



## Critical Notes

- No EFV during 1st trimester
- Do not give AZT & d4T together
  - Give AZT only when Hb>8
- SD-NVP should be taken at the onset of labor.
- Women already on HAART for life should continue it during pregnancy (avoid EFV)
- Screen and counsel for teratogenicity of EFV if woman consults ANC after first trimester and is already on HAART/EFV-containing regimen
- Advise on safer sex and use of condoms during pregnancy & lactation

## 3rd Trimester

- Monitor Hb
- If 32-34 wks and previously tested HIV-, repeat HIV test
- If HIV+:
  - ✓ start pCTX (CD4<200; stage III, IV)
- On HAART or eligible for HAART:
  - ✓ initiate or continue HAART
  - ✓ start AZT if >28 weeks while preparing for HAART
- Not eligible for HAART:
  - ✓ Start AZT at ≥28 wks
  - ✓ Dispense sd-NVP

## BASELINE

### ASSESSMENT FOR ALL PREGNANT WOMEN

#### ENTERING CARE:

- ✓ Assess gestation age
- ✓ HIV antibody test
- ✓ If positive, do immediate CD4 test on same visit
- ✓ Screen for TB and STIs
- ✓ Folic acid and iron supplementation
- ✓ Test partners and other children
- ✓ Lab tests Hb, syphilis, CD4 (if HIV+)

## 1st Trimester

- Monitor Hb
- If HIV+:
  - ✓ start pCTX (CD4<200; stage III, IV)
- On HAART or eligible for HAART:
  - ✓ fast track to receive HAART

### During all trimesters:

- ✓ IF counseling
- ✓ Provide FU appt
- ✓ Adherence counseling

## 2nd Trimester

- Monitor Hb
- If HIV+:
  - ✓ start pCTX (CD4<200; stage III, IV)
- On HAART or eligible for HAART:
  - ✓ initiate or continue HAART