

WHO

MTCT Guidelines - 2006

FERNANDEZ
HOSPITAL PVT. LTD.

Health Care for Women & the Newborn

Website : www.fernandezhospital.com

Scenario 1

**HIV infected women with indications
for initiating ARV treatment who may
become pregnant**

First-line Regimes

- ZDV + 3TC + NVP **OR** d4T + 3TC + NVP
- EFV should be avoided in women of childbearing age, unless effective contraception can be ensured
- Exclude pregnancy before starting treatment with EFV

Scenario 2

**HIV-Infected pregnant women without
indications for ARV treatment**

Mother

- ZDV starting at 28 wks or as soon as feasible
- Thereafter continue ZDV during labour, plus single-dose NVP at the onset of labour
- ZDV and 3TC postpartum for seven days

Infant

Single-dose NVP

+

ZDV for one week

* (Level A-I recommendation)

Omission of the NVP dose for the mother
may be considered for women who receive
at least four weeks of AZT before delivery

(Level C-I recommendation)

The NVP dose can be given to an infant up to 72 hours after childbirth but should preferably be given as soon as possible after delivery

(Level A-II recommendation)

If the mother receives less than four weeks of AZT before delivery, the AZT dose for the infant should be extended to four weeks
(Level A-I recommendation)

When Sd-NVP is used to prevent MTCT,
either alone or in combination with AZT,
women should be given AZT and 3TC
intrapartum and for seven days postpartum
to prevent resistance to NVP
(Level A-I recommendation)

When delivery occurs within two hours of a woman taking Sd-NVP, the infant should receive Sd-NVP immediately after delivery and AZT for four weeks
(Level A-I recommendation)

Scenario 3

Infants born to HIV-Infected women who
have not received any ARV drugs

Infants

- Single-dose NVP as soon as possible after birth plus ZDV for FOUR weeks
(Level A-III recommendation)
- Should begin immediately after delivery or within 12 hours after delivery, if possible
(Level A-III recommendation)

Infants

If the regimen is started more than two days after birth, it is unlikely to be effective

WHO - Rapid Advice November 2009

**(Final Recommendations
to be released in January 2010)**

**ARV prophylaxis two options recommended
for HIV-infected pregnant women who
do not need treatment for their own health**

Option 1

- **Mother**
 - Antepartum AZT (from as early as 14 wks)
 - Sd-NVP at onset of labour
 - AZT + 3TC during labour and delivery
 - AZT + 3TC for 7 days postpartum

*Sd-NVP and AZT+3TC can be omitted if mother receives >4 weeks of AZT antepartum

Option 1

- **Infant**
 - **Breastfeeding infant**
 - Daily NVP from birth until one week after all exposure to breast milk has ended (strong recommendation, moderate quality of evidence)
 - **Non-breastfeeding infant**
 - AZT or NVP for six weeks
(Conditional recommendation, low quality of evidence)

Option 2

Triple ARV from 14 weeks until one week after all exposure to breast milk has ended

Mother

- AZT + 3TC + LPV / r
- AZT + 3TC + ABC
- AZT + 3TC + EFV
- TDF + ZTC + EFV

Option 2

- **Infant**
 - **Breastfeeding infant**
 - Daily NVP from birth until one week
 - **Non-breastfeeding infant**
 - AZT or NVP for six weeks