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BroadReach

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General Disclaimer

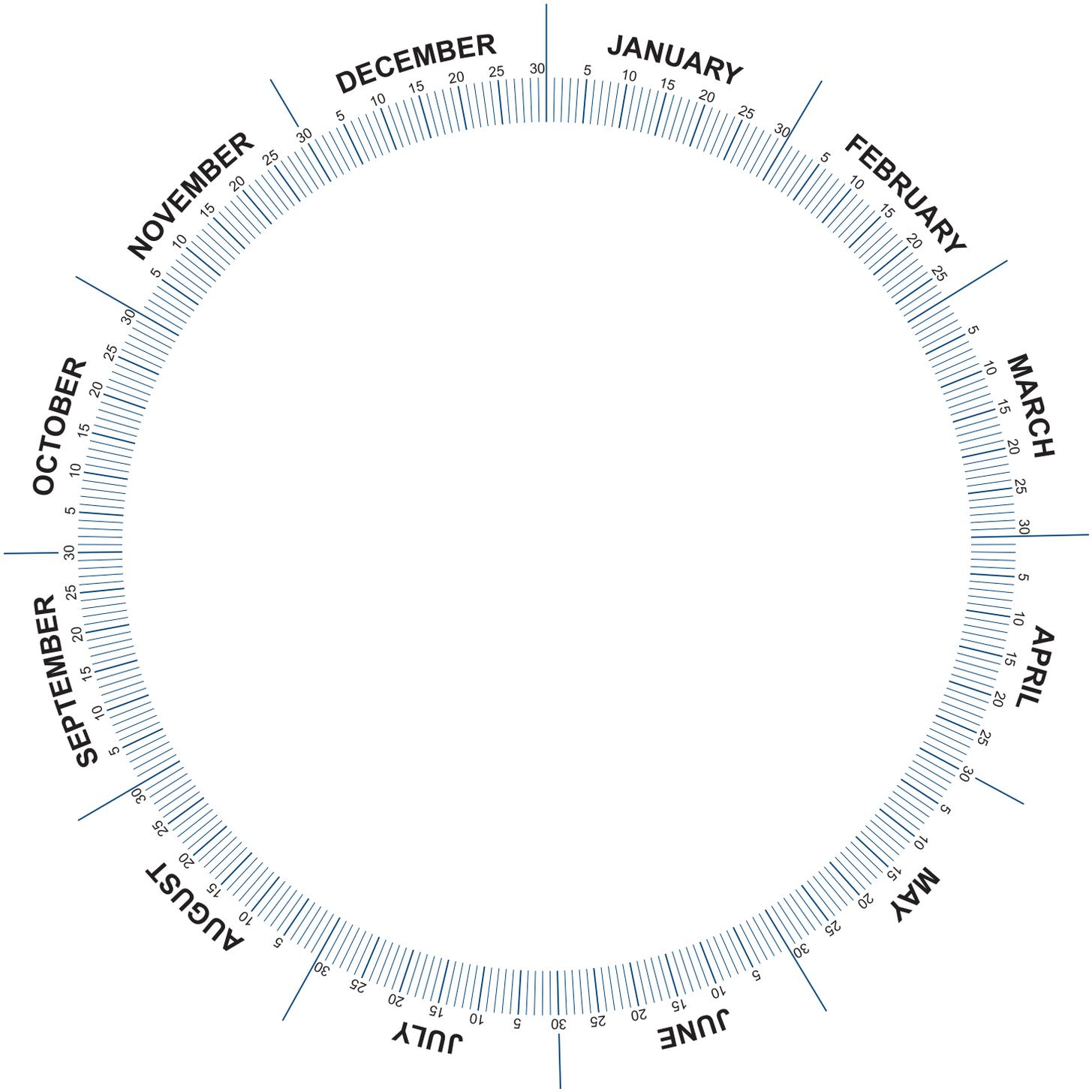
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VERSION 5 (June 2016)



DECEMBER

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

How to use the Pregnancy Planner

STEP 1: Introduction

- Introduce yourself to your client and briefly explain and ensure they understand the purpose of their visit and why you will be asking certain personal information. Take this time to answer any questions your client may have.

STEP 2: Confirm the date of your client's last menstrual period

- Begin by asking your client about her medical history
- Ensure that you ask your client if they know the date of their **last normal menstrual period** (LNMP). Make certain that your patient understands why this question is so important and that, by answering it truthfully, this will allow you to accurately confirm if your patient is possibly pregnant. If LNMP is unknown palpate the uterus-wall to estimate gestational age and LNMP
 - Once you know the date of your client's LNMP, ensure that this information is recorded on the **client card**
- Turn the wheel so that the red arrow, marked '1st day of last period', is pointing to the date of the client's LNMP, which is a specific day of a particular month e.g. 10th January.

STEP 3: Establish your client's likely date of delivery

- Follow the red arrow, which marks your client's last LNMP, clockwise around the circle to the second red arrow. This arrow is marked 'expected date of delivery' and indicates the timeframe as 40 weeks.

STEP 4: Establish how far your client is into her pregnancy

- Keep the red arrow pointed at the date that shows your client's LNMP – this is the date that you determined in step 2 – and follow your finger around the wheel, identifying today's date
 - The time between your client's LNMP and today's date allows you to determine how far she is into her pregnancy.

**A woman's pregnancy is divided into a total of three stages, and each stage is three months, which is called a trimester.*

STEP 5: Identify what trimester* your client is in

- Based on step 4, you will now know how many weeks into her pregnancy your client is and you can determine which trimester this is:
 - 1-12 weeks = 1st Trimester
 - 13-27 weeks = 2nd Trimester
 - 28-40 weeks = 3rd Trimester

LNMP
refers to the patient's specific menstrual cycle, e.g. if her regular cycle is every 30 days, then that will be regarded as her normal cycle.

STEP 6: Based on your client's current stage of pregnancy, determine what her clinical care needs are

- Depending on how many weeks she is into her pregnancy, you will need to determine what services she is eligible for
- Should your client be living with HIV, follow the steps for treatment and care as per the clinical services section on the opposite page
- Start with the section labelled **Client's First Booking at ANC Clinic**. If this is your client's first visit, ensure you carry out all the tests included in this section
 - Under each trimester period, there is information on the different **Clinical Services** that should be provided to your client at her different stages of pregnancy
 - The **During all Trimesters** section explains what information needs to be shared with your client at all of her visits
 - The **Labour and Delivery** section explains what services will be offered to your client during labour if she is living with HIV.

Client's First Booking at ANC Clinic
(Preferably before 14 weeks gestation)

- Assess gestational age
- Check RPR, Hb and blood group
- Offer client HCT
- Screen for TB
- Screen for other STIs

If HIV-positive:

- Encourage HCT for partner(s) and other children
 - Perform WHO staging
 - Screen for TB and eligibility for IPT
 - Lab tests: Hb, serum creatinine, CD4 count
- Viral load (VL) to be done if the pregnant woman is already on ART for > 3 months
 - Initiate all pregnant and breastfeeding women on ART
- Review in one week for results of serum creatinine and CD4 count
 - If CD4 < 100, perform cryptococcal latex antigen test (CLAT)
- All antenatal clients require iron, folate, calcium and multivitamin supplementation

During all Trimesters

- Assess general well-being (incl. weight, BP, urinalysis, pulse and temperature)
- Monitor serum creatinine at month 3, 6 and 12 months after starting FDC
- Monitor VL at 3, 6, 12, 24 months during pregnancy and breastfeeding after starting FDC
- Provide routine ANC (incl. ANC Bloods: RPR, Hb, ALT)
- Start Co-trimoxazole if WHO Clinical Stage 2, 3 or 4
- Discuss importance of maternal ART during pregnancy and breastfeeding to prevent mother to child transmission of HIV
- The pregnant woman should receive infant feeding counselling to establish feeding choice. Breastfeeding is to be encouraged for at least the first 6 months and up to 12 months of age
- Ensure the client knows symptoms of early labour
- Ensure the client is booked for ANC follow-up appointments
- All HIV negative women should be offered repeat HIV testing every 3 months throughout the pregnancy, at labour/delivery and during breastfeeding

Clinical Services

- ALL HIV positive pregnant and breastfeeding women are eligible for lifelong ART
- Initiate FDC (TDF+FTC+EFV) on the same day as diagnosis except for those with psychiatric illness or known renal disease
 - Ongoing adherence counselling at each antenatal visit
 - Screen for TB and eligibility for IPT
 - All women diagnosed as HIV positive within the first year postpartum are to be initiated on lifelong ART regardless of CD4 count or infant feeding practice

Circumstances in which 12 weeks NVP is given**

If infant is breastfeeding:

- The mother did not receive ART before or during delivery
- The mother received less than 4 weeks of ART prior to delivery
- Mother newly diagnosed HIV positive within 72 hours of delivery
- Mother diagnosed with HIV during the breastfeeding period

Labour and Delivery in the facility

- If HIV status unknown, urge the woman to test in latent stage of labour or immediately after delivery

HIV-positive pregnant women:

- If not on ART, give AZT 3 hourly in labour and then sdNVP and TDF+FTC combination single dose (Truvada). Start FDC before discharge regardless of CD4 count
- If on ART, continue throughout delivery and for the entire breastfeeding period
- Infants to receive NVP within 72 hours
- Provide 6-week supply of NVP for infants (12 weeks in certain circumstances**)
- Birth HIV PCR to be performed on the infant and result checked by the 3 or 6 day visit
- Book 6-day post-natal visit, maternal clinic assessment for the mother's ART follow-up and repeat baby HIV PCR at 10 weeks if birth HIV PCR is negative (also at 18 weeks if extended NVP)
- If infant **birth HIV PCR positive**, initiate infant on triple ART and send a confirmatory HIV PCR

Baby born before arrival at facility

If mother is known HIV-positive:

- Start infant NVP immediately
- Perform HIV PCR on infant to determine if infected or not. HIV PCR negative: continue NVP for 6 weeks or 12 weeks** and repeat HIV PCR at 10 weeks or 18 weeks, respectively. HIV PCR positive: initiate infant on triple ART and send confirmatory HIV PCR
- Start maternal ART immediately for PMTCT if not on ART already. Perform baseline blood tests as indicated and WHO staging

Maternal status unknown:

- Start infant NVP immediately
- Rapid HIV test for mother or rapid HIV test for the infant to assess exposure status
- If mother/infant tests rapid HIV positive, continue infant NVP and start mother on ART
- If infant rapid test is positive, perform HIV PCR on infant to determine if infected or not. HIV PCR negative: continue NVP for 6 weeks or 12 weeks** and repeat HIV PCR at 10 weeks or 18 weeks, respectively. HIV PCR positive: initiate infant on triple ART and send confirmatory HIV PCR
- If mother/infant tests HIV rapid negative, discontinue infant NVP

Abandoned or orphaned infants

- Start infant NVP immediately
- Perform HIV rapid test on the infant
 - If negative, stop NVP
- If positive, perform an HIV PCR and if **HIV PCR negative**: continue NVP for 6 weeks and repeat HIV PCR at 10 weeks. **HIV PCR positive**: initiate triple ART for the infant and send a confirmatory HIV PCR

