Preventing Mother To Child Transmission

HIV / AIDS
**Key messages:**

**HIV** is in the community and can affect everyone.

- We would like to offer you an HIV test, as this is a standard proposal to all women coming for ANC/PNC.

- We propose an HIV test, because when you are HIV infected, there is a chance of passing HIV to your baby during pregnancy, delivery or breastfeeding.

- Knowing your HIV status will allow us to give you and the baby treatment, during pregnancy, delivery and straight after birth, so that the chances of infecting your baby with HIV are very small.

- Only by taking the test can you be sure of your HIV status and protect yourself and your family.
Card 1: What is HIV?

Key messages:

- A healthy body has a defence against all kinds of diseases that try to attack us, like TB, flu, malaria. This defence system is called our 'immune system' and acts like the soldiers of the body, we call them CD4.

- HIV is a virus that attacks this immune system (CD4 cells): slowly the body will become weaker. Even if you are feeling well, the virus is causing damage in your body.

- The body will become weaker and all kinds of diseases will be able to enter: fever, diarrhoea, TB, mouth sores. Without treatment, the virus will continue to damage the immune system and eventually, an infected person will die.
Card 2: How is HIV treated?

Key messages:

- There is no cure for HIV but there is a treatment: ART will fight the HIV virus and reinforce our body.

- ART will fight the virus and help our body to keep enough CD4 cells so that you stay strong. It will make sure the amount of HIV in your blood (viral load) stays low.

- ARVs do not kill all HIV in the body. It helps our body by suppressing the virus, but every day your body needs a new pill to help it fight.

- ART has to be taken for the rest of your life, but when you take it correctly, you can lead a good and long life with HIV.
Card 3: How is HIV spread?

Key messages:

There are 3 ways of transmission of HIV:

- Through sexual contact
- Through contact with infected blood
- From a mother to her child during:
  o Pregnancy
  o Delivery
  o Breastfeeding

HIV is not spread through shaking hands, through sharing food or utensils, or through mosquito bites.
Card 4: How can you prevent transmission?

Key messages:

A pregnant woman who is HIV+ has a high chance of having a HIV negative baby, with the appropriate precautions:

- Starting ARVs as soon as possible and taking the drugs correctly, every day at the same time without skipping a dose. The pills do not harm the baby.

- Delivering at a health facility where staff can take precautions to protect the baby.

- Exclusively breastfeeding your baby for 6 months: no water, no cow milk, only breast milk. Only after 6 months other food should be introduced while continuing breastfeeding until at least 12 months.

- Giving your baby treatment for 6 weeks starting right after birth: this syrup will protect him from being infected.
Card 5: How to adhere to your treatment?

Key messages:

- It is important to take the ART correctly as prescribed: the ART helps our body by suppressing the virus, but every day your body needs a new pill to help it fight the virus. ART has to be taken for the rest of your life.

- It's not only until the birth of your child that you should stay healthy, but for the rest of your life, so you can take good care of him/her and see him/her grow up.

- You will see that with time, taking one pill a day will become a habit, and that if you take the treatment correctly, you and your family will be able to lead a good life. Learning a new habit takes time and practice. We are here to help you in this.

- Good adherence and taking care of your own and your baby's health also means coming to your scheduled appointments, so that the consultant can do a good follow-up of your health and that you have enough medication.
Card 6: What are the risks of not adhering to your treatment?

Key messages:

- By not taking ART regularly, you will not have enough ARVs in your blood to fight the HIV. The amount of HIV in your blood will increase, increasing chances of passing HIV to your baby.

- You may get sick, as your immunity system (CD4) will be further destroyed.

- You may develop resistance. If the HIV virus encounters few ARVs in the blood, it can transform itself, and become able to resist the ARV attacks meaning that your ARVs will no longer work to kill your HIV.
Card 7: Delivery plan

Key messages:

One of the key moments where transmission of the virus can occur is during delivery. This is why it is best to deliver at a health facility.

Preparing well for delivery means:
- Knowing to which hospital or health centre you will go.
- Knowing how you will tell the medical staff you are HIV+.
- Having identified someone who will take you there.
- Knowing how you will reach the hospital (transport).
- Having prepared enough of your own medication to take with you.

If you cannot deliver at your regular health facility:
- If you travel and stay at a different house, you need to prepare enough medication for yourself and the baby: discuss this with the clinician so they can give you a transfer letter and enough drugs.
- Identify a treatment site near where you will be, for the delivery, ART drug refill and for check-up and drugs for your baby.
Card 8: Feeding my baby

Key messages:

- For the first 6 months, your baby should have only breast milk. For HIV+ mothers, mixing breast milk with other food or liquids will increase the chances of transmitting the virus.

- After 6 months, you can slowly start introducing complementary foods. You can continue breastfeeding, but the baby has started to need more than milk: you can give him or her rice, fruits, vegetables.

- Slowly increase the amounts and the times you give other food, start with soft or mashed foods, whilst continuing breastfeeding until at least 12 months.
Card 9: Treatment for the baby

Key messages:

- Right after birth, the baby will need to take a protective syrup for ... weeks, called Nevirapine, this will protect the baby from becoming HIV positive.

- ... weeks later we need to change the syrup to another one, which the baby will take for the full period of breastfeeding. This syrup is called Cotrimoxazole and will protect him or her from other infections. If you tested positive during breastfeeding, your baby will need to be given both syrups at once.
Card 10: Treatment for the baby
How to administer the syrup?

Key messages:

To administer the syrup, you need 3 devices: the syrup bottle, a syringe and a dispensing cap.

- Remove the cap from the bottle and place the dispensing cap in the bottle, so that it seals well the bottle.
- Place the syringe in the dispensing cap.
- Turn the bottle upside down and aspirate the volume as directed by your clinician (this volume will increase as the baby’s weight increases).
- Put the bottle back in upright position and remove the syringe.
- 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.
Card 11: My family planning methods

Key messages:

- Even with HIV, it is possible to have healthy children. But it is best to plan a pregnancy so that the baby can be conceived when your health is fine and the amount of HIV in your blood is low. The chance of transmission of the virus to the baby will be smaller. The health staff can help you to choose a method adapted to your needs.

- HIV positive couples are advised to have protected sex to avoid re-infecting each other. If your partner is negative, you should also protect him from getting infected by using a condom.
CARD 12: PCR testing for the baby

Key messages:

- Women who are HIV positive can transmit the virus to their children during pregnancy, during the delivery and during breastfeeding. Even though you took a lot of precautions for the baby's health, there is still a small risk of transmission.

- Now that the baby is 6 weeks, he or she can be tested for HIV. We will take some blood from the baby’s foot and send it for investigation. This investigation will take about -- weeks.

- If the test comes back negative it means we could not detect HIV for now. But as long as you breastfeed, there is still a risk for your baby to get HIV. To prevent transmission, you will still need to take your medication correctly, and exclusively breastfeed until the baby is 6 months old. We will do another test when the baby is -- months and then again after you have stopped breastfeeding.

- When the test is positive, it means your baby has been infected with HIV. They will be a test to confirm the result but the baby will be started on ART as soon as possible, so that his or her body stays strong to fight the virus.

- It is very important to come back for the result of your baby, so we can give you and your baby the right care.
**CARD 13: Weaning from breastfeeding**

**Key messages:**

- Your child is old enough to stop breastfeeding and switch to other food. Once you fully stopped breastfeeding, transmission of the virus is no longer possible.

- Stopping breastfeeding has to be done gradually over a span of a couple of weeks or a month; gradually decrease the number of times you breastfeed, and increase the amount and the number of times you give other food and give more and more other food until you no longer breastfeed at all.

- Make sure the food you give the child is balanced, from the three food groups; there should be energy foods, growth foods and protective foods.
Key messages:

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.

Benefits of telling someone you trust about your HIV status:
- You will not have to keep your HIV-status a secret anymore and worry about the person finding out your HIV-status accidentally.
- The person might be able to help you with your own lifelong care and treatment and your baby’s care and treatment.

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 check-up 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.”
- If you want, we can help you talk to your partner about your HIV-status. We can invite your partner to come to the clinic with you on your next visit to give support after you disclosed at home or to disclose together to your partner at the clinic.
Card 15: Partner testing

Key messages:

Why to take your partner for testing?

- If you are HIV- but your partner is HIV+, you can get infected during pregnancy with a high risk of transmission to your baby.
- If you are HIV+ and your partner isn't, you can take the appropriate measures to keep him HIV-.
- If you are both HIV+, you will both have access to treatment and support.

Testing of family members

- Remember that HIV is transmitted from mother to child and through sexual contact. This means that possibly your partner and other children are infected. Ask your partner to come to this clinic to learn more about HIV testing and counseling, and bring your children for testing. All test results are kept confidential.

- “How could you convince your partner and children to come for testing?” (propose invitation letter, propose couple testing,...)
**How to use this tool?**
- The aim of this visual aid is to help facilitators inform HIV+ future parents about having a healthy baby. You can use it with groups to encourage discussion.
- The cards should be used as a guide. Be sure to tailor all messages to your clients’ level of understanding, using words they understand.
- Respond to client’s concerns and questions as they raise.

**How can you prepare as a facilitator?**
- Find an appropriate location for the group and make people feel comfortable. It is important for them to feel at ease to discuss and express their views.
- When using the flipchart, place the entire binder on a table, if you don’t have a table, hold it on your lap or arm. Ensure that the client(s) can see each illustration and the healthcare worker, the corresponding objectives and script.
- The visual aid should be used by showing the pictures to the group first and asking them to comment or to describe their meaning (according to them). You can continue to ask follow-up questions to guide the discussion.
- The session should be interactive and participatory. Encourage the person(s) to participate and never make fun of someone’s intervention, view or question. There are no silly questions. You should treat all participants with respect and make sure that they treat each other with respect and listen to one another.
- After discussion, make sure to always give the correct information with sufficient emphasis. You can also ask participants to summarize what they learned.

**This flipchart comes with additional tools:**
- A template to write down the personal adherence plan of the patient to be kept in the patient’s file; if possible, a copy is given to the patient. In sites where patient files are not kept, the adherence plan can be written down in the notes part of the ANC card or a sheet can be attached to it.
- A tally sheet for monitoring purposes, where counsellors keep record of the number of sessions taken, in line with the indicators that the project will monitor.
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