

Prevention of Mother-to-Child Transmission of HIV



Generic Training Package Wall Charts



WHO Library Cataloguing-in-Publication Data

World Health Organization.

Prevention of mother-to-child transmission of HIV generic training package: wall charts.

1.Acquired immunodeficiency syndrome - therapy 2.HIV infections - therapy 3.Disease transmission, Vertical - prevention and control 4.Infant care 5.Maternal welfare 6.Teaching materials 7.Charts I.Title.

ISBN 92 4 159202 8

(NLM classification: WC 503.2)

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The WHO/CDC *Prevention of Mother-to-Child Transmission of HIV Generic Training Package* is a comprehensive approach to the training of healthcare workers. The other components in this package are

- Training Programme and Course Director Guide
- Participant Manual
- Trainer Manual
- Presentation Booklet
- Pocket Guide
- CD-ROM containing MS® Word and Adobe Acrobat® (PDF) files for each programme component



Introduction

The Wall Charts of the Prevention of Mother-to-Child Transmission of HIV Generic Training Package summarise key information contained in the Participant Manual.

The wall charts are designed to be reproduced as posters for display in the clinic. Some of the charts are targeted to healthcare workers and may be appropriate for display in staff areas. Others are targeted to patients, and consideration may be given to posting them in waiting areas, examining rooms, and other areas frequented by patients.

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PMTCT Programmes Respect...

- The right of all people to information and education about HIV/AIDS
- The right of women and girls to have access to measures for protecting themselves against HIV infection
- The right of women to know their HIV status and to have access to voluntary and confidential HIV testing and counselling services
- The right of a woman to decide not to be tested
- The right of all women and men, irrespective of their HIV status, to determine the course of their reproductive lives
- The right of all people to have access to information and services that allow them to protect their own health and the health of their families
- The right of a woman to make informed decisions about infant feeding based on a range of choices
- The right of a woman to receive appropriate support for whichever infant-feeding method she chooses
- The right of a child to survival, development, and health

Adapted from World Health Organization (WHO), UNAIDS, 2003.
HIV and infant feeding: A guide for healthcare managers and supervisors. p. 4.



Getting Your Questions Answered

What is HIV? What is AIDS? How do people get HIV and AIDS?
How do I protect myself from HIV infection?



What is an HIV test? Why should I take an HIV test?
What does a positive test result mean? What does a negative test result mean?
If I get an HIV-positive test result, how can I be sure the result is correct?



If I have HIV infection, how can I protect my baby from becoming HIV infected?



Will I still be able to breastfeed my baby?



If I have HIV infection, how do I take care of myself?
If I have HIV infection, will I still be able to have sex?
If I have HIV infection, whom can I talk to? How will I tell my family?



What happens if my partner or husband receives an HIV-negative test result?



What happens if my partner or husband receives an HIV-positive test result?



If I am HIV-negative, what can I do to make sure I stay negative?

**Get the facts about HIV/AIDS, your risk, and how
to prevent HIV infection.**

If you have any questions about HIV, ask your healthcare worker.

REMEMBER, YOUR DISCUSSION IS CONFIDENTIAL.



Family Fact Sheet

What is HIV?

- HIV stands for **H**uman **I**mmunodeficiency **V**irus.
- Women often have no symptoms.
- People with HIV look like everyone else.
- Most people with HIV don't know they have it.
- A blood test for HIV will let you know if you have the virus.
- People can live with HIV for a long time.

What is AIDS?

- AIDS stands for **A**cquired **I**mmuno**D**eficiency **S**yndrome.
- HIV can make it difficult for your body to fight infections; you can become very sick and develop AIDS.

How do people get HIV?

- Most people who are HIV-infected were infected through unprotected sex with a person who is HIV-infected, or by using syringes or needles that were used by a person who is HIV-infected.
- A person who is HIV-infected can pass the virus to anyone with whom he or she has sex or shares needles or syringes.
- A woman who is HIV-infected can also pass HIV to her nursing baby through breastfeeding.

What can I do while I am pregnant to prevent my baby from becoming infected with HIV?

- Get antenatal care.
- Get tested for HIV and bring your partner for HIV testing.
- If you have HIV, learn ways to take care of yourself.
- If your test is negative, learn how to stay negative.



What's Right for Your Family?

A woman who is HIV-infected passes HIV to her baby during:

- Pregnancy
- Childbirth
- Breastfeeding

You can reduce the risk of transmitting HIV to your baby.

When you are pregnant:

Get tested to learn your HIV status. If you know you have HIV, you can lower the risk of passing the virus to your baby.

Learn about the medicines that can reduce the risk of passing HIV to your baby.

Learn about feeding options to reduce the risk to your baby:

- Replacement feeding
- Exclusive breastfeeding

YOU MAKE A DIFFERENCE FOR YOUR FAMILY.



Essential Package of Integrated Antenatal Care Services

Client history. Obtain routine data including medical, obstetric, and psychosocial history. Determine drug history, known allergies, and use of alternative medicines such as herbal products.
Physical exam and vital signs. Include visual and hands-on exam. Assess for current signs or symptoms of illness including AIDS, tuberculosis (TB), malaria and sexually transmitted infections (STIs).
Abdominal exam. Include speculum and bimanual exams, where acceptable and feasible.
Lab diagnostics. Perform routine serology for syphilis including testing for anaemia. Perform HIV testing as per country protocol based on availability and informed consent. When HIV-positive, do CD4 count and RNA PCR (viral load), when available.
Tetanus toxoid immunisations. Administer when appropriate.
Nutritional assessment and counselling. Include iron and folate supplementation. Monitor for anaemia, adequate caloric and nutrient intake. Recommend realistic diet adjustments based on local resources.
STI screening. Include risk assessment for STIs. Diagnose and treat early according to protocols. Counsel about STIs, signs and symptoms, and increased risk of HIV transmission. Educate to avoid transmission or re-infection.
Opportunistic infection (OI) prophylaxis. Provide prophylaxis based on country protocols.
Screening and care for other infections. Screen and treat any locally prevalent parasitic, bacterial, or fungal infections, including helminth infections. Treat herpes, candidiasis, PCP, and any AIDS-related OIs.
Tuberculosis (TB). Co-infection with tuberculosis is the leading cause of HIV mortality. All women presenting for ANC services with a cough of more than 2 weeks should be screened for TB, regardless of HIV status. Specific treatment protocols are recommended for HIV-infected women, pregnant women, and women already receiving antiretroviral therapy. Provide treatment based on country protocols.
Antimalarials. Malaria is a major cause of high maternal and infant morbidity and mortality and is linked to increased risk of MTCT (via placental infection). Malaria prophylaxis is needed in endemic areas; identify acute cases and treat aggressively and promptly. Use insecticide on bed nets where possible.
ARV prophylaxis during pregnancy. Provide in accordance with country PMTCT protocol.
ARV treatment during pregnancy. Refer for treatment when indicated according to country protocols.
Counselling on infant feeding. All women require infant-feeding counselling and support. When women do not know their HIV status, exclusive breastfeeding should be promoted and supported. Women who are HIV-infected should consider replacement feeding when it is feasible, acceptable, affordable, accessible, and safe. Otherwise, exclusive breastfeeding with early cessation is recommended.
Counselling on pregnancy danger signs. Provide women with information and instructions on seeking early care for pregnancy complications such as bleeding, fever, and pre-eclampsia.
Counselling on HIV/AIDS danger signs. Provide women with information and instructions on seeking healthcare for symptoms of HIV disease progression, such as opportunistic infections, chronic persistent diarrhoea, candidiasis, fever, or wasting. Refer women to AIDS treatment programmes when indicated and available.
Partners and family. Lack of support and HIV-related stress have been linked to progression of HIV infection. Refer women, partners, and families to community-based support clubs or organisations when possible.
Effective contraception plan. Counsel about consistent use of condoms during pregnancy, throughout postpartum and breastfeeding periods to avoid new infection, re-infection, and further transmission. Include long-term family planning with partner involvement when possible.



Managing Occupational Exposure to HIV

Any healthcare worker (HCW) accidentally exposed to blood or body fluids should take the following steps:

- Wash wound and exposed skin with soap and water.
- Allow any needle-stick injury to bleed for a few seconds before washing.
- Flush exposed mucous membranes with water.
- Immediately inform supervisor of exposure.
- Topical antiseptics may be used. Do not apply caustic agents to the wound.

The supervisor should take the following actions:

- Assess exposure to determine HIV transmission risk.
- Inform the patient of the accident and request permission to test for HIV.
- Request the healthcare worker's permission to test for HIV.
- Perform rapid testing on both samples, if available.
- Immediately provide the HCW with support and information on post-exposure prophylaxis (PEP).
- Refer the HCW to an appropriate physician and counselling.
- Keep records confidential.

Guidelines for Post-Exposure Prophylaxis

- Start PEP within 2 hours of exposure, even when the patient's HIV status is unknown.
- If HIV status proves negative, discontinue PEP.
- Recommended PEP is short-course dual or triple antiretroviral therapy.
- If the HCW's results are positive on the initial test, counsel and refer for treatment.
- If the HCW's results are negative on the initial test, repeat the test 6 weeks, 3 months, and 6 months after the exposure.

The HCW should receive PEP counselling for 6 months after the exposure or until the third negative test result. S/he should also:

- Practise safer sex or abstinence.
- Avoid breastfeeding.
- Avoid donating blood, plasma, tissue, semen, or organs.



PMTCT

A comprehensive approach to the prevention of mother-to-child transmission of HIV (PMTCT) includes the following four elements:

1. Preventing primary HIV infection
2. Preventing unintended pregnancies among women who are HIV-infected
3. Preventing HIV transmission from women who are HIV-infected to their infants
4. Providing treatment, care, and support to women who are HIV-infected, their infants, and their families

Services

Core interventions for PMTCT include:

- HIV testing and counselling
- Antiretroviral drugs for treatment and prophylaxis
- Safer delivery practices
- Education and support for safer infant-feeding practices

Linkages

Provide linkages to:

- Maternal and child health services
- HIV treatment, care, and support services
- Local health programmes for special needs
- Community-based AIDS service organisations



Linkages for PLWHA

Shared responsibility = community team building = continuity of care

Linkages with local care and support services are needed to ensure comprehensive care of women who are HIV-infected and their families.

Speak with your counsellor about:

Maternal and child health and HIV services

- Testing and counselling
- Interventions to prevent mother-to-child transmission of HIV
- Community maternal and child health providers for health promotion and support services
- Referral to HIV specialists caring for women, children, and their families

Family planning services

- Testing and counselling
- Access to safe and effective contraception

Health programmes for special needs

- Local agencies treating sexually transmitted infections, tuberculosis, and malaria
- Programmes to treat substance abusers

Community-based AIDS service organisations

- Non-governmental organisations
- Local counselling and testing sites for partners
- Nutritional support programmes
- Support groups or networks of people living with HIV/AIDS
- Programmes for housing, transportation, and legal assistance
- Faith-based services




Suggestions to Maximise Food Intake by PLWHA

Symptom	Suggested Strategy
Fever and Loss of Appetite	<ul style="list-style-type: none"> ✓ Drink high-energy, high-protein liquids and fruit juices. ✓ Eat small portions of soft, preferred foods with a pleasing aroma and texture throughout the day. ✓ Eat nutritious snacks whenever possible. ✓ Drink liquids often.
Sore Mouth and Throat	<ul style="list-style-type: none"> ✓ Avoid citrus fruits, tomato, and spicy foods. ✓ Avoid very sweet foods. ✓ Drink high-energy, high-protein liquids with a straw if available. ✓ Eat foods at room temperature or cooler. ✓ Eat thick, smooth foods such as pudding, porridge, mashed potato, mashed carrots, or other non-acidic vegetables and fruits.
Nausea and Vomiting	<ul style="list-style-type: none"> ✓ Eat small snacks throughout the day and avoid large meals. ✓ Eat plain, dry foods. ✓ Avoid foods that have a strong aroma. ✓ Drink diluted fruit juices, other liquids, and soup. ✓ Eat simple boiled foods, such as porridge, potato, beans.
Loose Bowels	<ul style="list-style-type: none"> ✓ Eat bananas, mashed fruits, soft rice, porridge. ✓ Eat smaller meals, more often. ✓ Eliminate dairy products to see if they are the cause. ✓ Decrease high-fat foods. ✓ Avoid eating foods with insoluble fibre ("roughage"). ✓ Drink liquids often.
Fat Malabsorption	<ul style="list-style-type: none"> ✓ Eliminate oils, butter, margarine, and foods that contain or were prepared with them. ✓ Eat only lean meats. ✓ Eat fruit and vegetables and other low-fat foods.
Severe Diarrhoea	<ul style="list-style-type: none"> ✓ Drink liquids frequently. ✓ Drink oral rehydration solution. ✓ Drink diluted juices. ✓ Eat bananas, mashed fruits, soft rice, porridge.
Fatigue, Lethargy	<ul style="list-style-type: none"> ✓ Have someone pre-cook foods to avoid energy and time spent in preparation. ✓ Eat fresh fruits that don't require preparation. ✓ Eat snack foods often throughout the day. ✓ Drink high-energy, high-protein liquids. ✓ Set aside time each day for eating.









PLWHA—Taking Care of Yourself

How Can I Stay Well?	
	Wash your hands often, especially before eating and after using the toilet.
	Check your skin every day for sores or open areas. Keep your skin clean and moist.
	Tell your healthcare worker about any sores or open areas that do not heal.
	Check your mouth every day for any signs of infection. Rinse your mouth with water after eating.
	Cover open wounds.
	Eat healthy foods. Avoid refined or processed foods.
	Participate in stress-reducing activities such as walks, meditation, and religious or spiritual activities.
	Take the medicines your healthcare worker gives you.
	Stop using or cut back on alcohol, cigarettes, and drugs.



Infection Prevention for PLWHA

How Can I Stay Well?	
	Avoid people who have a serious infection.
	Stay away from people who have colds or illnesses.
	Keep bloody clothing away from other clothing. Wash bloody or soiled clothes in hot, soapy water to kill the virus.
	Animals carry germs in their urine, saliva, and faeces. If you clean up after any animals, wash your hands immediately.
	Always use a condom when you have sex.
	Stop sharing needles.

For further information, please contact:

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ISBN 92 4 159202 8

