

CMScript

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Member of a medical scheme? Know your guaranteed benefits!



PMTCT of HIV

Prevention of mother-to-child transmission is known as PMTCT. The most common way young children contract the human immunodeficiency virus (HIV) is through mother-to-child transmission. It happens when HIV is passed from the mother to her unborn baby during pregnancy, birth or breastfeeding. HIV is a virus that attacks the body's immune system. If HIV is not treated, it can lead to acquired immunodeficiency syndrome (AIDS). According to recent global estimates by the United Nations Programme on HIV/AIDS (UNAIDS), women carry the burden of HIV, whilst AIDS is still the leading cause of death for women of reproductive age. For every additional week on suppressive antiretroviral treatment (ART) during pregnancy, the mother-to-child transmission (MTCT) is reduced by 10%.

How to prevent the transmission of HIV to the baby

- **Know your HIV status**

Get tested for HIV as soon as possible to know your status if planning to get pregnant or already pregnant. If the test is positive for HIV, women should start HIV treatment as soon as possible for their health and the baby's health and to prevent transmitting HIV to their partner. If the test is negative and women are at high risk of obtaining HIV, they must get tested again during the pregnancy's third trimester (the last three months). Partner-testing for HIV should also be encouraged.

- **If you are HIV negative but at risk**

Women planning to get pregnant where the partner is HIV positive have pre-exposure prophylaxis (PrEP) as an option to help protect themselves and the baby from getting HIV while trying to get pregnant and during pregnancy. PrEP is a medicine taken to prevent HIV as it reduces the risk of getting HIV from sex by about 99%.

- **If you are HIV positive**

Take HIV medicines called antiretroviral therapy (ART) as prescribed throughout pregnancy and childbirth to reduce the amount of HIV in the body (the viral load) to a shallow level, called viral suppression. HIV medicine must then be given to the baby for 4-6 weeks. The risk of transmitting HIV to the baby will be 1% or less. Partners should also go on treatment and stay on it if they are also HIV positive.



Antenatal Clinic

- **Testing for HIV**

All pregnant women with unknown or HIV-negative status must be counselled and tested for HIV at the first visit. Couple testing is encouraged to promote prevention, access to HIV care and treatment, and to manage situations where one partner is HIV-positive and the other is HIV-negative. Women who refuse to be tested for HIV must be counselled after refusal, and HIV testing must be offered at every subsequent visit.

- **Treatment for HIV**

All newly diagnosed HIV-positive pregnant women must be started on ART, regardless of gestation (stage of pregnancy), CD4 count, or HIV clinical stage. ART during pregnancy is of utmost importance to prevent the transmission of HIV from the mother to the child. TDF (tenofovir), 3TC (lamivudine), and DTG (dolutegravir), as a fixed-dose combination (TLD), is the preferred treatment for women who are newly initiating ART. Pregnant women already on ART should continue their current ART regimen and can only be switched to DTG if the viral load is < 50 c/ml. Known HIV-positive women who are not currently on ART but are ART-exposed (e.g. previous PMTCT or defaulted on prior ART) should initiate a DTG-containing regimen.

- **Screening for TB (tuberculosis) and prevention of Syphilis, HBV (hepatitis B virus) and other infections**

All pregnant women should be screened for TB at every visit regardless of HIV status, and TB preventative treatment should be considered where necessary. If diagnosed with TB and receiving TB treatment during the pregnancy, the newborn may also require treatment to prevent TB. Pregnant women should be tested for syphilis and other sexually transmitted infections (STIs). Women living with HIV will automatically be treated for HBV when they start routine first-line ART containing TDF and 3TC/FTC. All babies should receive vaccination by the childhood immunisation program (BCG, polio, etc.).

Labour and delivery

Women on ART continue to take their medication throughout pregnancy and labour and can give birth naturally. During labour and delivery, the transmission of HIV from a mother to her baby is increased by prolonged bleeding, instrument-assisted delivery of the baby, episiotomy (cutting the area between the vagina and the anus to prevent tearing) and premature birth.

- **Testing for HIV**

All women presenting in the labour ward with an unknown HIV status, including born-before-arrivals [BBAs] should be counselled and tested for HIV. The baby should be treated as high-risk HIV-exposed until the mother's HIV status can be confirmed.

- **Antiretrovirals**

Pregnant women already taking ART should continue the regimen they were following during the pregnancy. For women that were not on ART, a single fixed-dose combination tablet of TDF, 3TC and DTG (TLD) and nevirapine (NVP) should be administered immediately upon admission.

A single dose of NVP should be given to the baby as soon as possible after birth but within 72 hours of delivery.

- **Viral load management**

The risk of mother-to-child transmission is low with a viral load less than 1000c/ml, and the risk is high if the viral load is more than 1000c/ml. All pregnant women must have a viral load test done at the time of delivery so that the management of the mother and baby can be adjusted accordingly.

Postnatal care

HIV viral load suppression in the mother is essential to reduce the risk of transmitting HIV to babies through breastfeeding. Women on ART should continue their treatment as usual. All babies are put on HIV preventive treatment called PEP Post-Exposure Prophylaxis (PEP) to prevent infections until the mother stops breastfeeding or for a minimum period of 6 weeks where the baby is exclusively bottle feeding.

The baby will require monitoring of the HIV status until a confirmation is made of whether the baby is negative or positive with time.

What is covered under the PMB level of care?

PMTCT is a Prescribed Minimum Benefit (PMB) under the Diagnostic Treatment Pair (DTP) code 168S. This PMB code refers to HIV infection.

The treatment is specified as # *HIV voluntary counselling and testing, Co-trimoxazole as a preventative therapy, Screening and preventative therapy for TB, Diagnosis and treatment of sexually transmitted infections, Pain management in palliative care, Treatment of opportunistic infections, Prevention of mother-to-child transmission of HIV, Post-exposure prophylaxis following occupational exposure or sexual assault, Medical management and medication, including the provision of anti-retroviral therapy, and ongoing monitoring for medicine effectiveness and safety, to the extent provided for in the national guidelines applicable in the public sector.*

The medical schemes should fund the diagnosis, treatment and care of HIV according to the latest National Guideline for the Prevention of Mother to Child Transmission of Communicable Infections.

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