Preventing Mother-to-Child Transmission of HIV

OVERVIEW
USAID estimates that 630,000 babies became infected with HIV through Mother-To-Child Transmission (MTCT) in 2004, and in 2005, nearly 570,000 children died of AIDS-related causes. The overwhelming majority of these children are born in the developing world, primarily in sub-Saharan Africa. Without intervention, 25 to 35 percent of pregnant mothers living with HIV/AIDS will transmit the disease to their children during pregnancy, labor and delivery, or through breastfeeding. The limited, primarily facility-based Prevention of Mother-To-Child Transmission (PMTCT) programs that do exist in developing countries have not reduced transmission significantly. There are too many missed opportunities to prevent MTCT through community strategies complementing facility services.

While preventing HIV infection among women and men of reproductive age is the most effective PMTCT strategy, it is also crucial to assist women living with HIV/AIDS to avoid unwanted pregnancy and to reduce the risk of perinatal infection for pregnant women living with HIV/AIDS. Pathfinder believes that effective PMTCT programs:

• Minimize the risk of HIV transmission at each stage of the maternity cycle;
• Strengthen and add to existing Maternal and Child Health (MCH) services;
• Integrate facility- and community-based services for maximum impact on MTCT, the health of the mother, and community mobilization;
• Provide ongoing support, including Antiretroviral Treatment (ART), to the mother, or PMTCT+

Pathfinder’s integrated PMTCT model contains many elements of safe motherhood programming. The ultimate goal is to successfully integrate and improve MCH services so PMTCT interventions will benefit all mothers and babies, regardless of their HIV status, which is often unknown.

Pathfinder’s approach to PMTCT includes interventions throughout the maternity cycle and in both the facility and in the community.

• Pre-pregnancy interventions: community and individual awareness and mobilization on safer sex and HIV/AIDS; access to family planning and prevention of unwanted pregnancy; access to Voluntary Counseling and Testing (VCT); and access to training, education, and poverty reduction programs.

• Antenatal interventions: essential antenatal care package for all women that integrates PMTCT — including screening for sexually transmitted infections, tuberculosis, and other opportunistic infections; tetanus toxoid vaccinations; malaria prophylaxis; nutrition counseling and support; safer sex and contraceptive counseling, including condoms to avoid transmission or re-infection; access to VCT; Antiretroviral (ARV) prophylaxis; birth planning and counseling on safer infant feeding options; and encouraging support of partner, family, and the community.

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• **Labor and delivery interventions:** normal labor and continuous labor support; infection prevention techniques, like avoiding artificial rupture of bag of waters and vaginal exams; minimizing bleeding by avoiding episiotomies and lacerations; avoiding use of forceps or vacuum extraction; identifying and training home birth attendants on safe motherhood, including PMTCT; ARVs (Nevirapine) if available; Caesarian section, if competent facilities are available; early initiation of exclusive breastfeeding, if that is the feeding choice; and immediate newborn care following Baby Friendly Hospital Initiative principles.

• **Postpartum interventions:** access to emergency care; follow-up monitoring visits; contraceptive planning, which includes counseling on dual protection; and well baby care and monitoring for HIV status.

• **PMTCT+:** ongoing care, support and treatment of the mother, including monitoring of HIV status; opportunistic infection prophylaxis and treatment, and ART as needed; linkages to People Living With HIV/AIDS (PLWHA) self-help groups, access to food support and other community resources, such as home-based care; and other material and spiritual resources; support for the baby and family.

• **Infant feeding:** if HIV status is unknown, encourage exclusive breastfeeding for at least six months; if HIV positive status is known, provide counseling on infant feeding and PMTCT in order to balance risks; consider stigma, infant nutrition, and return to fertility associated with not breastfeeding; counsel on safe use of exclusive replacement feeding if that is the choice; encourage exclusive breastfeeding with as little mixed feeding as possible for at least six months if the woman chooses to breastfeed; provide linkages to community resources; and provide home-based breastfeeding support, prompt treatment of breast infections, and of oral thrush in the baby.

### HIGHLIGHTS OF PATHFINDER’S PMTCT PROJECTS

• **Prevention of Mother-to-Child Transmission of HIV/AIDS Program: Kenya**

From 2002–2005, Pathfinder carried out a Centers for Disease Control and Prevention and President’s Emergency Plan for AIDS Relief-funded project to expand PMTCT activities in Kenya. The program has extended PMTCT services to 230 health facilities in 18 districts in Kenya. To increase the general public’s knowledge of HIV/AIDS and PMTCT and decrease stigma and discrimination, Pathfinder facilitates the implementation of PMTCT services on two levels.

• **In health care facilities,** including optimal antenatal care, voluntary and confidential counseling and testing, optimal obstetric care, the use of antiretroviral drugs, and appropriate infant feeding recommendations; and

• **In the community,** where Pathfinder organizes, trains, and supports community-based organizations and health workers to identify and provide support to women who need PMTCT services during pregnancy, labor and delivery, and the postnatal period, including support for optimal infant feeding practices.

• **Prevention of Mother-to-Child Transmission of HIV/AIDS: Tanzania**

Through a subaward from EngenderHealth, Pathfinder is initiating a scale-up of PMTCT services in three districts of Tanzania: Arumeru, M onduli, and the Arusha municipality of the Arusha region. Pathfinder engages in sensitization meetings for leaders, Community Health Workers (CHWs), and Traditional Birth Attendants (TBAs) to increase awareness of PMTCT services, galvanize their support, and provide training for CHWs and TBAs. Pathfinder estimates the program will reach 5,000 women with PMTCT messages at the community level, and that home contact will be made with approximately 3,900 families. PMTCT+ will be emphasized within the program. Integration of CHBC and PMTCT activities, personnel, and services will also be accomplished wherever possible.

• **Establishing Peer Counselling Programs for Antenatal Women: Botswana**

Partner organizations are implementing a peer counseling program in which HIV-infected pregnant women who have received PMTCT services are provided education, counseling, and support in government clinics in conjunction with existing counseling structures. Another activity trains and supports PLWHAs, including HIV-infected women from the PMTCT program, as ARV adherence counselors. The adherence counselors in turn offer support services to other people living with HIV/AIDS on ARV therapy or to those referred to the clinic to begin ARV treatment.

### FOR MORE INFORMATION, CONTACT:

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