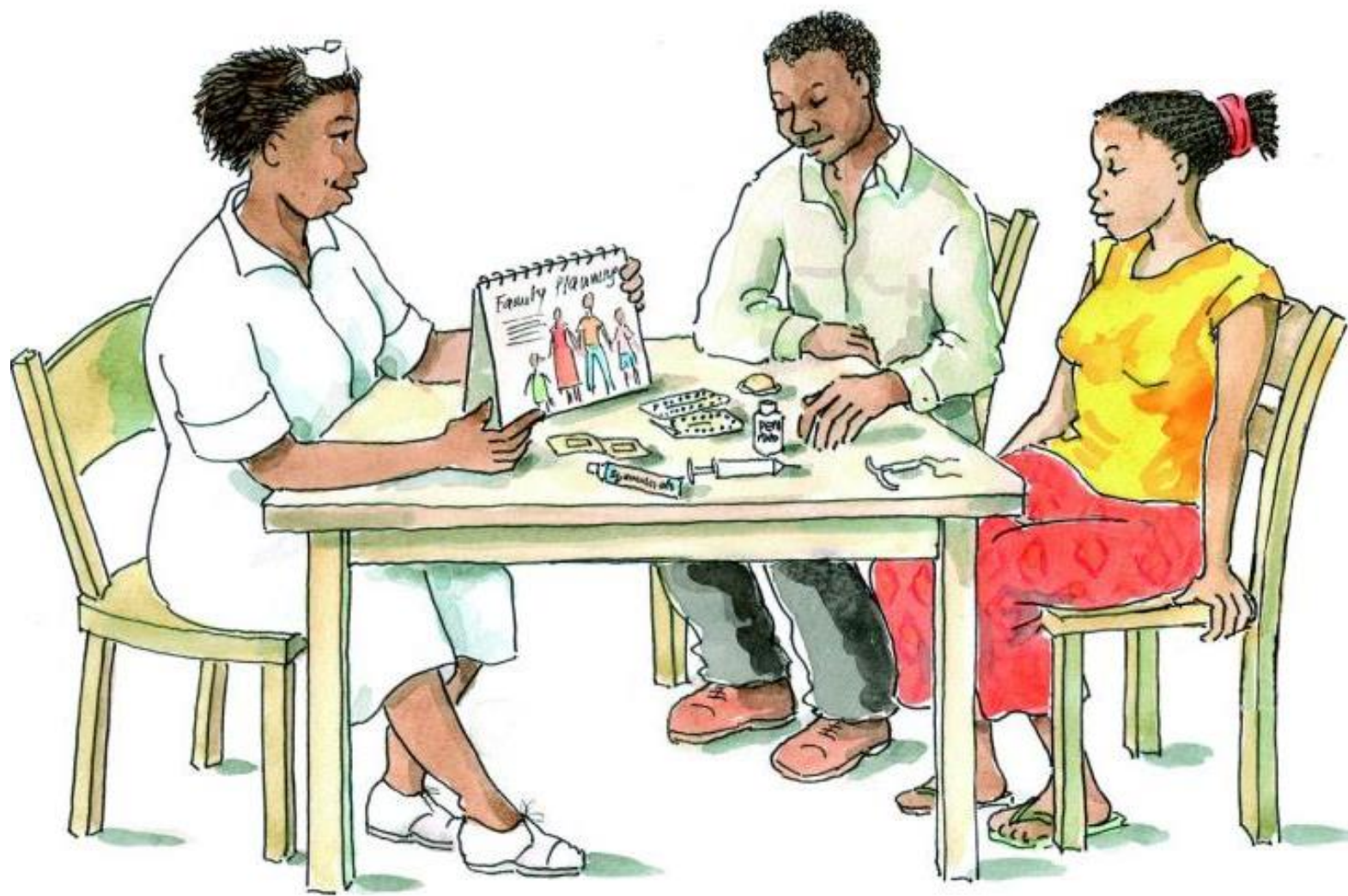
ART SIDE EFFECTS:

- Side effects from ART are usually **not serious** and most go away after a couple of weeks. **3**
- All medications can cause some side effects. It is important to **keep taking your medicines**, even if you have some side effects at first.
- Some people have wild dreams at night when they start taking ART or you may experience dizziness, headaches, or drowsiness. These usually go away after a couple of weeks.
- Sometimes the medication will cause kidney problems. This is unusual in pregnant women and your nurse will monitor you for any problems
- **You should come to the clinic right away** if you have: a **red rash, high fever, problems breathing, a bad headache, or very severe vomiting or diarrhea.**
- **Never** make the decision alone to **stop taking ART**. Instead, come to the clinic right away to talk with the nurse or doctor.

MISSED ART DOSES:

- If you miss a dose of your ART, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away (*give example*).
- **Never take 2 doses at the same time.** If you are not sure how to take your medicines, call or come to the clinic to ask.

13. Making Decisions About Future Childbearing and Family Planning



13. Making Decisions About Future Childbearing and Family Planning

IF YOU AND YOUR PARTNER WISH TO HAVE MORE CHILDREN, THERE ARE TIMES WHEN IT IS SAFEST TO GET PREGNANT AND HAVE A BABY:

REMEMBER: All women and couples, including people living with HIV, have a right to make informed decisions about their reproductive lives and the number and spacing of their children.

It is healthiest for you and your children if you **wait at least 2 years** between pregnancies.

- If you want to have another baby, the safest time to get pregnant is when:
 - You (and your partner, if HIV-positive) are taking and adhering to ART (if eligible).
 - Your CD4 count is high (at least over 350).
 - You do not have any opportunistic infections (including TB) or advanced AIDS.
- If you decide you want to have another baby in the future, come to the clinic with your partner and we can help you decide the safest times and ways to get pregnant.

SAFE FAMILY PLANNING OPTIONS FOR YOU AND YOUR PARTNER:

- People living with HIV, including people taking ART, can usually use all methods of contraception safely.
- **Dual protection:** Dual protection means that the method prevents unintended pregnancy, HIV, and other STIs. Male and female condoms give dual protection.
- **Dual method use:** Another way to have dual protection is by using two methods at the same time, such as oral contraceptive pills and condoms – this is called dual method use and this is the recommended method in Swaziland.
- There are many things to think about when you choose a family planning method. *(discuss different family planning options and provide methods or referrals if the client would like to start using a method)*
 - How easy is it to use the method?
 - How well does it work?
 - How long does the protection last?
 - Does your partner need to be involved or accepting of the method?

Section continues on next page 

13. Making Decisions About Future Childbearing and Family Planning



13. Making Decisions About Future Childbearing and Family Planning (cont.)

BARRIER METHODS:

(discuss and demonstrate male and female condom use)

- Includes **male and female condoms**.
 - These are the only methods that **protect against pregnancy, HIV, and other STIs**.
-

HORMONAL METHODS:

(discuss hormonal contraceptive options. Note: oral contraceptives are not recommended for women taking some protease inhibitors, rifampicin for TB treatment, or certain anti-convulsants)

- Includes **oral contraceptives, injectables, implants, and emergency contraceptive pills**.
 - These methods are generally **easy to use**, are good for short- and long-term use, and are **safe and effective** for women living with HIV, including women who are taking ART.
 - They **protect against pregnancy but not HIV or other STIs**.
 - Using a **hormonal method AND condoms** provides **dual protection** – against unintended pregnancy, HIV, and other STIs.
 - It is important to **adhere to hormonal contraceptive methods** for them to be effective, for example, by taking oral contraceptive pills at the same time, every day.
-

LONG-TERM AND PERMANENT METHODS :

(discuss long-term and permanent methods. Note: IUDs are not recommended for women with untreated STIs, clinical AIDS, or those not responding to ART)

- Includes **IUDs** (long-term) and **male and female sterilization** (permanent).
 - These methods offer a lot of **protection against pregnancy, but do not protect against HIV or other STIs** (unless you are also using condoms).
-

NATURAL METHODS:

(discuss natural methods, especially LAM if breastfeeding)

- Includes lactational amenorrhea method (**LAM**), fertility awareness methods (like **cycle beads**), and **withdrawal**.
 - Natural methods are not as effective as other methods but do give limited protection against unintended pregnancy. They do not protect against HIV or other STIs.
-

IF BREASTFEEDING:

(discuss specific methods that are safe to use during breastfeeding and when the client can start using them)

- There are **safe family planning methods** to use while you are breastfeeding, including **male and female condoms, some kinds of oral contraceptives, implants, injectables, IUDs, and sterilization**.

14. Feeding and Caring for Your New Baby



14. Feeding and Caring for Your New Baby

EXCLUSIVELY BREASTFEED YOUR BABY FOR AS LONG AS POSSIBLE, UP TO 6 MONTHS: 16

- **Exclusive breastfeeding** means giving your baby **ONLY breast milk** and no other liquids or foods, like water, herbal mixtures, juice, porridge, or cow's milk. It is okay to **give** the baby **medicines**, including ARVs that you get from the doctor or nurse.
- **Breast milk** is the **only food** your baby needs until he or she is **6 months old**. Then you can give your baby other foods, as well as breast milk.
- Babies should **start breastfeeding within one hour of birth** – this is when they will be most awake. Babies should breastfeed at least 8 times every day (per 24 hours, this means about every 3 hours).
- It is important that your baby has a **good latch** onto your breast so that you are comfortable and so that he or she gets enough milk. (*demonstrate how to hold and latch the baby*)
- If you are going to be back at work soon, ask your health worker to help you understand how to express and store the breast milk properly

LOWER THE CHANCES OF PASSING HIV TO YOUR BABY THROUGH BREAST MILK: 5, 9, 11, 16, 17

- The **medicines** that you and your baby take can lower the chance that babies will become HIV-infected when you follow these recommendations:
- **Keep taking your own ART** the right way, every day during breastfeeding and for your whole life.
- **Give** your baby **nevirapine** syrup every day from birth until 6 weeks of age. (*show NVP syrup, syringe, clips*)
- For the first 6 months **only give breast milk** to your baby.
- **Breast Care:** If you have cracked, sore, or painful nipples, or if you see thrush (white spots) in the baby's mouth, come to the clinic right away.

Section continues on next page 

14. Feeding and Caring for Your New Baby



14. Feeding and Caring for Your New Baby (cont.)

**YOUR BABY NEEDS TO TAKE
MEDICINES AND YOU SHOULD BRING
HIM OR HER BACK TO THE CLINIC FOR
ALL THE APPOINTMENTS**

- Your baby needs to take **nevirapine syrup every day from birth until 6 weeks of age**. (*show NVP syrup and how to measure with clips and syringes*)
- **At 6 weeks**, your baby will need to start taking a medicine called **cotrimoxazole** to prevent infections. The dose will change as your baby grows. (*show CTX syrup and how to measure*)
- It is important that you and your baby to all your **appointments** at **6 and 10 weeks, 6, 9, 15, and 18 months**.

Section continues on next page 

14. Feeding and Caring for Your New Baby



14. Feeding and Caring for Your New Baby (cont.)

STICK TO YOUR OWN AND YOUR BABY'S CARE PLAN AND ADHERE TO MEDICINES.

- Bring your baby to **all appointments** at the clinic.
- Consider to circumcise your baby as soon as possible, ask your clinician about counseling on this and where to get the service
- Give your baby **nevirapine syrup** the right way, every day, **from birth until 6 weeks of age.** (*remind client of the baby's medicine plan*)
- Give your baby **cotrimoxazole** every day once the baby is 6 weeks old.
- Baby gets an **HIV test at 6 weeks.** Come back to clinic to **pick up the results.** **15**
- **Bring the baby back to the clinic until he or she is 18-24 months old** and we know the baby's HIV status for sure (after you stop breastfeeding completely).
- Taking your own ART the right way, every day for your whole life. (*review client's medicine plan*)

MAKE AN ADHERENCE PLAN FOR YOUR BABY.

- Try to **schedule your own and your baby's appointments on the same day.**
- Get **support** from someone you trust. **7**
- **Here are some tips on giving your baby syrups:** (*demonstrate*)
 - Use the syringe with the clip to measure the right amount of nevirapine for your baby
 - You can reuse syringes until the plunger is hard to use. Wash the syringes with warm, soapy water, rinse, and let them air dry.
 - If the medicine is too sticky, add a little breast milk or formula to the syringe.
 - DO NOT add medicines to a baby bottle or cup of milk.
- **If your baby does not want to take his or her medicine,** here are some tips: (*demonstrate*)
 - **Wrap your baby** in a blanket and hold him or her in the bend of your arm.
 - Place the dropper in the corner of the baby's mouth and slowly give the medicine. Aim for the inside of the baby's cheek, instead of the back of the tongue.
 - Blow gently into your baby's face, which should make him or her swallow.
 - Do not give medicine when your baby is crying or by pinching his or her mouth open.
 - **If your baby vomits medicine within 30 minutes of giving it, give the dose again.**

Section continues on next page 

14. Feeding and Caring for Your New Baby



14. Feeding and Caring for Your New Baby (cont.)

BABY HIV TEST WHEN HE OR SHE IS 6 WEEKS OLD: 15

- The nurse will take a small amount of **blood from your baby's foot** and put it on a piece of paper that will be sent to the lab. It usually takes about **2-4 weeks to get the results.**
- It is very important to **come back** to the clinic to get your baby's **test results.**
- If your baby **tests HIV-negative** and you are **still breastfeeding**, he or she will need to **get another HIV test** when you **stop breastfeeding** to know his or her HIV-status for sure.
- If your baby tests **HIV positive**, he or she will need to **start ART right away.** 19

15. Testing Your Baby or Child for HIV




15. Testing Your Baby or Child for HIV

- Babies can get HIV during pregnancy, during labor and delivery, or during breastfeeding.
- The ART you are taking and the ARVs you gave your baby help lower the chance that your baby will be HIV-infected. But, you will only know for sure if the child is tested and you come back for the results.

**IT IS IMPORTANT FOR YOUR BABY,
AND ALL OF YOUR CHILDREN, TO
GET TESTED FOR HIV: 6, 15**

- Even though you are living with HIV, this does not mean that your children are also HIV-infected. We need to do an HIV test to find out for sure.
- Even if your **children do not seem sick**, they still **might be HIV-infected**.
- **HIV develops much faster in children** than it does in adults. It is very important that we **identify HIV infection** in children as **early** as possible so that the child can be protected and treated.
- HIV testing is strongly recommended because it allows children with HIV to access life-saving treatment as early as possible. Your child could become very sick if he or she has HIV infection and doesn't get the right treatment as soon as possible.
- **Children living with HIV need care and treatment**, which is available for **free**. Without treatment, many children living with HIV will become very sick and die. **19**
- **HIV care, including ART**, can help **save your child's life** and help him or her grow and become a healthy adult. **19**
- You have the right to say no to testing. If you say that you don't want your child tested, we will talk with you more and still take care of you and your child.
- The result of your **child's HIV test is confidential**; it is only shared with those health care workers who need this information in order to care for your child.
- Knowing your child's HIV-status for sure can help you and your family plan for the child's care and make sure the child gets the care and treatment he or she needs as early as possible.

Section continues on next page 

15. Testing Your Baby or Child for HIV



15. Testing Your Baby or Child for HIV (cont.)

6 WEEKS - 18 MONTHS OLD:

- Children born to mothers who know they are living with HIV should be enrolled in follow-up care. [14](#)
- All babies who are born to mothers living with HIV should have an **HIV test when they are 6 weeks old**. This is a **PCR test** and **it tests for the virus in the baby's blood**.
 - The nurse will **prick your child's heel** with a small needle and put some **drops of blood on a piece of paper**. This is called a Dried Blood Spot (DBS) (*demonstrate how sample is collected*).
 - The paper will then be sent to a lab, and we will get **the results back in about 2-4 weeks**.
 - When you come back to the clinic the nurse will tell you the results of the HIV test for your baby.
- **Meaning of test results:**
 - If the results are **negative it means that we don't find any HIV virus in your baby's blood. That is good news!**
 - **Since you are still breast feeding there is still a possibility that your baby may get HIV infection.** It is important to continue taking your ART.
 - Your baby will be tested for HIV after you stop breast feeding and at 12 and 18 months of age. The test may be a rapid test for HIV or another DBS. The nurse will decide which test your baby needs and will help you understand the results.
- If the results are **positive**, this means **your baby is HIV-infected** and should **start care and treatment right away**. **HIV-infected children less than 2 years** of age need to **start** taking **lifelong ART right away** to keep them healthy. [19](#)

Section continues on next page 

15. Testing Your Baby or Child for HIV



15. Testing Your Baby or Child for HIV (cont.)

18 MONTHS OLD AND OLDER:

- For **children older than 18 months**, we can use a **rapid HIV test** and you will get the result the same day. This is the same test we use for adults.
- For this test, the nurse will take a **small blood sample from your child's heel or finger** and you will get the **results within 15 minutes**.
- **Meaning of test results**
 - If the results are **negative and** you are **breastfeeding** now or have breastfed in the last 3 months, the virus can't be detected in your child's blood right now, but it is still possible for your child to become HIV-infected. It is important to continue taking your ART and to repeat the HIV test 6 weeks after you stop breastfeeding completely.
 - If the results are **negative and** you are **NOT breastfeeding** now and have not breastfed in the last 3 months, your child is not HIV-infected.
 - If the results are **positive**, this means that your child **may have HIV infection**. The nurse should **repeat the test** to make sure. Your child should be **evaluated for treatment** right away. [19](#)

16. Continuing to Take Your ART While You Are Breastfeeding



16. Continuing to Take Your ART While You Are Breastfeeding

TAKING ART HELPS LOWER THE CHANCES THAT YOUR BABY WILL BE HIV-INFECTED AND HELPS YOU LIVE LONGER AND STAY WELL:

- It is important that you **continue taking ART while you are breastfeeding and continue for your whole life**
- These **medicines are safe for you and for your baby.**
- ART does not cure HIV, but it can make you stay healthy and live a long life.
- **Taking ART** will help to:
 - **Keep you healthy**
 - **Lower the chance that your baby will be HIV-infected**
 - **Lower the chance of passing HIV to your partner** (if partner is HIV negative), however you still need to be protected through condom use [8](#), [13](#)
 - **Give protection from HIV** if you decide to have **another baby in the future.**
- **Continue to take the same medicines** you took in pregnancy, while you are breastfeeding. *(review her ART regimen and explain if there will be any changes)*
- Take your **ART at the same time(s), every day.** *(review her regimen dosing and timing, including if it is a once/day or twice/day regimen)*
- It is important to **keep taking your ART while you are breastfeeding.** Tell the health care worker at your child wellness visits that you are taking ART. [14](#)
- Your **baby** will also need to take **nevirapine syrup from birth until 6 weeks of age** to lower the chances that he or she will become HIV-infected *(show NVP syrup)*. [14](#)

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR MEDICINES.

- **Come to all of your postpartum appointments** – and ongoing for your whole life.
- Take your **ART** the right way, every day for your whole life.
- Take medicines, including **cotrimoxazole**, to prevent and treat infections.
- Take **multi-vitamins and iron tablets** every day.

Section continues on next page 

16. Continuing to Take Your ART While You Are Breastfeeding



16. Continuing to Take Your ART While You Are Breastfeeding (cont.)

STICK TO YOUR CARE PLAN AND ADHERE TO YOUR ART:

- **Come to all of your appointments** will help you get the care, tests, and medicines you need, and give you a chance to ask questions and get support.
- Very **good adherence** is needed for ART to work. If you take your ART the right way, for your whole life, you will **feel better** and **lower the chance of passing HIV** to your baby or partner. **8**
- If you do **not take your ART the right way**, every day, the **HIV in your body will grow stronger**. Your CD4 count will go down and you will likely get sick more. There will be a higher chance that your baby will become HIV-infected and that you would pass HIV to your partner.
- **Stopping your medicines** or forgetting to take them often can lead to “**drug resistance**.” This means that the medicines will no longer work (even if you start again).

MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE

- Try to **talk with someone you trust** so you have support to come back to the clinic and take your medicines. Your treatment supporter can help you in many ways (*explain importance*). Make sure you **understand your care and treatment plan**. If there is something you do not understand, make sure to ask at the clinic. (*review client's specific care and treatment plan*)
- **Come to all** of your scheduled **appointments** at the clinic.
- **Take your ART** the right way, at the same time, every day. (*discuss medication schedule*)
- **Use reminders**, such as a setting an alarm on your phone, using a pill box, or medicine calendar. (*discuss specific reminder options that the client would like to use*)
- Pick up your medicines on time and before they run out.
- **Plan ahead** if you will need to take your ART when you are away from home. Some people like to store their medicine in a pill box or a small bag when they travel.
- Join a **support group** (*give specific information about local support groups*). Counselors at the clinic are also here to help you.

Section continues on next page 

16. Continuing to Take Your ART While You Are Breastfeeding



16. Continuing to Take Your ART While You Are Breastfeeding (cont.)

ART SIDE EFFECTS:

- Side effects from ART are usually **not serious** and most go away after a couple of weeks. **3**
- All medications can cause some side effects. It is important to **keep taking your medicines**, even if you have some side effects at first.
- Some people have wild dreams at night when they start taking ART or you may experience dizziness, headaches, or drowsiness. These usually go away after a couple of weeks.
- Sometimes the medication will cause kidney problems. This is unusual in pregnant women and your nurse will monitor you for any problems
- **You should come to the clinic right away** if you have: a **red rash, high fever, problems breathing, a bad headache, or very severe vomiting or diarrhea.**
- **Never** make the decision alone to **stop taking ART**. Instead, come to the clinic right away to talk with the nurse or doctor.

MISSED ART DOSES:

- If you miss a dose of your ART, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away (*give example*).
- **Never take 2 doses at the same time.** If you are not sure how to take your medicines, call or come to the clinic to ask.

17. Tips on Exclusively Breastfeeding Your Baby



17. Tips on Exclusively Breastfeeding Your Baby

REMEMBER: It is important that you are taking ART, the right way, every day, the whole time you are breastfeeding and for life. Your baby also needs to take nevirapine syrup for the first 6 weeks. These medicines will make breastfeeding safer and lower the chances of your baby becoming HIV-infected. [14](#)

HOW DO YOU KNOW YOUR BABY IS GETTING ENOUGH TO EAT?

- During the **first 1-2 days after your baby is born**, you will make a **small amount of milk**. At this time your **baby's stomach can only hold a little bit of milk**.
- The yellowish fluid that comes out initially is called "**colostrum**", it is highly nutritious for your infant.
- About **3 - 5 days** after your baby is born, your **full milk will "come in"** and you will be making more milk. By this time, your baby's stomach will be able to hold more milk.
- It is important to **breastfeed your baby often during the first few days** – this will help your milk come in and give the baby important nutrients.
- You should **feed your baby between 8 and 12 times each day**, with each feeding time lasting about 30 minutes. Feed from both breasts at each feeding (about 10-15 minutes per breast).
- In the **first few weeks of life**, your **baby should have around 3 bowel movements per day** – some days it will be more and some days less.
- Common cues that a baby is hungry include sucking hands, smacking lips, and acting fussy.

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17. Tips on Exclusively Breastfeeding Your Baby



17. Tips on Exclusively Breastfeeding Your Baby (cont.)

CHALLENGES WITH EXCLUSIVE BREASTFEEDING.

SORE NIPPLES

- Some discomfort during the first week of breastfeeding is normal. Usually this goes away over time, but if you keep having **a lot of pain**, you should **come to the clinic**.
 - **Poor positioning:** The baby should take your whole nipple in his or her mouth each time. *(demonstrate good positioning and latch)*
 - **Cracked nipples:** Expose your nipples to air and sunlight as much as possible and put a bit of breast milk on them between feedings. Do not use soap on your nipples.
 - **Thrush:** If you have a **burning feeling on your nipples or pain** for many days, and you see **white spots or redness on your nipples and in the baby's mouth**, you and the baby may have thrush. **Come to the clinic right away for medicines.**
-

POOR LATCH

- **Sleepy baby:** If your baby falls asleep while breastfeeding, keep offering your breast and try to feed whenever the baby wakes up. You can wake the baby up by tickling its feet, wiping its face with a cool cloth, or undressing the baby.
 - **Fussy baby:** Try to calm your baby by putting him or her on your skin naked, rocking the baby, offering a finger to suck on before switching to the breast, or squeezing your nipple and putting some milk on your baby's lips.
-

BREASTFEED EVEN IF YOU ARE SICK OR UNWELL: 11

- Even if you are not feeling well, it is still good to continue breastfeeding your baby.
- **Drink plenty of fluids** and breastfeed often.
- Always **take your medicines**, including ART, the right way, every day even if you don't feel well.

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17. Tips on Exclusively Breastfeeding Your Baby



17. Tips on Exclusively Breastfeeding Your Baby (cont.)

ENGORGED BREASTS:

- If your breasts feel hard and firm for a few days; if you feel swelling, tenderness, warmth, and throbbing; or if your nipples are flat, you may have engorged breasts/nipples.
- **Common reasons why women have engorged breasts:**
- Your milk just came in.
- Your baby is not feeding enough or you waited some time to breastfeed.
- Your baby is not positioned the right way or is not latching well. (*demonstrate good positioning and latch*)
- **If you have engorged breasts, here are some tips:**
- Use your hand to express as much milk from the breast as possible. (*demonstrate how to hand express milk*)
- Put both of your breasts into a sink or dishpan filled with warm water.
- Put the baby to your breast often. After the feeding, apply fresh cabbage leaves or cool wet cloths to your breasts.

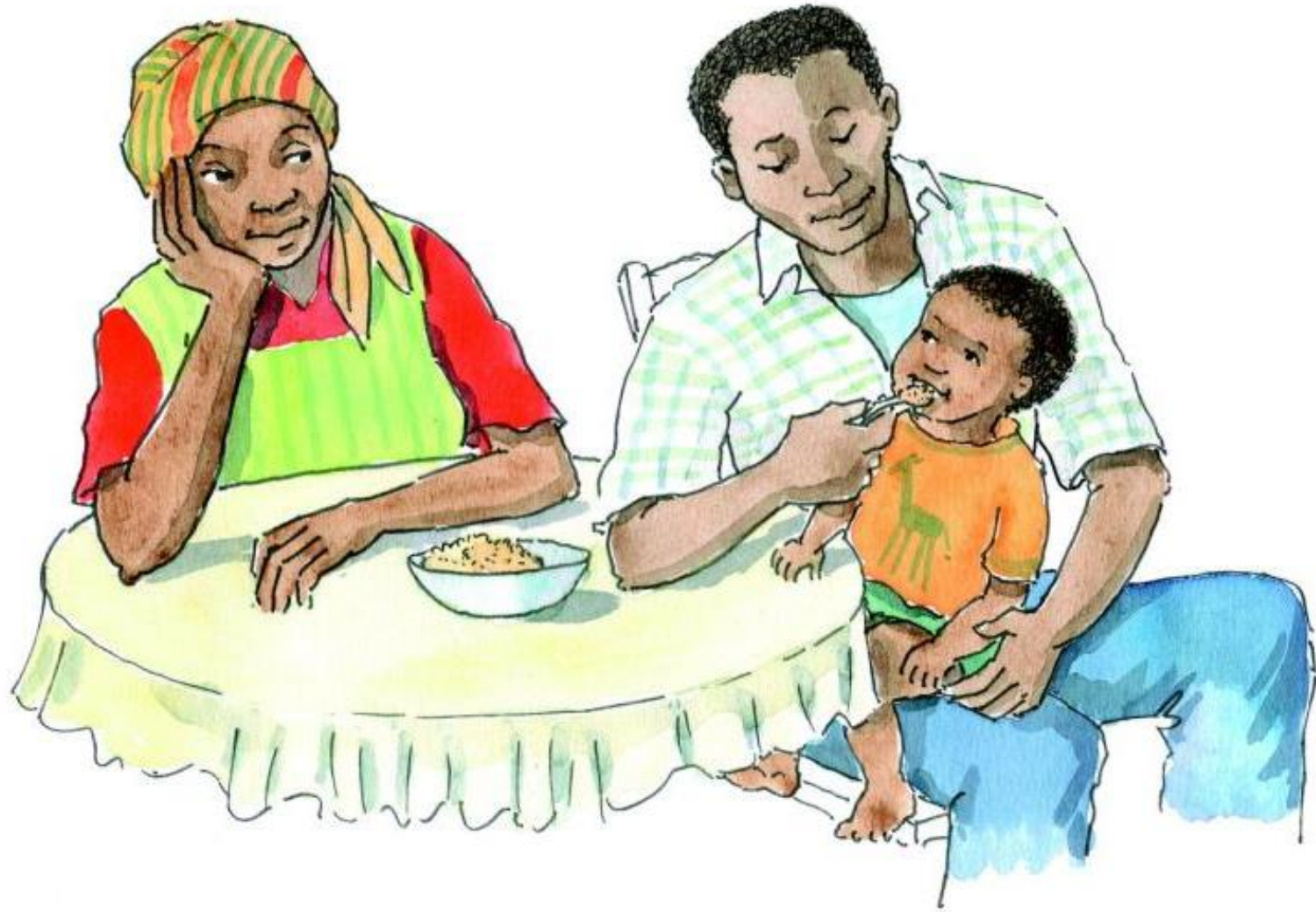
FAMILY WANTS TO FEED YOUR BABY FOODS OR LIQUIDS OTHER THAN BREAST MILK:

- Family members and friends might want to give your baby food other than breast milk. Remember, breast milk is the only food your baby needs for the first 6 months.
- Some things you could say to your family and friends: (*discuss client's specific situation*)
 - "Breast milk is the only food my baby needs for the first 6 months of life."
 - "I do not want my baby to get diarrhea from the water/tea/food."
 - "I am trying to keep my baby healthy and prevent HIV so I am exclusively breastfeeding and taking ART."
- If you think it would be helpful, someone from the clinic can talk to your family about the importance of exclusive breastfeeding, either at the clinic or at your home.

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18. Introducing Complementary Foods to Your Child at 6 Months



18. Introducing Complementary Foods to Your Child at 6 Months

INTRODUCE FOODS OTHER THAN BREAST MILK AT 6 MONTHS OF AGE:


- **Complementary foods** are foods you feed your baby **in addition to breast milk starting at 6 months**.
- **Breast milk alone is not enough** to meet your growing baby's nutritional needs after 6 months. This is why you should start giving your baby other foods when he or she is 6 months old.
- It is important that you **keep taking your ART the right way, every day during breastfeeding** and for your whole life. ART helps protect your baby from HIV if you continue to breastfeed after your baby is 6 months old. [16](#)

GIVE YOUR BABY DIFFERENT KINDS OF FOODS STARTING AT 6 MONTHS:

- **Continue to breastfeed as frequently** as the baby wants, about **8 times throughout the day and night**.
- Give your **baby other foods 2-3 times a day at first**, about half a cup (1-2 large palmfuls) at a time. Then increase this amount over time.
- Your baby's **first foods** other than breast milk should be **soft and mild in taste**, such as cereal or porridge. Introduce different foods one at a time so your baby can get used to them.
- You can **add some protein to your baby's food**. You can give the baby ground meats, beans, ground nuts, or eggs.
- You can also **add colorful foods to porridge**, such as orange and green vegetables or fruits. Be sure to mash them well.
- You can **add some butter, oil, or milk** to porridge to provide some fat. If you are giving the baby animal milk, you should always boil it first.
- **All foods should be cooked until soft and mushy**, or combined with thick porridge to make it easier for your baby to chew and swallow.
- **Always use a clean cup or bowl and a clean spoon to feed your baby.**

HOW OFTEN TO FEED YOUR BABY:

- You will need to **give the baby complementary feeds more often over time**, while also **continuing to breastfeed**.
- When your baby is **6-9 months old**, you should give him or her about half a cup (1-2 large palmfuls) of **other foods 2-3 times a day**. Remember to also **keep giving the baby breast milk**.

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18. Introducing Complementary Foods to Your Child at 6 Months



18. Introducing Complementary Foods to Your Child at 6 Months (cont.)


- Then, for the next 3 months (when your baby is **9-12 months old**), you can increase the number of **complementary feeds to 3-4 times a day**.
- After that, you can give your baby **4-5 complementary feeds every day until he or she is 2 years old** - or until you have **completely stopped breastfeeding**.

IF YOUR BABY IS SICK:

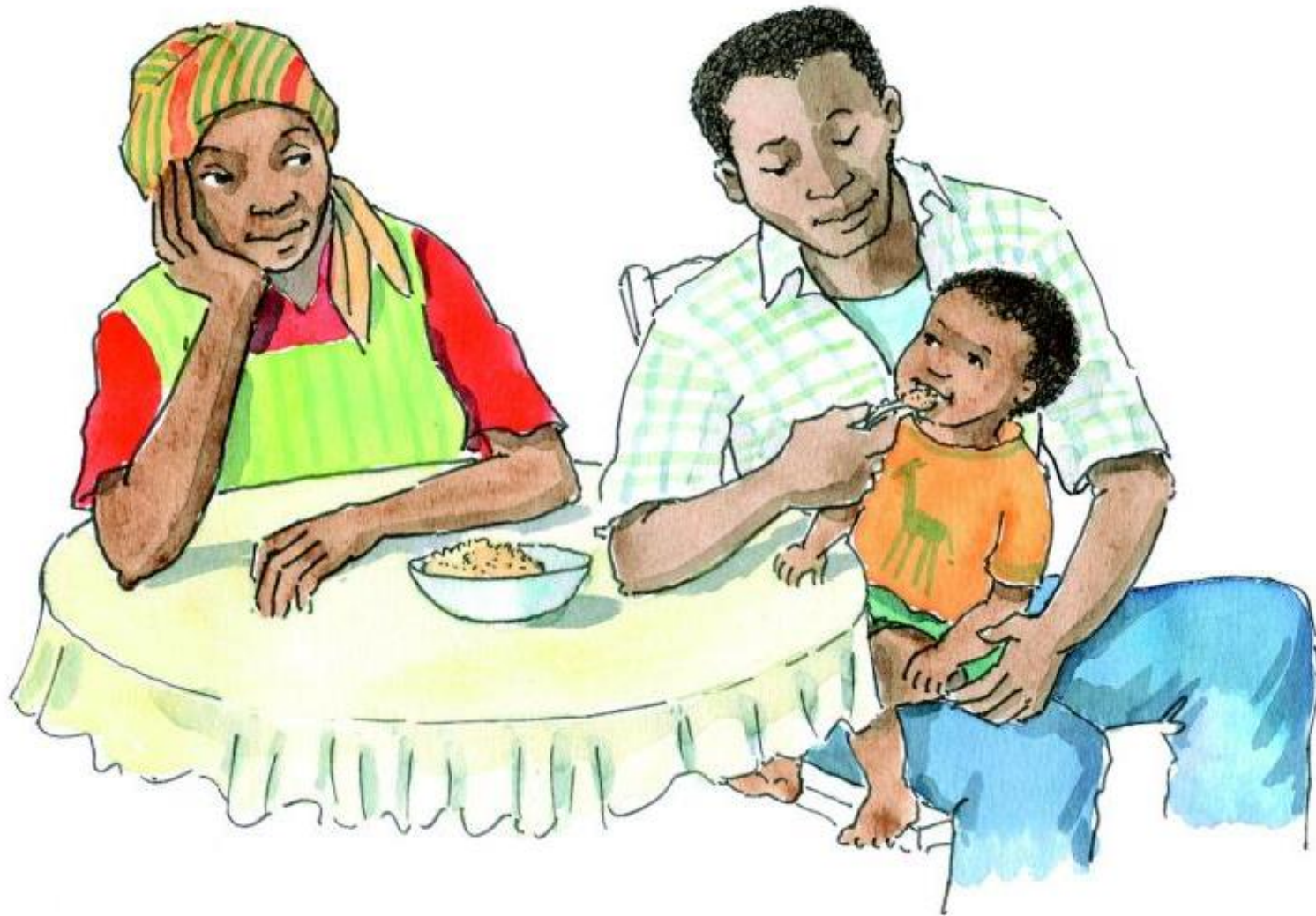
- If your **baby is sick**, bring the baby to the **clinic right away**.
- When your baby is sick, try to **breastfeed** him or her more **often**. If your baby has diarrhea, he or she will need more liquids.
- **Be patient** and encourage your baby to eat while he or she is sick.
- If your baby is more than 6 months old and gets sick, give your baby an extra meal of enriched porridge every day for 2 weeks afterwards.
- It is important that you **continue to give your baby medicines** prescribed by the nurse or doctor even when he or she is sick, including nevirapine in the first 6 weeks, or ART if your baby is HIV-infected. [14](#), [19](#)

STOPPING BREASTFEEDING SAFELY:

- **Do not try to stop breastfeeding quickly**.
- Instead, **stop breastfeeding over the course of a couple of weeks or one month**, slowly **decreasing the number of times you breastfeed per day**, and **increasing the amount and number of times you give your baby other foods**. This will help prevent engorgement, breast pain, and other problems.
- If you have questions about how to stop breastfeeding safely and comfortably, you can always talk with us here at the clinic.

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18. Introducing Complementary Foods to Your Child at 6 Months



18. Introducing Complementary Foods to Your Child at 6 Months (cont.)

BREASTFEEDING AND YOUR BABY'S HIV TEST RESULTS: 15, 19

- If your baby has a **negative HIV test**, you should **start thinking about weaning** when he or she is **1 year old**. In most cases, it is not safe to wean the baby earlier than that. Talk to your health care worker about what is best for you and your child.
- Remember to **keep taking your own ART** for life. This makes breastfeeding safer for your baby. **16**
- If your **child is HIV-infected**, you can **continue breastfeeding** while also feeding your baby other foods until your baby is 2 years old (or even older). Breast milk helps keep HIV-infected babies healthy. **19**
- You should only stop breastfeeding if you have enough healthy foods and clean water to feed your baby.

19. Caring for Your Child if He or She is HIV-Infected



19. Caring for Your Child if He or She is HIV-Infected

IF YOUR CHILD IS HIV-INFECTED:

- There is a lot we can do to keep your child healthy.
- Children living with HIV need the same things that all children need.
- HIV develops much faster in children than it does in adults.
- All children living with HIV need care and treatment, which is available for free.
- Without treatment, many children living with HIV will become very sick and die.
- **HIV care and treatment, including ART, can help save your child's life and help him or her grow to become a healthy adult.**

FEEDING YOUR CHILD: 14, 17, 18

- **Exclusively breastfeed** your baby for the **first 6 months**.
- **Introduce other foods** after he or she is **6 months old**, but **continue breastfeeding** as well (up to or beyond 2 years of age). Breast milk will help keep your baby healthy.
- HIV-infected children need more food each day to stay healthy. Try and **give** your child at least **3-5 meals every day** so he or she gets enough nutrition and gains weight.

BRING YOUR CHILD FOR REGULAR CARE AT THE CLINIC: 14

- Your **child** needs to come to the clinic often and for **all appointments**, which may be: *(review appointment schedule)*
 - When your **child starts ART**, as often as **every 2 weeks** and **every 1-3 months once the situation is stable**.
 - If your child is **not taking ART**, **every 3-6 months** for a checkup and to get lab tests.
- Children with HIV can get sick very quickly, so it is important to bring your child for all clinic appointments and whenever he or she seems sick or has a fever.

GIVING YOUR CHILD MEDICINES:

(show the mother or caregiver the syrups and/or tablets the child will take, the dosing, and how to give them to the child. Allow time for practice and questions).

- ART does not cure HIV (ART “puts the virus to sleep”), but it can help your child become a healthy adolescent and adult.
- **ART is safe** for babies and children.

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19. Caring for Your Child if He or She is HIV-Infected



19. Caring for Your Child if He or She is HIV-Infected (cont.)


- **All HIV-infected children under age 2 need to start taking ART.** The doctor will do a checkup and tests to see when older children need to start taking ART.
- Usually children will be given a combination of pills and syrups that can be easily administered. We will help you to understand how to do it properly. .
- Once your child **starts ART**, he or she will need to **take it every day**, at the same times, for his or her whole **life**.
- Always bring all your medicines to the clinic when you go for review, as the staff will do a pill count and will review with you how the child is taking the treatment.
- Your child will also need to take a medicine called cotrimoxazole every day to prevent infections.

STICK TO YOUR OWN AND YOUR BABY'S CARE PLAN AND ADHERE TO MEDICINES.

- Bring your baby for **all appointments** at the clinic.
- Give your baby **cotrimoxazole** every day once the baby is 6 weeks old.
- Give your baby his or her **ART** the right way, every day, for his or her whole life. (*remind the client of her baby's medication plan*)
- Giving the **right dose** of medicines to your baby. Remember, the amount of medicine will change as he or she grows. (*check understanding of changing doses*)
- Continuing to take your own ART the right way, every day and coming to all clinic appointments. **16**

MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE.

- Give your child **medicines at the same time you take yours**.
- Schedule your own and your baby's **appointments on the same day**.
- Taking care of a child living with HIV can be hard work. You need **emotional support**.
- You may also need support from family or friends to help give your child medicines, to bring him or her to the clinic for all appointments, and to make sure he or she is fed safely.

Section continues on next page 

19. Caring for Your Child if He or She is HIV-Infected



19. Caring for Your Child if He or She is HIV-Infected (cont.)

GIVING YOUR BABY PILLS AND SYRUPS:

(Demonstrate)

- **Cut your pills** (*demonstrate how to cut pills*). Cut pills in precise halves and if this is difficult we can provide you with a pill cutter.
- Keep your pills **protected in the container** and protect them so they don't crumble in it.
- Make sure you are giving the **right dose**.
- You can **reuse syringes** until the markings begin to wear off or the plunger is hard to use. **Wash the syringes with warm, soapy water, rinse, and let them air dry.**
- If the **medicine is too sticky, add a little breast milk** or formula to the syringe.
- **DO NOT add medicines to a baby bottle or feeding cup.**

CRUSH AND DISSOLVE TABLETS:

- You can mix syrups and pills and dissolve them in some expressed breast milk or formula. (*demonstrate how dissolve pills*)

CHILD DOES NOT WANT TO TAKE HIS OR HER MEDICINE:

(Demonstrate)

- **Talk or sing** to the child to help him or her stay calm.
- **Wrap your child in a blanket** and hold him or her in the bend of your arm – this will help keep the baby still.
- **Place the dropper in the corner of the baby's mouth** and slowly give the medicine. Aim for the inside of the baby's cheek instead of the back of the tongue.
- **Blow gently into your baby's face**, which should make him or her swallow.
- **Do not give medicine when your baby is crying or by pinching** his or her mouth open.
- If your baby vomits medicine within 30 minutes of taking it, give the dose again.
- If the problem doesn't get better, you should talk to your doctor. You may be able to change medications or change the form of the medication that you are giving the child.