

Pregnant women with no prior ART exposure except (PMTCT) who qualify for ART

1st Visit

- ❖ Adherence Counseling
- ❖ Stage HIV Clinically
- ❖ Assess Pregnancy
- ❖ Screen for Tuberculosis clinically
- ❖ Women should be on AZT 300mg BD.
If not initiate at this stage
- ❖ Prescribe co-trimazole 2 daily
and continue haematinics
- ❖ Investigations: Hb (if low FBC + P + D),
RPR, Rh factor, ALT & viral load.
- ❖ Patient to return 1 week later

2nd Visit / 3rd Visit

- ❖ Adherence Counseling
- ❖ Follow up of 1st visit
- ❖ Assess foetal growth
- ❖ #Initiate ART - Nevirapine 200mg daily
- ❖ Lamivudine 150mg bd
- ❖ Stavudine 30mg bd
- ❖ Stop AZT at this stage

2 weeks after starting ART

- ❖ Request ALT.
If no *side effects
- ❖ increase nevirapine to 200mg bd
Assess foetal growth

4 weeks after starting ART

- ❖ Assess adherence and look for side effects*
- ❖ Assess foetal growth
- ❖ Request ALT
- ❖ Repeat script

Every 2 weeks thereafter

- ❖ Assess adherence and look for side effects*
- ❖ Assess foetal growth
- ❖ Request ALT
- ❖ Repeat script

Week 12 of ART

- ❖ Viral Load
- ❖ Monitor ALT 3 monthly

*If the patient has a rash, do a full LFT and do not dose escalate until patient has settled.

If mucous membranes involved and/or systemic systems, discontinue nevirapine and seek expert help.

Starting ART on the 2nd or 3rd week of therapy is determined by gestational age and the patients readiness to start ART

Adapted from South African Department of Health guidelines