



# COUNSELING CUE CARDS

# HOW TO USE THESE COUNSELING CUE CARDS

## ABOUT THE CUE CARDS

This set of counseling cue cards was developed to support a range of providers (trained counselors, lay counselors, peer educators, expert clients, mother mentors, doctors, nurses, pharmacists, community health workers, and others) who work with pregnant women living with HIV and their families. The cue cards should be adapted to reflect national PMTCT and pediatric care and treatment guidelines, as well as the specific clinic, community, and cultural contexts in which they are used. It may be helpful to translate the cards into the local language.

Each of the cards focuses on a specific topic important to the care and support of pregnant women living with HIV, their children, and families across the PMTCT continuum of care. Providers may use the cue cards as job aides and reminders of key information to cover during initial post-test and ongoing counseling sessions with pregnant women and newly delivered mothers, their partners, family members, and supporters. The cue cards do not have to be used in sequence, but instead should be used according to the client's specific needs and concerns during the particular session. Good counseling and communication skills, such as active listening, being attentive to the client's questions and specific needs, and avoiding lecturing and one-way communication, should always be used, no matter what the counseling topic.

### NOTES:

- Key questions are included in italics, and may be used to initiate discussions, learn more about what the client already knows and her specific concerns, and to gauge understanding and elicit follow-up questions.
- Notes to guide counselors are also included in italics.
- The margins of each card contain cross-references to other cards on specific topics (for example, if infant feeding is mentioned, there will be a cross-reference to the specific cue cards addressing infant feeding to which the provider may want to refer). The topics are color coded.

# COUNSELING CUE CARD TOPICS

1. PMTCT BASICS
2. STAYING HEALTHY DURING YOUR PREGNANCY
3. ADHERING TO YOUR PMTCT PLAN
4. PREPARING TO START AND ADHERE TO LIFELONG ART
5. CONTINUING AND ADHERING TO YOUR ART DURING PREGNANCY
6. PREPARING TO START AND ADHERE TO AZT PROPHYLAXIS
7. PREPARING TO START AND ADHERE TO ART PROPHYLAXIS
8. HIV TESTING FOR YOUR FAMILY MEMBERS & PARTNER
9. DISCLOSING YOUR HIV-STATUS
10. BEING PART OF A DISCORDANT COUPLE
11. HAVING A SAFE LABOR & DELIVERY
12. TAKING CARE OF YOURSELF AFTER YOUR BABY IS BORN
13. CARING FOR YOUR HIV-EXPOSED BABY & ADHERING TO CARE & MEDICINES
14. SAFELY FEEDING YOUR BABY
15. EXCLUSIVELY BREASTFEEDING YOUR BABY
16. EXCLUSIVELY REPLACEMENT FEEDING YOUR BABY
17. INTRODUCING COMPLEMENTARY FOODS TO YOUR CHILD AT 6 MONTHS
18. MAKING DECISIONS ABOUT FUTURE CHILDBEARING AND FAMILY PLANNING
19. TESTING YOUR BABY OR CHILD FOR HIV
20. CARING FOR YOUR HIV-INFECTED BABY OR CHILD AND ADHERING TO CARE & MEDICINES

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# APPROACHES TO PMTCT COUNSELING

## GENERAL TIPS



### WHEN COUNSELING CLIENTS, IT IS IMPORTANT TO:

- Examine your own attitudes, values, and prejudices and how they affect your ability to provide effective, client-centered counseling services.
- Be sensitive to the culture, values, and attitudes of your clients, even if they are different from your own.
- Avoid prejudice and bias and make all people feel comfortable. Make them feel that it is “safe” to talk with you openly and honestly.
- Allow time for each client to share his or her story and feelings, even though you see many clients each day.
- Remember that even though your clients may all be people living with HIV or pregnant women, each person has a unique situation, their own story to tell, and diverse psychosocial support challenges and needs.
- Know your limitations as a counselor and know when and where to refer clients for more support—either in the health facility or in the community.
- Use an up-to-date referral directory to provide clients with ongoing support, including resources in the communities where clients live.
- Practice shared confidentiality so your clients trust you. This means that information about a client can, when necessary, be disclosed to another person involved in the client’s care (with the client’s consent).
- Ensure privacy. Even though finding space can be a challenge, it is important to create private areas where other people cannot see or hear counseling sessions. Also make sure counseling sessions are not interrupted for any reason.

### REMEMBER THE GOALS OF COUNSELING:

- Counseling is a supportive, two-way communication process that helps people look at their personal issues, make informed decisions, and plan how to take action.
- Counseling helps people talk about, explore, and understand their feelings. It helps them work out what they want to do and how they will do it.

# GENERAL TIPS CONTINUED

COUNSELING INCLUDES	COUNSELING DOES NOT INCLUDE
Establishing supportive relationships	Solving another person's problems
Having conversations with a purpose	Telling another person what to do
Listening attentively	Making decisions for another person
Helping people tell their stories without fear of stigma or judgment	Blaming another person
Giving correct and appropriate information	Interrogating another person
Helping people to make informed decisions	Judging another person
Exploring options and alternatives	Preaching or lecturing to another person
Helping people to recognize and build on their strengths	Making promises that cannot be kept
Helping people to develop a positive attitude	Imposing one's own beliefs on another person
Respecting everyone's needs, values, culture, religion, and lifestyle	

## PRACTICE THE 7 ESSENTIAL COUNSELING AND COMMUNICATION SKILLS DURING EACH SESSION WITH CLIENTS:

SKILL	SPECIFIC STRATEGIES, STATEMENTS & BEHAVIORS
1. Use helpful non-verbal communication	<p>Make eye contact.</p> <p>Face the person (sit next to her or him) and be relaxed and open with your posture.</p> <p>Use good body language (nod, lean forward, etc.).</p> <p>Smile.</p> <p>Do not look at your watch, the clock, or anything other than the client.</p> <p>Do not write during the session.</p>
2. Ask open-ended questions.	<p>Use open-ended questions to get more information.</p> <p>Ask questions that show interest, care, and concern.</p>
3. Actively listen and show interest.	<p>Nod, smile, and use encouraging responses (such as "yes," "okay," "mmm-hmmm").</p> <p>Use a calm tone of voice that is not directive.</p> <p>Allow the client to express emotions.</p> <p>Do not interrupt.</p>
4. Reflect back what the client says.	<p>Use reflection to show understanding of the client's emotions, e.g., "It sounds like you are feeling _____ because _____."</p>
5. Show empathy.	<p>Show an understanding of how the client feels.</p> <p>Avoid sympathy.</p>
6. Avoid judging words.	<p>Avoid judging words such as "good," "bad," "correct," "proper," "right," "wrong," etc.</p> <p>Use words that build confidence and give support (e.g., recognize and praise what a client is doing right).</p>
7. Assess needs and provide referrals, help set goals, and summarize the session.	<p>Assess the client's need for other clinical and community- and home-based services; provide referrals.</p> <p>Ensure that there are no emergency situations requiring immediate action.</p> <p>Work with the client to come up with realistic next steps.</p> <p>Summarize the main points of the counseling session.</p> <p>Ask the client if she or he has any questions.</p> <p>Make a follow-up counseling appointment.</p>

REFER TO CARD  
NUMBER(S)  
INDICATED BELOW



**ASK:** *I would like to talk with you about how you can keep yourself and your baby healthy. You are probably feeling a lot of different emotions right now. Can you tell me how you are feeling? What concerns do you have for your baby? What concerns do you have for your own health and wellbeing?*

**IT IS IMPORTANT FOR YOU TO KNOW THAT:**

- Not all babies born to women living with HIV will become HIV-infected.
- If you, your partner, and your baby all get the care and medicines that are needed, you can lower the chances that your baby will become HIV-infected.
- **You can save 2 lives—your own and your baby’s—if you get services and take medicines to help you stay healthy and to help prevent passing HIV to your baby.**

**THERE ARE MANY THINGS YOU CAN DO TO KEEP YOURSELF AND YOUR BABY HEALTHY AND TO KEEP YOUR BODY STRONG:**

- **All pregnant women living with HIV need to take medicines called ARVs**—even if they do not look or feel sick. Starting ARVs early in your pregnancy and taking them throughout your pregnancy will lower the chances that your baby will become HIV-infected. They can also improve your health. ....
- **All babies born to mothers living with HIV also need to take ARVs.** ARVs will help lower the chances that your baby will become HIV-infected. ....
- It is important that you **come back to the clinic for all of your appointments**—both during your pregnancy and after your baby is born. ....
- It is important that you plan to **have a safe delivery** at a health facility. ....
- We can plan how you will **feed your baby safely** to lower the chance that your baby will become HIV-infected after he or she is born. ....
- You also need **emotional support**—from your partner, family, and friends. ....
- **Tell people you trust about your HIV-status** so they can help you care for yourself and your baby. ....

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**TOGETHER, WE CAN LOWER THE CHANCES THAT YOUR BABY WILL BECOME HIV-INFECTED:**

- There are many things you can do to lower the chances of passing HIV to your baby. We can help you learn more about the steps you can take during your pregnancy, labor, and delivery, as well as after your baby is born.
- If you come back to the clinic for all appointments and make sure you and your baby take medicines the right way, it will help you stay healthy and lower the chances that your baby will become HIV-infected.
- If your baby is HIV-infected, there is a lot we can do to keep him or her healthy. By coming to the clinic and following your own and your baby’s care plan, you can make sure your baby has the chance to grow up to be a healthy child and adult. ....

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**ASK:** *I want to make sure I explained everything well. How do you think you can stay healthy during your pregnancy and lower the chances that your baby will be HIV-infected? How do you feel about talking to someone you trust about your HIV-status and your care plan? What questions do you have?*

**Let’s set up a time for your next appointment.** *(explain to the client why it is important for her to return)*





REFER TO CARD NUMBER(S) INDICATED BELOW



**ASK:** *Many people living with HIV are healthy and able to live productive and fulfilling lives. Many pregnant women living with HIV are also able to stay healthy and prevent HIV infection in their babies. What are some of the things you think you can do to stay healthy during your pregnancy and lower the chances that your baby will be HIV-infected?*

**COME TO THE CLINIC FOR ALL APPOINTMENTS DURING YOUR PREGNANCY AND AFTER YOU DELIVER:** .....

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- You should come to the clinic for **at least 4 antenatal care visits**. (*review what the client should expect to happen at each of these visits*)
- After the baby is born, you should come back to the clinic **within 3–7 days of birth**.
- The next visit for you and your baby will be at **4–6 weeks after birth**.

**TRY AND FIND THE EMOTIONAL SUPPORT YOU NEED:** .....

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- It is important that you have support to take care of yourself and your baby—this support could come from a relative, your partner, or a friend.
- Having people who can give you emotional support is important because there may be times you feel very down. Try to remember that you are not alone and that there are people who can support you.
- If you are feeling very anxious or like you have too much stress, or if you feel very down or depressed, it is important that you speak with a counselor, nurse, or other health care provider.
- You may want to join a mother's support group to talk with other women going through the same situation. We can link you to a support group if you are interested.

**MAKE SURE YOU GET A CD4 TEST AND COME BACK TO LEARN YOUR CD4 TEST RESULTS:** .....

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- The CD4 cells are the soldiers in our bodies that help us fight infections.
- HIV attacks the CD4 cells and it becomes more and more difficult for our bodies to fight infections.
- To know how many CD4 cells you have, the nurse will take a sample of blood from your arm and send it to the lab. It is very important that you pick up your CD4 test results.
- The higher your CD4 count, the better. If your CD4 count is high, there is a lower chance your baby will have HIV than if your CD4 count is low.

**TAKE MEDICINES CALLED ARVs AND GIVE YOUR BABY ARVs:** .....

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- All pregnant women living with HIV need to take medicines called ARVs.
- ARVs are safe for you and your baby.
- The type of ARVs that you take, and for how long, depends on your CD4 count and how advanced your HIV is. It is important to start taking ARVs early in pregnancy.
- All babies born to women living with HIV also need to take ARVs.
- The type of ARVs your baby will take, and for how long, depends on your CD4 count, how advanced your HIV is, and which ARVs you take during pregnancy.
- ARVs do not cure HIV. There is no cure for HIV.
- You will also need to take a medicine called cotrimoxazole every day to prevent infections. (*show CTX and describe how to take it*)
- It is important that you always take your medicines at the same time, every day. Never share your medicines with other people.

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**ASK YOUR PARTNER TO GET AN HIV TEST TOO:**

- Sometimes it can be hard to talk to your partner about getting tested. If you want, we can talk about ways to get your partner to come for an HIV test.

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**PRACTICE SAFER SEX:**

- Always use a new male or female condom every time you have sex. (*demonstrate*)
- Even though it can be hard, it is good to talk to your partner about using condoms.

**PREVENT AND TREAT SEXUALLY TRANSMITTED INFECTIONS (STIs):**

- If you or your partner has signs of STIs, like itching, a rash, strange discharge, or sores around the genitals, come to the clinic right away. Many times women do not have any of these signs, so it is important that we test you for STIs to know for sure.
- If either you or your partner has an STI, both of you need to get treatment. Otherwise, you will just keep giving the infection to each other.

**PREVENT AND TREAT TUBERCULOSIS (TB):**

- Make sure you have a lot of fresh air in your home.
- Cover your mouth when you cough or sneeze, and ask others do the same.
- TB spreads very easily. If you live with someone who has TB, try to avoid very close contact, protect yourself, and support that person to get treatment at the clinic.
- If you have signs of TB, like coughing, night sweats, fever, or a lot of weight loss, come to the clinic right away. Tell the doctor or nurse so they can check you for TB.

**EAT ENOUGH NUTRITIOUS FOODS AND GET ENOUGH REST:**

- Pregnant and breastfeeding women need to eat more healthy foods than normal to stay healthy and to have healthy babies. Not eating enough or not eating healthy foods can make you unwell and lead to problems for your baby.
- Drink lots of fluids. Avoid alcohol.
- Take the vitamin and iron tablets that you get at the clinic.
- Try and get plenty of rest, especially in the last months of pregnancy.

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**PLAN TO DELIVER YOUR BABY SAFELY:**

- Plan on having a safe delivery in the hospital.
- Talk with your partner and family members about how you will get to the hospital and why it is important to deliver your baby there.

**STAY AWAY FROM SMOKING, ALCOHOL, AND DRUGS:**

- Smoking, alcohol, and drugs, even in small amounts, will only hurt your own health and your baby's health and development.
- If you are having trouble quitting smoking, drinking alcohol, or taking drugs, we can help you or refer you for professional help to quit.

**ASK:** *I want to make sure I explained everything well. Can you tell me what you think are the most important things you can do to have a safe pregnancy—for yourself and your baby? How often will you come back to the clinic during your pregnancy? After you deliver? How is your pregnancy going so far? What questions do you have?*



**ASK:** *It is very important that you come back to the clinic for all of your appointments—during the pregnancy and after your baby is born. How do you think coming back to the clinic often during and after your pregnancy will help you and the baby stay healthy?*

### **ADHERENCE MEANS HOW FAITHFULLY YOU STICK TO AND PARTICIPATE IN YOUR CARE PLAN DURING AND AFTER YOUR PREGNANCY. THIS INCLUDES:**

- Coming to all of your clinic, lab, and pharmacy appointments
- Taking all of your medications and giving your baby medications the right way, at the right time, every day
- Following the advice of the nurses and doctors about how to take care of yourself and your baby during pregnancy and after the baby is born

### **IT IS IMPORTANT THAT YOU COME TO ALL OF YOUR OWN AND YOUR BABY'S APPOINTMENTS:**

- You should come to the clinic for **at least 4 antenatal care visits**.
- After the baby is born, you should come back to the clinic **within 3–7 days of birth**.
- The next visit for you and your baby will be **at 4–6 weeks after birth**.
- After that, your baby should be seen **every month** until we know for sure if he or she is HIV-infected or not.

### **ALL OF THESE CLINIC VISITS ARE IMPORTANT BECAUSE:**

- The nurse will give you a checkup and may also take blood. This is to make sure that you are healthy and that your baby is doing well.
- If something is wrong, the doctors and nurses will be able to quickly get you (or your baby) the treatment that is needed.
- During these appointments, you will get the medicines and vaccinations that you and your baby need. *(give an overview of which medicines and vaccinations will be needed)*
- You will have a chance to have one-on-one counseling during your visits.
- Always remember that if you are feeling sick or have questions, you should come to the clinic even if you do not have an appointment.

### **IT IS IMPORTANT TO MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE:**

- Get support from people you trust. They can help you remember your appointments, take care of things at home when you are away, or come to the clinic with you.
- If you cannot keep an appointment, call the clinic and then come as soon as possible. *(explain appointment card and give clinic contact information)*
- Be sure to come back to the clinic before your or your baby's medicines run out. If you are planning to be away, we can give you extra medicines.
- Plan ahead if you will need money for transport to the clinic.
- Write down the dates of your appointments and ask someone to help remind you.
- Join a mothers' support group *(give specific information about local support groups)*. Counselors at the clinic are also here to support and help you.

**ASK:** *I want to make sure I explained everything well. Can you tell me why you think it is important to come back to the clinic for all of your appointments? What will help you remember to come back for appointments? What challenges do you think there will be? What questions do you have?*





**ASK:** *Because your CD4 count is below 350 (or your exam showed that you have advanced HIV or AIDS), we recommend that you start taking ART now, and keep taking it during your pregnancy and for your whole life. Starting ART now and taking ART for your whole life will help lower the chances that your baby will be HIV-infected and will help you live longer and stay well. How do you feel about taking ART every day during your pregnancy? For your whole life?*

**WE RECOMMEND THAT YOU START TAKING MEDICINES CALLED ART:** *(show ARVs)*

- ARVs are medicines that help lower the amount of HIV in the body. When we take different ARVs at the same time (usually 3 kinds), we call this antiretroviral therapy, or ART.
- These medicines are **safe** for you and for your baby.
- People with HIV can live long, healthy lives. ART does not cure HIV, but it can make you stay healthy and live a long life.
- It is important to start ART early in pregnancy. We will give you ART to take during your pregnancy and for the rest of your life. Taking these medicines for your whole life will lower the chance that your baby will be HIV-infected and will help keep you healthy.
- You should take your ART 2 times every day. This usually means taking pills in the morning and in the evening for your whole life. *(adapt according to regimen)*
- It is important to keep taking your ART during your labor and delivery. Be sure to bring your medicines with you wherever you deliver. Tell the nurse or doctor that you are taking ART when you are admitted.
- Your baby will also need to take ARV syrup for 6 weeks after he or she is born to lower the chances that he or she will become HIV-infected. ....

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**ASK:** *What do we mean by “adherence?” Why is adherence to ART so important?*

**ADHERENCE MEANS HOW FAITHFULLY YOU STICK TO AND PARTICIPATE IN YOUR CARE AND TREATMENT PLAN. THIS INCLUDES:**

- Coming to all of your clinic, lab, and pharmacy appointments—during and after the pregnancy—and ongoing for your whole life
- Taking medicines to prevent and treat infections, like cotrimoxazole
- Taking your ART the right way, every day, during pregnancy and for your whole life

**WHY ADHERENCE TO YOUR CARE AND YOUR ART ARE IMPORTANT:**

- Coming to all of your clinic appointments will help you get the care, tests, and medicines you need, and will give you a chance to ask questions and get support.
- Very good adherence is needed for ART to work. If you take your ART the right way, every day, for your whole life, you will feel better and not get sick as often. Taking ART will lower the chance that your baby will become HIV-infected.
- If you do not take your ART the right way, every day, the HIV in your body will grow stronger. Your CD4 count will go down and you will likely get more infections and illnesses. There will be a higher chance that your baby will become HIV-infected.
- Stopping your medicines or missing many doses can lead to “drug resistance.” This means that the medicines will no longer work (even if you start again).

**ASK:** *What do you think are some things that will help you remember to come back to the clinic and to take your ART every day for your whole life? Who is closest to you in your family? How do you feel about talking to him or her about your care and medicines?*

#### **IT IS IMPORTANT FOR YOU TO MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE:**

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- Try to talk with someone you trust so you have support to come back to the clinic and to take your medicines.
- Make sure you understand your care and treatment plan. If there is something you do not understand, make sure to ask at the clinic. *(review client's specific care and treatment plan)*
- Come to all of your scheduled appointments at the clinic. If you cannot keep an appointment, try to call the clinic, and then go as soon as possible.
- Take your ART the right way, at the same time, every day. *(discuss client's medication schedule)*
- Try to make your medicine part of everyday life by fitting it in with things you normally do. *(give examples)*
- Use reminders, such as a mobile phone, health card, watch, pill box, or medicine calendar. *(discuss specific reminder options that the client would like to use)*
- Pick up your medicines on time and before they run out.
- Plan ahead if you will need to take your ART when you are away from home, including for your labor and delivery. Some people like to store their medicine in a pill box or a small bag when they travel.
- Join a support group *(give specific information about local support groups)*. Counselors at the clinic are also here to help you.

#### **WHAT YOU CAN DO ABOUT ARV SIDE EFFECTS:**

- Side effects from ARVs are usually not serious and most go away after a couple of weeks.
- It is important to keep taking your medicines, even if you have some side effects at first.
- Some side effects caused by ARVs are nausea, vomiting, headache, and diarrhea. These are usually not serious. *(discuss how to manage at home)*
- **You should come to the clinic right away** if you have: a rash, high fever, problems breathing, a bad headache, numbness in the hands or feet, or very bad vomiting or diarrhea.
- It is important to keep taking your iron pills while you take ART to prevent anemia.
- Never make the decision alone to stop taking ART. Instead, come to the clinic right away to talk with the nurse or doctor.

#### **WHAT YOU SHOULD DO IF YOU MISS DOSES OF YOUR ART:**

- If you miss a dose of ARVs, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away. *(give example)*
- Never take 2 doses at the same time. If you are not sure how to take your medicines, call or come to the clinic to ask.

**ASK:** *I want to make sure I explained everything well. Why is it important to take your ART 2 times every day throughout your pregnancy and for your whole life? What will help you remember to take your ART every day and to come back to the clinic for appointments? What challenges do you think you will face with taking your medicines every day during your pregnancy? For your whole life? What will you do if you have side effects? What questions do you have about your care and treatment plan?*

*(Note: This may be a good time to use the adherence preparation and support guide with the client.)*



**ASK:** *How long have you been taking ART? Which ARVs do you take? Now that you are pregnant, we will review some of the basics about ART and why it is important to continue taking ART while you are pregnant, after the baby is born, and for your whole life. How have you felt taking ART so far? How do you feel about taking ART every day during your pregnancy?*

**TAKING ART HELPS LOWER THE CHANCES THAT YOUR BABY WILL BE HIV-INFECTED AND HELPS YOU LIVE LONGER AND STAY WELL:**

- ARVs are medicines that help lower the amount of HIV in the body. When we take different ARVs at the same time (usually 3 kinds), we call this antiretroviral therapy, or ART.
- These medicines are **safe** for you and for your baby.
- People with HIV can live long, healthy lives. ART does not cure HIV, but it can make you stay healthy and live a long life.
- You should continue to take ART during your pregnancy and for the rest of your life to lower the chance that your baby will be HIV-infected and to help keep yourself healthy.
- You will take the same ARVs during your pregnancy that you were taking before, unless you were taking a drug called **efavirenz**. *(show new ARVs if regimen will change)*
- You should continue to take your ART at the same times every day. This usually means taking pills in the morning and in the evening for your whole life. *(review dosing)*
- It is important to keep taking your ART during your labor and delivery. Be sure to bring your medicines with you wherever you deliver.....
- Your baby will also need to take ARV syrup for 6 weeks after he or she is born. ....

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**ASK:** *What do we mean by “adherence?” Why is adherence to your care and ART so important?*

**ADHERENCE MEANS HOW FAITHFULLY YOU STICK TO AND PARTICIPATE IN YOUR CARE AND TREATMENT PLAN. THIS INCLUDES:**

- Coming to all of your clinic, lab, and pharmacy appointments—during and after the pregnancy—and ongoing for your whole life
- Taking medicines to prevent and treat infections
- Taking your ART the right way, every day, during pregnancy and for your whole life

**WHY ADHERENCE TO YOUR CARE AND ART IS IMPORTANT:**

- Coming to all of your clinic appointments will help you get the care, tests, and medicines you need, and will give you a chance to ask questions and get support.
- If you take your ART the right way, every day, you will feel better and not get sick as often. Adherence is very important during pregnancy because taking your ART correctly will help lower the chance that your baby will become HIV-infected.
- If you do not take your ART the right way, every day, the HIV in your body will grow stronger. Your CD4 count will go down and you will likely get more infections and illnesses. There will also be a higher chance that your baby will become HIV-infected.
- Stopping ART or missing many doses can lead to “drug resistance.” This means that the medicines will no longer work (even if you start again).

**ASK:** *Can you tell me about any adherence challenges you have had? Do you think there will be new challenges now that you are pregnant? What helps you remember to come to the clinic and to take your medications? Do you have support to take care of yourself and to adhere to your care and medicines?*

**IT IS IMPORTANT FOR YOU TO MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE:**

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- Try to talk with someone you trust so you have support to come back to the clinic and to take your medicines.
- Make sure you understand your care and treatment plan. If there is something you do not understand, make sure to ask at the clinic. *(review client's specific care and treatment plan)*
- Come to all of your scheduled appointments at the clinic. If you cannot keep an appointment, try to call the clinic, and then go as soon as possible.
- Take your ART the right way, at the same time, every day. *(discuss medication schedule)*
- Try to make your medicine part of everyday life by fitting it in with things you normally do. *(give examples)*
- Use reminders, such as a mobile phone, health card, watch, pill box, or medicine calendar. *(discuss specific reminder options that the client would like to use)*
- Pick up your medicines on time and before they run out.
- Plan ahead if you will need to take your ART when you are away from home, including for your labor and delivery. Some people like to store their medicine in a pill box or a small bag when they travel.
- Join a support group *(give specific information about local support groups)*. Counselors at the clinic are also here to help you.

**ASK:** *Have you had any side effects from your ART? How did you treat or manage those side effects?*

**WHAT YOU CAN DO ABOUT ARV SIDE EFFECTS:**

- Side effects from ARVs are usually not serious and most go away after a couple of weeks.
- It is important to keep taking your medicines, even if you have some side effects at first.
- Some side effects caused by ARVs are nausea, vomiting, headache, and diarrhea. These are usually not serious. *(discuss how to manage at home)*
- **You should come to the clinic right away** if you have: a rash, high fever, problems breathing, a bad headache, numbness in the hands or feet, or very bad vomiting or diarrhea.
- It is important to keep taking your iron pills while you take ART to prevent anemia.
- Never make the decision alone to stop taking ART. Instead, come to the clinic right away to talk with the nurse or doctor.

**WHAT YOU SHOULD DO IF YOU MISS DOSES OF YOUR ART:**

- If you miss a dose of ARVs, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away. *(give example)*
- Never take 2 doses at the same time. If you are not sure how to take your medicines, call or come to the clinic to ask.

**ASK:** *I want to make sure I explained everything well. Why is it important to continue taking your ART the right way, every day, throughout your pregnancy and for your whole life? Who/what will help you remember to take your ART and to come back to the clinic? What challenges do you think you will face taking your medicines every day? What will you do if you have side effects? What questions do you have about continuing your care and treatment plan?*

*(Note: This may be a good time to use the adherence preparation and support guide with the client.)*





**ASK:** *Because your CD4 count is over 350 and you do not have advanced HIV or AIDS, we would like you to start taking AZT 2 times every day (starting at 14 weeks of pregnancy) and to continue taking it throughout your pregnancy to help lower the chances that your baby will be HIV-infected. How do you feel about taking AZT every day during your pregnancy?*

**WE RECOMMEND THAT YOU START TAKING A MEDICINE CALLED AZT AT 14 WEEKS OF PREGNANCY** (or anytime after 14 weeks if you are further along in your pregnancy): *(show AZT)*

- AZT is a kind of antiretroviral medicine. Antiretrovirals, or ARVs, are medicines that help lower the amount of HIV in the body.
- This medicine is **safe** for you and your baby.
- We will give you AZT during your pregnancy to help protect your baby from HIV.
- You should take AZT 2 times every day. Usually this means one pill in the morning and one pill in the evening, until you give birth. *(review AZT dosing)*
- It is important to keep taking your AZT during your labor and delivery. Be sure to bring your medicines with you wherever you deliver. The doctor may also give you other ARVs during your labor and delivery and during the 7 days after you deliver your baby. ....
- Your baby will also need to take ARV syrup once every day until you stop breastfeeding to lower the chances that he or she will be HIV-infected (or for 6 weeks if not breastfed). ....
- After your baby is born, the doctor will examine you and do tests to see if you need to start taking ART (3 kinds of ARVs) for your own health, which you would then need to continue for your whole life. ....

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**ASK:** *What do we mean by “adherence?” Why is adherence to AZT so important?*

**ADHERENCE MEANS HOW FAITHFULLY YOU STICK TO AND PARTICIPATE IN YOUR CARE AND TREATMENT PLAN. THIS INCLUDES:**

- Coming to all of your clinic, lab, and pharmacy appointments—during and after the pregnancy—and ongoing
- Taking medicines to prevent and treat infections
- Taking your ARVs the right way, every day, for as much time as the doctor says. For AZT, this means taking your doses every morning and every evening, every day during your pregnancy

**WHY ADHERENCE TO YOUR CARE AND AZT IS IMPORTANT:**

- Coming to all of your clinic appointments will help you get the care, tests, and medicines you need, and will give you a chance to ask questions and get support.
- Very good adherence is needed for AZT to work. If you take your AZT the right way, every day, there is a much lower chance that your baby will become HIV-infected.
- AZT protects your baby from HIV. If you do not take your AZT the right way, every day, there will be a higher chance that your baby will become HIV-infected.

**ASK:** *What do you think are some things that will help you remember to come back to the clinic and to take your AZT every day? Who is closest to you in your family? How do you feel about talking to him or her about your care and medicines?*

#### **IT IS IMPORTANT TO MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE:**

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- Try to talk with someone you trust so you have support to come back to the clinic and to take your medicines.
- Make sure you understand your care and treatment plan. If there is something you do not understand, make sure to ask at the clinic. *(review client's specific care and treatment plan)*
- Come to all of your scheduled appointments at the clinic. If you cannot keep an appointment, try to call the clinic, and then go as soon as possible.
- Take your AZT the right way, at the same time, every day. *(discuss client's medication schedule)*
- Try to make your medicine part of everyday life by fitting it in with things you normally do. *(give examples)*
- Use reminders, such as a mobile phone, health card, watch, pill box, or medicine calendar. *(discuss specific reminder options that the client would like to use)*
- Pick up your medicines on time and before they run out.
- Plan ahead if you will need to take your AZT when you are away from home, including for your labor and delivery. Some people like to store their medicine in a pill box or a small bag when they travel.
- Join a support group *(give specific information about local support groups)*. Counselors at the clinic are also here to help you.

#### **WHAT TO DO ABOUT AZT SIDE EFFECTS:**

- Side effects from AZT are usually not serious and most go away after a couple of weeks.
- It is important to keep taking your AZT, even if you have some side effects at first.
- Some side effects caused by AZT are nausea, vomiting, headache, and diarrhea. These are usually not serious. *(discuss how to manage at home)*
- **You should come to the clinic right away** if you have: a rash, high fever, problems breathing, a bad headache, numbness in the hands or feet, or very bad vomiting or diarrhea.
- It is important to keep taking your iron pills while you take AZT to prevent anemia.
- Never make the decision alone to stop taking your AZT. Instead, come to the clinic right away to talk with the nurse or doctor.

#### **WHAT TO DO ABOUT MISSED AZT DOSES:**

- If you miss a dose of AZT, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away. *(give example)*
- Never take 2 doses at the same time. If you are not sure how to take your medicines, call or come to the clinic to ask.

**ASK:** *I want to make sure I explained everything well. Why is it important to take your AZT 2 times every day throughout your pregnancy? Who/what will help you remember to take your AZT every day and to come back to the clinic for appointments? What challenges do you think you will face taking your medicines every day? What will you do if you have side effects? What questions do you have about your care and treatment plan?*

*(Note: This may be a good time to use the adherence preparation and support guide with the client.)*



**ASK:** *Because your CD4 count is over 350 and you do not have advanced HIV or AIDS, we recommend that you start taking ART 2 times every day (starting at 14 weeks of pregnancy and until one week after you stop breastfeeding your baby) to help lower the chances that your baby will be HIV-infected. How do you feel about taking ART every day during your pregnancy and while you breastfeed?*

**WE RECOMMEND THAT YOU START TAKING MEDICINES CALLED ART AT 14 WEEKS OF PREGNANCY:** *(show ARVs)*

- ARVs are medicines that help lower the amount of HIV in the body. When we take different ARVs at the same time (usually 3 kinds), we call this antiretroviral therapy, or ART.
- These medicines are **safe** for you and for your baby.
- We will give you ART to take during your pregnancy and until one week after you stop breastfeeding to lower the amount of HIV in your body. Taking these medicines will lower the chance that your baby will be HIV-infected.
- You should take your ART 2 times every day. This usually means taking pills in the morning and in the evening, until one week after you stop breastfeeding your baby. *(adapt according to regimen)*
- It is important to keep taking your ART during your labor and delivery. Be sure to bring your medicines with you wherever you deliver. ....
- Your baby will also need to take ARV syrup for 6 weeks after he or she is born to lower the chances that he or she will become HIV-infected. ....
- After your baby is born, the doctor will examine you and do tests to see if you need to keep taking ART for your own health, which you would then need to continue for your whole life. ....

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**ASK:** *What do we mean by “adherence?” Why is adherence to ART so important?*

**ADHERENCE MEANS HOW FAITHFULLY YOU STICK TO AND PARTICIPATE IN YOUR CARE AND TREATMENT PLAN. THIS INCLUDES:**

- Coming to all of your clinic, lab, and pharmacy appointments—during and after the pregnancy—and ongoing
- Taking medicines to prevent and treat infections
- Taking your ART the right way, every day, during your pregnancy and until one week after you stop breastfeeding your baby

**WHY ADHERENCE TO YOUR CARE AND ART IS IMPORTANT:**

- Coming to all of your clinic appointments will help you get the care, tests, and medicines you need, and will give you a chance to ask questions and get support.
- Very good adherence is needed for ART to work. If you take your ART the right way, every day, you will feel better and not get sick as often. There is also a much lower chance that your baby will become HIV-infected.
- If you do not take your ART the right way, every day, there will be a higher chance that your baby will become HIV-infected.
- Stopping your medicines or missing many doses can lead to “drug resistance.” This means that the medicines will no longer work (even if you start again).

**ASK:** *What do you think are some things that will help you remember to come back to the clinic and to take your ART every day? Who is closest to you in your family? How do you feel about talking to him or her about your care and medicines?*

#### **IT IS IMPORTANT FOR YOU TO MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE:**

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- Try to talk with someone you trust so you have support to come back to the clinic and to take your medicines.
- Make sure you understand your care and treatment plan. If there is something you do not understand, make sure to ask at the clinic. *(review client's specific care and treatment plan)*
- Come to all of your scheduled appointments at the clinic. If you cannot keep an appointment, try to call the clinic, and then go as soon as possible.
- Take your ART the right way, at the same time, every day. *(discuss client's medication schedule)*
- Try to make your medicine part of everyday life by fitting it in with things you normally do. *(give examples)*
- Use reminders, such as a mobile phone, health card, watch, pill box, or medicine calendar. *(discuss specific reminder options that the client would like to use)*
- Pick up your medicines on time and before they run out.
- Plan ahead if you will need to take your ART when you are away from home, including for your labor and delivery. Some people like to store their medicine in a pill box or a small bag when they travel.
- Join a support group *(give specific information about local support groups)*. Counselors at the clinic are also here to help you.

#### **WHAT YOU CAN DO ABOUT ARV SIDE EFFECTS:**

- Side effects from ARVs are usually not serious and most go away after a couple of weeks.
- It is important to keep taking your medicines, even if you have some side effects at first.
- Some side effects caused by ARVs are nausea, vomiting, headache, and diarrhea. These are usually not serious. *(discuss how to manage at home)*
- **You should come to the clinic right away** if you have: a rash, high fever, problems breathing, a bad headache, numbness in the hands or feet, or very bad vomiting or diarrhea.
- It is important to keep taking your iron pills while you take ART to prevent anemia.
- Never make the decision alone to stop taking ART. Instead, come to the clinic right away to talk with the nurse or doctor.

#### **WHAT YOU SHOULD DO IF YOU MISS DOSES OF YOUR ART:**

- If you miss a dose of ARVs, take the missed dose if your next dose is scheduled for more than 6 hours away. Do not take the missed dose if the next dose is less than 6 hours away. *(give example)*
- Never take 2 doses at the same time. If you are not sure how to take your medicines, call or come to the clinic to ask.

**ASK:** *I want to make sure I explained everything well. Why is it important to take your ART 2 times every day throughout your pregnancy and until one week after you stop breastfeeding your baby? Who/what will help you remember to take your ART every day and to come back to the clinic for appointments? What challenges do you think you will face taking your medicines every day? What will you do if you have side effects? What questions do you have about your care and treatment plan?*

*(Note: This may be a good time to use the adherence preparation and support guide with the client.)*

# HIV TESTING FOR YOUR FAMILY MEMBERS & PARTNER

REFER TO CARD  
NUMBER(S)  
INDICATED BELOW



**ASK:** *I would like to talk to you more about the children who live with you at home—both your own children and children you help take care of.*

**FOR EACH CHILD, ASK:** *How old is the child? How is his/her health? Has he/she been tested for HIV? Do you know his/her HIV-status?*

**IF A CHILD IS HIV-INFECTED, ASK:** *Can you tell me more about the care and medicines the child gets?*

**IT IS IMPORTANT FOR ALL OF YOUR CHILDREN TO GET TESTED FOR HIV:** .....

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- Even though you are living with HIV, this does not necessarily mean that your children are also HIV-infected. To find out for sure, we need to do an HIV test.
- Even if your children do not seem sick, they may be HIV-infected.
- Children living with HIV need care and treatment, which is available for free.
- HIV develops much faster in children than it does in adults, so it is important to test children as early as possible (as early as 4–6 weeks of age).
- Without treatment, many children living with HIV will become very sick and die.
- HIV care and treatment, including ARVs, can help save your child's life and help him or her grow and become a healthy adult. ....

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**ASK:** *What questions do you have about getting your children tested for HIV? Would you like to make an appointment to bring your children to the clinic for an HIV test?*

**ASK:** *Now I would like to talk about your sexual partner(s). Do you know if your partner(s) has been tested for HIV recently? Do you know his or her HIV-status? Have you tried talking with your partner about getting an HIV test? How did you do so?*

**IT IS IMPORTANT FOR YOUR PARTNER(S) TO GET TESTED FOR HIV:**

- Your test result does not tell us whether or not your partner has HIV. The only way to know your partner's HIV-status is for him or her to get an HIV test.
- The sooner your partner knows his or her HIV-status, the sooner we can take steps to keep your partner negative or to get your partner started on care and treatment.
- If your partner is living with HIV, he or she will also need HIV care and treatment to stay healthy.
- If your partner is HIV-negative, we can help you learn what steps to take in order to keep him or her negative. ....

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**HOW TO TALK WITH YOUR PARTNER ABOUT GETTING AN HIV TEST:** .....

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- Sometimes it can be hard to talk to your partner about getting an HIV test.
- You could tell your partner you want to talk about HIV testing so that the two of you can be closer, make decisions together, and keep your family healthy.
- Ask your partner to come to this clinic—or another clinic that is convenient—to learn more about HIV testing and counseling. All test results are kept confidential.
- We can also help by talking to your partner about getting an HIV test.

**ASK:** *What concerns do you have about asking your partner to get an HIV test? Would you like to make an appointment to come back with your partner so we can talk more about HIV testing together?*





**ASK:** *Who have you told about your HIV-status, if anyone? Can you tell me more about your concerns and your experiences talking with others about your HIV-status?*

**IF THE CLIENT HAS NOT YET DISCLOSED TO HER PARTNER, ASK:** *How do you think your partner would react if you told him or her your HIV-status?*

- We recommend that you talk to your partner about your HIV-status if you feel safe doing so.
- You could say that HIV testing is a routine part of care for all pregnant women, and that this is why you were tested. HIV testing helps protect the baby.
- It is possible that your partner will be supportive of you, help you protect your baby from HIV, and help you stay healthy.
- It may be hard for you to adhere to your and your baby's care and medicines if your partner does not know your HIV-status. Your partner may ask questions about your clinic visits or medicines.
- Your partner should also have an HIV test and, if positive, enroll in care and treatment. We can provide information, services, and support to your whole family so you can all get the care you need. ....
- If you want, we can help you talk to your partner about your HIV-status.

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**ASK:** *What good things do you think could result from telling someone your HIV-status? What bad things do you think could result from telling someone your HIV-status?*

**POSSIBLE BENEFITS OF TELLING SOMEONE YOU TRUST ABOUT YOUR HIV-STATUS:**

- You will not have to keep your HIV-status a secret anymore.
- You will not have to worry about the person finding out your HIV-status accidentally.
- You might be able to talk to the person about your concerns and get his or her support.
- The person might be able to help you with your own and your baby's care and treatment.

**ASK:** *Who do you think you could tell about your HIV-status? When do you think would be a good time and place to tell this person? How will you tell him or her? How do you think the person will react?*

**DISCLOSING YOUR HIV-STATUS IS A PROCESS:**

- Many people prefer to disclose to one person they trust at a time, instead of disclosing to many people at once.
- Here are some ways that you could start the conversation: (*practice by role playing*)
  - “I wanted to talk to you about something because I know you can help and support me.”
  - “I went to the clinic today for a checkup and they talked to me about how it is important for everyone to get an HIV test because you can't tell if someone is positive just by looking at them.”
  - “I need to talk to you about something difficult. It is important for our family that I be able to tell you even the hard things. We need to support each other.”

**ASK:** *We are here to support you during your disclosure process. Would you like to set up another appointment to continue talking about this—either alone or with your partner, a friend, or a family member?*







**ASK:** *It can be hard for couples to learn that one partner is HIV-positive and the other is HIV-negative. Can you tell me about your concerns? What do you think you can do to lower the chances of passing HIV to your partner if he or she is HIV-negative?*

**TALK TO YOUR PARTNER:**

- It is good to talk to your partner about your HIV-status if you feel safe doing so.
- We can help you both understand the ways you can keep each other safe and healthy.
- Encourage your partner to go for regular HIV tests. ....
- Bring your partner to the clinic for couples counseling. We can help you both understand the ways to prevent HIV from spreading. This will also give you and your partner a chance to talk about your concerns and how you plan to keep each other healthy.

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**TAKE YOUR ARVs THE RIGHT WAY, EVERY DAY:** .....

- Taking your ARVs the right way, every day, lowers the amount of HIV in your body.
- The less HIV there is in your body, the lower the chance you will pass HIV to your partner during sex, or to your baby during pregnancy and breastfeeding.

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**PRACTICE SAFER SEX:**

- Not having sex at all is one way to be completely safe, but this is not practical for many people.
- Using condoms is one reliable way to practice safer sex. Even though it can be hard, it is important to talk to your partner about using condoms—both with you and with other partners, including during pregnancy and breastfeeding. *(demonstrate and give condoms)*

**PREVENT AND TREAT SEXUALLY TRANSMITTED INFECTIONS (STIs):**

- If you or your partner has signs of STIs, like itching, a rash, strange discharge, or sores around the genitals, come to the clinic right away. Many times women do not have any of these signs, so it is important that we test you for STIs to know for sure.
- If either you or your partner has an STI, both of you need to get treatment. Otherwise, you will just keep giving the infection to each other.

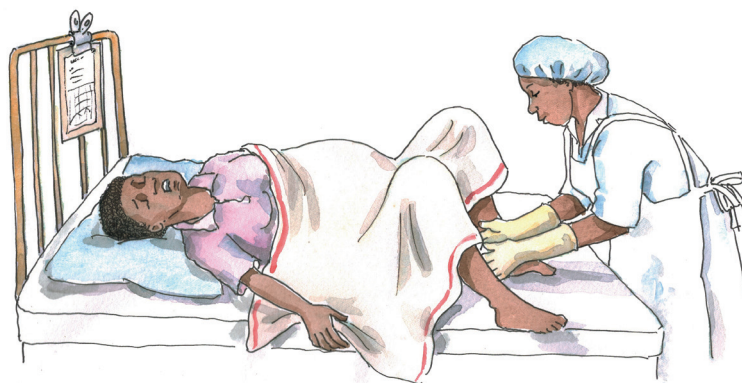
**PLAN FOR, OR PREVENT, FUTURE PREGNANCIES (DEPENDING ON YOUR DESIRES):** .....

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- Use family planning if you do not want to become pregnant ever again or if you want to wait before becoming pregnant again. *(give examples of methods and referrals, if needed)*
- Using condoms can help prevent HIV, STIs, and pregnancy. *(discuss dual protection)*
- If you want to have another baby, the safest time to get pregnant is when your CD4 count is over 350; you do not have any opportunistic infections, including TB, or advanced AIDS; and you are taking and adhering to ART (if the doctor prescribes it).
- If you decide you want to have another baby in the future, come to the clinic with your partner and we can help you decide the safest times and ways to get pregnant.

**ASK:** *I want to make sure I explained everything well. Can you tell me what you think are the most important things about being part of a discordant couple? What concerns do you have about talking with your partner? Would you like to come back with your partner for more counseling?*





**ASK:** *There is a chance that HIV will be passed from a mother living with HIV to her baby during labor and delivery. What are some of the things you think you can do to lower this chance? Can you tell me more about your plans for your baby's birth, such as where you plan to deliver? Are there any traditional customs you will follow during or after your baby's birth?*

**HAVE A SAFE DELIVERY IN A HEALTH CARE FACILITY:**

- Deliver your baby in a hospital. Any woman can have complications during delivery, and health care workers know how to take care of you in case of these complications.
- Plan where you want to give birth to your baby, and how you will get there. You may want to plan to stay with family or friends near the clinic if you live far away.
- Find someone you trust who can give you emotional support during labor and delivery.
- Bring your health card and ARVs to the hospital. Be sure to inform the health care worker of your HIV-status and any medicines, such as ARVs, you have taken.

**YOU WILL NEED TO TAKE ARVs DURING LABOR AND DELIVERY:** *(counsel based on the client's regimen)*

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- If the nurse gave you a **single dose of nevirapine** during an antenatal visit, take it as soon as you go into labor. *(show NVP tablet)*
- If you are taking **ART (3 or more ARVs)** during your pregnancy, be sure to bring your medicines to the hospital and keep taking them at the same times every day.
- If you are taking **AZT during your pregnancy**, continue taking the AZT during labor. You may also be given one other medicine to take at delivery.
- If you haven't taken any ARVs during your pregnancy, the doctor or nurse will give you ARVs to take when you are in labor and during the delivery.

**YOUR BABY NEEDS TO TAKE ARVs RIGHT AFTER BIRTH, AND FOR SOME TIME AFTER THAT:** .....

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- ARVs are **safe** for your baby and will help protect him or her from HIV.
- Your baby needs to take **nevirapine syrup as soon as possible after birth—within 72 hours (3 days) of delivery**. If the nurse gave you the baby's dose during an antenatal visit:
  - Bring the baby's dose to the hospital and tell the health care worker you have been given nevirapine. *(show NVP and how to measure)*
  - Bring the baby to the hospital as soon as possible after birth, and make sure that the baby takes nevirapine syrup within 3 days of birth.
- Your baby will also need to take **ARVs for some time after he or she is born**. We will help you understand which ARVs your baby needs to take and for how long.

**TAKING CARE OF YOURSELF AND YOUR BABY AFTER THE DELIVERY:** .....

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- What babies need most after delivery is to be loved and to bond. Spend as much time as you can with the baby skin-to-skin on your chest. Cuddle, sing, and talk to the baby.
- Your baby will need to eat within one hour of being born. He or she will naturally want to breastfeed once lying on your chest. ....
- Be sure to rest (with your baby, if possible), drink lots of fluids, and eat healthy foods.

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**ASK:** *I want to make sure I explained everything well. Can you tell me how you plan to have a safe labor and delivery? What questions do you have?*





**ASK:** *Delivering a baby is hard but rewarding work. Like their babies, mothers also need care after giving birth. Taking care of yourself after delivery and ongoing is important for you to feel strong and healthy and will help you have the energy you need to care for your baby. What do you think you can do to take care of your own health after your baby is born?*

**TAKING CARE OF YOURSELF AFTER THE DELIVERY:**

- Spend as much time as you can with the baby skin-to-skin on your chest or resting together. Cuddle, sing, and talk to the baby. Babies love this and it helps with their development.
- Try to get help and emotional support from friends or family. Try not to do too much physical labor.
- If you have heavy bleeding, problems breathing, fever, pain in your belly, or bad-smelling discharge, come to the clinic right away.
- As a new mother, you need to eat and drink more than usual, especially if you are breastfeeding. Try to eat at least one extra meal each day.
- You should wash often and try to keep your genitals very clean—but only use clean water with no soap. Wait a couple of weeks before you sit in water.

**COME BACK TO THE CLINIC WITHIN 1 WEEK AND THEN AGAIN 6 WEEKS AFTER YOU DELIVER: .....**

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- You will need a postnatal checkup during the first week after you have your baby. At this appointment, we will check to make sure you are healing properly and that you are not bleeding too much.
- You will need a second checkup 6 weeks after the baby is born to make sure you are still healing properly. We will also check your baby and give him or her an HIV test. ....
- You need to continue your own HIV care and treatment for your whole life. This is true for all women living with HIV—whether or not they have started taking ART.
- You will need to get another CD4 test done 6 months after you deliver your baby.
- If you feel unwell, or have questions about your own or your baby’s health, remember that you can always come to the clinic.

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**PRACTICE SAFER SEX WITH YOUR PARTNER(S): .....**

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- In order to prevent infection, wait at least 6 weeks after delivery to have sex again.
- Talk with your partner about using condoms while you are breastfeeding and afterwards. Condoms will protect against STIs and another pregnancy. If your partner is HIV-negative, using condoms will protect him from becoming HIV-infected. *(provide condoms and demonstrate their use)* .....
- Using water-based lubricants can make sex less painful and more pleasurable. *(provide lubricants)*
- Although it may be difficult, talk to your partner about being faithful or always using condoms with other partners.
- Encourage your partner(s) to come for an HIV test. We can also talk to your partner if he or she comes to the clinic with you. ....
- If you or your partner has itching, a rash, strange discharge, or sores around the genitals, come to the clinic right away. If diagnosed with an STI, you will both need treatment.

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**ASK:** *I want to make sure I explained everything well. Can you tell me some of the ways you will take care of yourself after you have your baby? How do you think you will talk with your partner about safer sex?*



REFER TO CARD NUMBER(S) INDICATED BELOW



**ASK:** *Caring for yourself and your baby after birth is very important. Your baby will need a lot of attention in the first few months of life. Who can help you care for your baby? What have you heard about caring for babies born to mothers living with HIV?*

**YOUR BABY NEEDS ARVs AND SHOULD COME BACK TO THE CLINIC EVERY MONTH:**

- The medicines that you and your baby take during this period can lower the chance that your baby will become HIV-infected.
- The medicines work by protecting your baby from HIV; they do not treat HIV.
- Your baby needs to take **nevirapine** syrup as soon as possible after birth—within 72 hours (3 days).
- **For breastfeeding mothers on AZT prophylaxis:** Your baby will continue to take nevirapine syrup once every day, until one week after you stop breastfeeding. *(show how to measure)*
- **For breastfeeding mothers on ART prophylaxis or lifelong ART for their own health:** Your baby will continue to take nevirapine syrup once every day until he or she is 6 weeks old. The ART you are taking also helps to protect your baby from HIV. *(show how to measure)*
- **For mothers who are NOT breastfeeding:** Your baby will take nevirapine or AZT syrup once every day from birth until he or she is 6 weeks old. *(show how to measure)*
- When your baby is 6 weeks old, he or she will also need to start taking a medicine called **cotrimoxazole** to prevent infections. How much cotrimoxazole syrup you will give your baby depends on his or her age. *(show CTX syrup and how to measure)*
- It is important that you and your baby come back to the clinic every month so we can make sure everything is going well with your and your baby’s health.

**ASK:** *Breast milk is the healthiest food for all babies. There is HIV in breast milk, but mothers living with HIV can safely breastfeed when they/the baby take ARVs. Can you tell me how you plan to feed your baby?*

**IT IS IMPORTANT TO FEED YOUR BABY SAFELY:** .....

- **Exclusive breastfeeding for the first 6 months of life (with ARVs)** is the safest way to breastfeed, and lowers the chance that your baby will be HIV-infected. ....
  - Breast milk is the only food your baby needs until he or she is 6 months old.
  - Exclusive breastfeeding means giving your baby ONLY breast milk and no other liquids or foods, like water, herbal mixtures, juice, porridge, or cow’s milk. It is okay to give the baby medicines that you get from the doctor or nurse.
- **Exclusive formula feeding** for the first 6 months of life is an option for some women. ....
  - Formula feeding is only safe if you have support, time to prepare the formula up to 12 times each day, money to buy formula and supplies, access to clean water, and a way to boil it.
  - Exclusive formula feeding means giving your baby ONLY formula and no other liquids or foods, like herbal mixtures, juice, porridge, or cow’s milk. It is okay to give the baby medicines that you get from the doctor or nurse.
  - If you use formula, do not breastfeed your baby—not even once. Giving your baby both formula and breast milk increases the chance your baby will become HIV-infected.
  - It is important to prepare the formula safely, every time.
- After 6 months, the baby will need other foods in addition to breast milk/formula. ....

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**ASK:** *We talked about adherence to the medicines that you take during and after pregnancy. It is also important that your baby gets his or her medicines the right way, every day, and that you bring the baby back to the clinic often, including for an HIV test at 6 weeks. What will help you do these things for yourself and your baby?*

**ADHERENCE MEANS HOW FAITHFULLY YOU STICK TO AND PARTICIPATE IN YOUR OWN AND YOUR BABY'S CARE AND TREATMENT PLAN. THIS INCLUDES:**

- Bringing your baby for all appointments at the clinic for checkups, lab tests, pharmacy refills, immunizations, if the baby gets sick, and for other care
- Giving your baby cotrimoxazole every day once the baby is 6 weeks old
- Giving your baby his or her ARVs the right way, every day, for as long as the doctor says. For your baby, this means giving the proper dose of ARVs every day, for 6 weeks or until one week after you stop breastfeeding. *(remind client of the baby's medication plan)*
- Giving the right dose of medicines to your baby. Remember, the amount of medicine will change when he or she gains weight and ages. *(check understanding of changing doses)*
- Making sure the baby gets an HIV test at 6 weeks, and picking up the results
- Taking your own ART the right way, every day, so you will feel better and lower the chances that your baby will become HIV-infected *(review client's medication plan)*

**IT IS IMPORTANT TO MAKE AN ADHERENCE PLAN FOR YOUR BABY:**

- If you are taking medicines, give your child medicines at the same time you take yours.
- Try to schedule your own and your baby's appointments on the same day.
- Get support from someone you trust.
- **Here are some tips on giving your baby syrups:** *(demonstrate)*
  - Look at the colored tape on the syringe to make sure you are giving the right dose.
  - You can reuse syringes until the markings begin to wear off or the plunger is hard to use. Wash the syringes with warm, soapy water, rinse, and let them air dry.
  - If the medicine is too sticky, add a little breast milk or formula to the syringe.
  - DO NOT add medicines to a baby bottle or cup of milk.
- **If your baby does not want to take his or her medicine,** here are some tips: *(demonstrate)*
  - Wrap your baby in a blanket and hold him or her in the bend of your arm.
  - Place the dropper in the corner of the baby's mouth and slowly give the medicine. Aim for the inside of the baby's cheek instead of the back of the tongue.
  - Blow gently into your baby's face, which should make him or her swallow.
  - Do not give medicine when your baby is crying or by pinching his or her mouth open.
- If your baby vomits medicine within 30 minutes of giving it, give the dose again.

**YOU SHOULD BRING YOUR BABY FOR AN HIV TEST WHEN HE OR SHE IS 6 WEEKS OLD:**

- It is important that all of your children get an HIV test. The sooner we know each child's HIV-status, the more quickly he or she can get care and treatment.
- The nurse will take a small amount of blood from your baby's foot and put it on a piece of paper that will be sent to the lab. It usually takes about 2–3 weeks to get the results.
- It is very important to come back to the clinic to get your baby's test results.
- If your baby tests HIV-negative and you are breastfeeding, he or she will need to get another HIV test when you stop breastfeeding to know his or her HIV-status for sure.

**ASK:** *I want to make sure that I explained things well. Can you tell me the most important things about caring for your baby? Why is adherence to your baby's care and medicines important? What questions do you have about caring for your baby?*





**ASK:** *Breast milk is the best food for all babies. There are many things you can do to safely feed your baby. Can you tell me how you plan to feed your baby?*

## FOR COUNTRIES WHERE BREASTFEEDING IS THE RECOMMENDATION AND/OR WHERE WOMEN CHOOSE TO BREASTFEED

### IT IS IMPORTANT FOR YOU TO EXCLUSIVELY BREASTFEED YOUR BABY FOR AS LONG AS POSSIBLE, UP TO 6 MONTHS:

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- Exclusive breastfeeding means giving your baby **ONLY** breast milk and no other liquids or foods, like water, herbal mixtures, juice, porridge, or cow's milk. It is okay to give the baby medicines that you get from the doctor or nurse.
- Breast milk is the only food your baby needs until he or she is 6 months old.
- Breast milk is healthy, free, and prevents your baby from being exposed to serious diseases.
- Babies should start breastfeeding within one hour of birth—this is when they will be most awake. Babies should breastfeed at least 8 times every day (per 24 hours, this means about every 3 hours).
- It is important that your baby has a good latch onto your breast so that you are comfortable and so that he or she gets enough milk. (*demonstrate how to hold and latch the baby*)

### YOU CAN LOWER THE CHANCES OF PASSING HIV TO YOUR BABY THROUGH BREAST MILK:

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- If you are on ART while you are breastfeeding, take your medicines every day at the same time. This will lower the chance of passing HIV to your baby.
- If you are not on ART while you are breastfeeding, your baby needs to take ARVs every day for protection against HIV. Give your baby nevirapine syrup once every day for as long as you are breastfeeding. (*show NVP syrup and how to measure*)
- While breastfeeding for the first 6 months, make sure your baby does not have any other liquids or foods other than breast milk and medicines.
- If you have cracked, sore, or painful nipples, come to the clinic right away.
- If you see thrush (white spots) in the baby's mouth, come to the clinic right away.

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### YOUR BABY WILL NEED FOODS IN ADDITION TO BREAST MILK AFTER 6 MONTHS:

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- Once your baby is 6 months old, he or she will need to have other foods in addition to breast milk to get the nutrition he or she needs to grow and develop.
- Your baby can have both breast milk and other foods until he or she is 1-2 years old. It is important for your baby to continue taking ARVs as long as you are breastfeeding.
- You should only stop breastfeeding if you have enough healthy foods and milk to feed your baby.
- If your baby is HIV-infected, breast milk will help keep him or her healthy.
- When you want to stop breastfeeding, slowly wean your baby. Stopping quickly can be painful for you and bad for the baby.

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**ASK:** *I want to make sure I explained everything well. Can you tell me how you plan to safely breastfeed your baby? What challenges do you think you will face with exclusive breastfeeding (for example, time away from the baby, family pressure, and traditional customs)? What questions do you have about safely breastfeeding your baby?*

## FOR COUNTRIES WHERE AVOIDANCE OF ALL BREASTFEEDING IS THE RECOMMENDATION AND/OR WHERE WOMEN CHOOSE TO FORMULA FEED

### 16 FORMULA FEEDING IS ONLY SAFE FOR YOU AND YOUR BABY IF:

- You and your family will accept that the baby is formula fed
- You have the time to prepare the formula and feed your baby as many as 12 times in 24 hours
- You can afford everything that you need to prepare the formula for as long as your baby needs it (*give examples—bottles/cups, formula, way to boil water, brushes to clean bottles/cups*)
- You will have access to all that you need to safely prepare the formula for as long as your baby needs it
- AND you have access to clean water and a way to boil it

### 16 IT IS IMPORTANT FOR YOU TO EXCLUSIVELY FORMULA FEED YOUR BABY UP TO 6 MONTHS:

- Exclusive formula feeding means giving your baby ONLY formula and no other liquids or foods, like herbal mixtures, juice, porridge, or cow's milk. It is okay to give the baby medicines you get from the doctor or nurse.
- It is important that you do not breastfeed your baby—not even one time. Giving the baby both formula and breast milk increases the chance that your baby will become HIV-infected.

### 16 IT IS IMPORTANT TO PREPARE THE FORMULA SAFELY EVERY TIME TO PREVENT YOUR BABY FROM GETTING SICK: (*demonstrate safe preparation of formula*)

- Always get the water from a safe source, like a faucet.
- Always boil the water and allow it to cool before mixing the formula.
- Always put the cooled water in a clean bottle or cup first, and then add the formula powder.
- To add the powder, use the scoop that comes inside the tin. Make sure you use the correct amount of formula powder for each feeding. Using too little formula is harmful to your baby's growth and development.
- In order to completely clean the bottle and teat or feeding cup so you can use them again, first use soap and a cleaning brush. Then put the bottles in a pot of water and boil them for at least 5 minutes. Then cover and store the bottles in a clean place so they do not get dirty before using them again.

### 17 AFTER 6 MONTHS, YOUR BABY NEEDS FOODS IN ADDITION TO FORMULA:

- Once your baby is 6 months old, he or she will need to have other foods in addition to formula to get the nutrition he or she needs.
- Your baby can have both formula and other foods until 1–2 years old.
- You should only stop giving formula if you have enough other healthy foods and milk to feed your baby. You can discuss this with the nurse.

**ASK:** *I want to make sure I explained everything well. Can you tell me how you plan to safely feed your baby with formula? What challenges do you think you will face exclusively formula feeding your baby (for example, time away from the baby, family pressure, and traditional customs)? How do you think you will deal with these challenges? What questions do you have about safely feeding your baby with formula?*



**ASK:** *Now that your baby is here, I would like to talk with you about some of the challenges women face with exclusive breastfeeding and how you can overcome them. Remember: it is very important to give your baby ONLY breast milk (and any medicines given by the health care worker) for as long as possible, up to 6 months.*

*Exclusive breastfeeding, taking your ARVs, giving your baby ARVs, and coming to all clinic appointments can lower the chance that your baby will be HIV-infected and will help keep your baby healthy. What questions or concerns do you have about exclusively breastfeeding your baby?*

## REMEMBER:

**IT IS IMPORTANT THAT YOU OR YOUR BABY ARE TAKING ARVs THE RIGHT WAY, EVERY DAY, THE WHOLE TIME YOU ARE BREASTFEEDING. THESE MEDICINES WILL MAKE BREASTFEEDING SAFER FOR YOUR BABY AND LOWER THE CHANCE THAT THE BABY WILL BECOME HIV-INFECTED.**

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## HOW DO YOU KNOW YOUR BABY IS GETTING ENOUGH TO EAT?

- During the first 1–2 days after your baby is born, you will make a small amount of milk. This is fine because at this time your baby's stomach can only hold a little bit of milk.
- About 3–5 days after your baby is born, your full milk will “come in” and you will be making more milk. By this time, your baby's stomach will be able to hold more milk.
- It is important to breastfeed your baby often during the first few days—this will help your milk come in and give the baby important nutrients.
- You should feed your baby between 8 and 12 times each day, with each feeding time lasting about 30 minutes total. You should try and feed from both breasts at each feeding (about 10–15 minutes per breast).
- Your baby should have around 3 bowel movements per day—some days it will be more and some days less.
- Most of the time, your baby will let you know when he or she is hungry. Common cues that a baby is hungry include sucking hands, smacking lips, and acting fussy.

## SOME WOMEN FACE CHALLENGES WITH EXCLUSIVE BREASTFEEDING.

### IF YOU HAVE SORE NIPPLES:

- You may have some discomfort during the first week of breastfeeding. Usually this goes away over time, but if you keep having a lot of pain, you should come to the clinic.
- **One cause could be poor positioning:** The baby should take your whole nipple in his or her mouth each time. (*demonstrate good positioning and latch*)
- **Another cause could be cracked nipples:** Expose your nipples to air and sunlight as much as possible and put a bit of breast milk on them between feedings. Do not use soap on your nipples.
- **Another cause could be thrush:** If you have a burning feeling on your nipples or pain for many days, and you see white spots or redness on your nipples and in the baby's mouth, you and the baby may have thrush. Come to the clinic right away for medicines.

**IF YOUR BABY WILL NOT LATCH, THE REASON MAY BE THAT:**

- **Your baby is sleepy:** If your baby falls asleep while breastfeeding, keep offering your breast and try to feed whenever the baby wakes up. You can wake the baby up by tickling its feet, wiping its face with a cool cloth, or undressing the baby.
- **Your baby is fussy:** Try to calm your baby by putting him or her on your skin naked, rocking the baby, offering a finger to suck on before switching to the breast, or squeezing your nipple and putting some milk on your baby's lips.

**IF YOU HAVE ENGORGED BREASTS:**

- If your breasts feel hard and firm for a few days; if you feel swelling, tenderness, warmth, and throbbing; or if your nipples are flat, you may have engorged breasts/nipples.
- **Common reasons why women have engorged breasts:**
  - Your milk just came in.
  - Your baby is not feeding enough or you waited some time to breastfeed.
  - Your baby is not positioned the right way or is not latching well. (*demonstrate good positioning and latch*)
- **If you have engorged breasts, here are some tips:**
  - Use your hand to express as much milk from the breast as possible. (*demonstrate how to hand express*)
  - Put both of your breasts into a sink or dishpan filled with warm water.
  - Put the baby to your breast often. After the feeding, apply fresh cabbage leaves or cool wet cloths to your breasts.

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**IF YOUR FAMILY WANTS TO FEED YOUR BABY FOODS OR LIQUIDS OTHER THAN BREAST MILK:**

- Family members and friends might want to give your baby food other than breast milk. Remember, breast milk is the only food your baby needs for the first 6 months.
- Some things you could say to your family and friends: (*discuss client's specific situation*)
  - “Breast milk is the only food my baby needs for the first 6 months of life.”
  - “I do not want my baby to get diarrhea from the water/tea/food.”
  - “I am trying to keep my baby healthy and prevent HIV so I am exclusively breastfeeding.”
- If you think it would be helpful, someone from the clinic can talk to your family about the importance of exclusive breastfeeding, either at the clinic or at your home.

**YOU NEED ENOUGH FOODS AND LIQUIDS WHILE YOU ARE BREASTFEEDING:**

- You should eat nutritious foods while breastfeeding, including foods with lots of proteins and fats, and lots of fruit and vegetables.
- If possible, eat more than normal while you are breastfeeding—eat one extra full meal per day.
- Drink plenty of fluids like clean water, milk, or tea.
- No matter how much or how little a woman eats, her body will make good breast milk.

**BREASTFEEDING IF YOU ARE SICK OR UNWELL:**

- Even if you are not feeling well, it is still good to continue breastfeeding your baby.
- Drink plenty of fluids and breastfeed often.
- Always take your medicines the right way, every day, including ARVs.

**ASK:** *I want to make sure I explained everything well. What questions or concerns do you have about exclusively breastfeeding your baby for as long as possible, up to 6 months?*



**ASK:** *Now that your baby is here and you will be using formula, I would like to talk with you about how to safely prepare formula and some of the challenges women face with exclusive formula feeding. Remember: it is very important to give your baby ONLY formula for the first 6 months.*

*Exclusive formula feeding, taking your ARVs, giving your baby ARVs, and coming to all clinic appointments can lower the chance that your baby will become HIV-infected. What questions or concerns do you have about giving your baby formula?*

### IT IS IMPORTANT TO PREPARE FORMULA SAFELY EVERY TIME SO YOUR BABY DOES NOT

**GET SICK:** *(If possible, demonstrate and ask for a return demonstration)* .....

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- Wash your hands with soap and dry them on a clean cloth before making formula.
- Be sure to have clean utensils to make the formula each time.
  - Prepare the formula on a clean table or mat. Clean it each time you make formula.
  - Rinse utensils with cold water right away after each use to remove milk before it dries on them, and then wash with hot water and soap. If you can, use a soft brush to reach all the corners.
  - Make sure the utensils are covered to keep off insects and dust.
  - Use a clean cup and spoon to give formula to your baby. Wash them well each time.
- Use safe water to make your baby's formula.
  - Boil water for at least 5 minutes before using it to make formula.
  - Always keep water in a clean, covered container.

### STORE THE FORMULA SAFELY:

- Keep the formula powder in a tightly covered tin. Make sure no insects or dirt can get into the tin. Use a clean scoop to get the powder out of the tin.
- Use prepared formula within one hour of making it.
- If a baby does not finish the feed, you can give it to an older child or use it for cooking. Do not give it to your baby for the next feed.
- If you have a refrigerator, all the formula for one day can be made at once and stored in the refrigerator in a sterilized container with a tight lid.
- If you do not have a refrigerator, you will have to make feeds freshly each time the baby needs to be fed.

### MAKE SURE YOU ARE GIVING YOUR BABY ENOUGH FORMULA:

- Babies do not need any foods or drinks other than formula until about 6 months of age.
- Your baby will need to drink small amounts of formula often—at least 8 times each day at first (about every 3 hours). You will need to give your baby more formula more often as he or she grows.
- The amount of formula you give depends on your baby's age and weight. *(give instructions on how much formula and how many feeds to give the baby)*
- Your baby may eat a bit more or less formula at each feed. When your baby is feeding by cup, offer a little extra but let the baby decide when to stop.
- If your baby takes a very small feed, offer extra at the next feed, or give the next feed earlier.
- If your baby is not gaining enough weight, he or she may need to be fed more often or be given larger amounts at each feed.
- Always bring your baby to the clinic if he or she is not gaining weight or is sick.

**FEED YOUR BABY FROM A CUP AND MAKE SURE YOU HAVE SKIN-TO-SKIN CONTACT DURING THE FEEDINGS:** *(demonstrate feeding with clean cup and spoon)*

- Cup feeding is safer and healthier than bottle-feeding.
- Cups are easier to clean than bottles.
- Cup feeding can help you and your baby bond more than bottle-feeding.
- It is important to have skin-to-skin contact when you are feeding your baby.

**ASK:** *There are some common challenges that many women face when exclusively formula feeding their babies. What challenges do you think you might face?*

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**LET'S PLAN AHEAD FOR SOME OF THE CHALLENGES YOU MAY FACE WITH EXCLUSIVE FORMULA FEEDING:**

- Some people in your family or community may wonder why you are giving the baby formula. It is important to plan what you will say. *(discuss what client will say)*
- It is important to plan ahead if you and the baby are going to be away from home during feeding times. *(discuss what client will do if she's away from home)*
- It is important to plan ahead if you are going to leave the baby with someone else during feeding times. *(discuss how client will make sure other caregivers prepare formula safely)*
- If you see you are running low on formula, be sure to get more before you run out. What would you do if there was no formula available at the clinic? *(discuss how often and where client can get formula as well as planning for transport costs)*
- Many women want to put the baby on the breast when he or she is crying. You will need to think of other ways to comfort your baby during these times, since there is a higher chance your baby will become HIV-infected if you give him or her breast milk AND formula. *(discuss what client can do to comfort the baby)*
- Feeding your baby at night can be difficult if you are tired and have to make formula often and in the dark. It is important to get support to make these night feeds safely. *(discuss how client will prepare feeds at night)*

**ASK:** *I want to make sure I explained everything well. Can you tell me how you will prepare your baby's formula? How often? How much? What will you say to people if they ask you about the formula? What questions or concerns do you have about exclusively formula feeding your baby for the first 6 months?*

# INTRODUCING COMPLEMENTARY FOODS TO YOUR CHILD AT 6 MONTHS

17

REFER TO CARD  
NUMBER(S)  
INDICATED BELOW



**ASK:** *Now that your baby is getting close to 6 months old, he or she will need foods other than breast milk/formula (Note: adjust according to woman's feeding choice). What have you heard about starting to give your baby other foods? Why do you think it is important to start giving other foods to your baby at 6 months?*

## **YOUR BABY NEEDS TO START EATING FOODS OTHER THAN BREAST MILK/FORMULA AT 6 MONTHS OF AGE:**

- Complementary foods are foods you feed your baby in addition to breast milk/formula.
- Breast milk/formula alone is not enough to meet your growing baby's nutritional needs after 6 months. This is why you should start giving your baby other foods when he or she is 6 months old.
- It is important that you or your baby take ARVs the whole time you are breastfeeding to lower the chances that your baby will be HIV-infected.

**ASK:** *What kinds of food do you think will be good to give your baby? What kinds of food do you have at home that you can give your baby?*

## **YOU SHOULD START GIVING YOUR BABY DIFFERENT KINDS OF FOODS STARTING AT 6 MONTHS:**

- Continue to breastfeed/formula feed as frequently as the baby wants, about 8 times throughout the day and night.
- Give your baby other foods 2–3 times a day at first, about half a cup (1–2 large palmfuls) at a time. Then increase this amount over time.
- Your baby's first foods other than breast milk/formula should be soft and mild in taste, such as cereal or porridge. Introduce different foods one at a time so your baby can get used to them.
- You can add some protein to your baby's food. You can give the baby ground meats, beans, ground nuts, or eggs. *(give examples of locally available foods and how to prepare them)*
- You can also add colorful foods to porridge, such as orange and green vegetables or fruits. Be sure to mash them well. *(give examples of locally available foods and how to prepare them)*
- You can add some butter, oil, or milk to porridge to provide some fat. If you are giving the baby animal milk, you should always boil it first.
- All foods should be cooked until soft and mushy, or combined with thick porridge to make it easier for your baby to chew and swallow.
- Always use a clean cup or bowl and a clean spoon to feed your baby.

## **HOW OFTEN TO FEED YOUR BABY:**

- You will need to give the baby complementary feeds more often over time, while also continuing to breastfeed/formula feed.
- When your baby is 6–9 months old, you should give him or her about half a cup (1–2 large palmfuls) of other foods 2–3 times a day. Remember to also keep giving the baby breast milk/formula.
- Then, for the next 3 months (when your baby is 9–12 months old), you can increase the number of complementary feeds to 3–4 times a day.
- After that, you can give your baby 4–5 complementary feeds every day until he or she is 2 years old—or until you have completely stopped breastfeeding/formula feeding.

CONTINUED ON BACK

**IF YOUR BABY IS SICK, HE OR SHE MAY NOT BE HUNGRY:**

- If your baby is sick, bring the baby to the clinic right away.
- When your baby is sick, try to breastfeed or formula feed him or her more often. If your baby has diarrhea, he or she will need more liquids.
- Be patient and encourage your baby to eat while he or she is sick.
- If your baby is more than 6 months old and gets sick, give your baby an extra meal of enriched porridge every day for 2 weeks afterwards.
- It is important to always give your baby any medicines (like ARVs) prescribed by the doctor, even when he or she is sick.

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**ASK:** *If you are breastfeeding, when do you think you will stop breastfeeding? What questions do you have about weaning your baby off of breast milk?*

**WHEN YOU DO DECIDE TO STOP BREASTFEEDING, IT IS IMPORTANT TO DO IT IN A SAFE WAY:**

- Do not try to stop breastfeeding quickly.
- Instead, stop breastfeeding over the span of a couple of weeks or one month, slowly decreasing the number of times you breastfeed per day, and increasing the amount and number of times you give your baby other foods. This will help prevent engorgement, breast pain, and other problems.
- If you have questions about how to stop breastfeeding safely and comfortably, you can always talk with us here at the clinic.

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**BREASTFEEDING AND YOUR BABY'S HIV TEST RESULTS:**

- If your baby has a negative HIV test, you should start thinking about weaning when he or she is 1 year old. In most cases, it is not safe to wean the baby earlier than that. Talk to your health care worker about what is best for you and your child. Remember that you or your baby should be taking ARVs the whole time you are breastfeeding to lower the chances that your baby will become HIV-infected.
- If your child is HIV-infected, you can continue breastfeeding while also feeding your baby other foods until your baby is 2 years old (or even older). Breast milk helps keep HIV-infected babies healthy.
- You should only stop breastfeeding if you have enough healthy foods and clean water to feed your baby.

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**ASK:** *I want to make sure I explained everything well. Why do you need to start giving your baby food other than breast milk/formula when he or she is 6 months old? What kinds of foods do you have at home that you can give your baby? Will you need to buy other kinds of foods? How often do you need to feed your baby other foods?*

*If you are breastfeeding, when and how will you stop? What questions do you have about feeding your baby?*





**ASK:** *Would you like to have more children? If yes, would you like to have another child soon, or would you like to wait some time before having another child? Have you talked to your partner about family planning? Are you using a family planning method now? Would you like to use one in the future?*

**ALL WOMEN AND COUPLES, INCLUDING PEOPLE LIVING WITH HIV, HAVE A RIGHT TO MAKE INFORMED DECISIONS ABOUT THEIR REPRODUCTIVE LIVES AND THE NUMBER AND SPACING OF THEIR CHILDREN.**

**IF YOU AND YOUR PARTNER WISH TO HAVE MORE CHILDREN, THERE ARE TIMES WHEN IT IS SAFEST TO GET PREGNANT AND HAVE A BABY:**

- It is healthiest for you and your children if you wait at least 2 years between pregnancies.
- If you want to have another baby, the safest time to get pregnant is when:
  - Your CD4 count is over 350
  - You do not have any opportunistic infections (including TB) or advanced AIDS
  - You are taking and adhering to ART (if the doctor prescribes it)
- If you decide you want to have another baby in the future, come to the clinic with your partner and we can help you decide the safest times and ways to get pregnant.

**THERE ARE MANY SAFE FAMILY PLANNING OPTIONS FOR YOU AND YOUR PARTNER IF YOU WANT TO PREVENT PREGNANCY OR IF YOU WANT TO WAIT BEFORE BECOMING PREGNANT AGAIN:**

- People living with HIV can usually use all methods of contraception safely.
- **Dual protection:** Dual protection means that the method prevents unintended pregnancy, HIV, and other STIs. Male and female condoms give dual protection.
- **Dual method use:** Another way to have dual protection is by using two methods at the same time, such as oral contraceptive pills and condoms—this is called dual method use.
- There are many things to think about when you choose a family planning method. For example: how easy is it to use the method? how well does it work? how long does the protection last? does your partner need to be involved or accepting of the method? (*discuss different family planning options and provide methods or referrals if the client would like to start using a method*)
  - **Barrier methods**, including male and female condoms, are the only methods that protect against pregnancy, HIV, and other STIs. (*discuss male and female condom use*)
  - **Hormonal methods**, including oral contraceptives, injectables, implants, and emergency contraceptive pills, are generally easy to use, are good for short- and long-term use, and are safe and effective for women living with HIV and those on ART. They protect against pregnancy but not HIV or other STIs. It is important to adhere to hormonal contraceptive methods for them to be effective. For example, if taking oral contraceptive pills, make sure to take one at the same time, every day. (*discuss hormonal contraceptive options. Note: oral contraceptives are not recommended for women taking some protease inhibitors, rifampicin for TB treatment, or certain anti-convulsants*)

- **Long-term and permanent methods**, such as IUDs (long-term) and male and female sterilization (permanent), offer a lot of protection against pregnancy, but do not protect against HIV or other STIs. *(discuss long-term and permanent methods. Note: IUDs are not recommended for women with untreated STIs, clinical AIDS, or those not responding to ART)*
- **Natural methods**, including lactational amenorrhea method (LAM), fertility awareness methods (like cycle beads), and withdrawal, are not as effective as other methods but do give limited protection against unintended pregnancy. They do not protect against HIV or other STIs. *(discuss natural methods, especially LAM if breastfeeding)*
- **Abortion**, where legal in all cases or to save the life of a woman, is another option. However, it is best to use other methods to prevent an unintended pregnancy in the first place. *(discuss abortion options in countries where it is legal or can be used to save a woman's life)*
- There are safe family planning methods to use while you are breastfeeding, including condoms, some kinds of oral contraceptives, implants, injectables, IUDs, and sterilization. *(discuss specific methods that are safe to use during breastfeeding and when the client can start using them)*
- Just like with ARVs, it is important that you adhere to whatever method you choose. *(discuss adherence to oral contraceptives, injectables, or whatever method the client is interested in)*

**ASK:** *I want to make sure I explained everything well. What are your plans for having more children or preventing future pregnancies? Would you like to talk more about preventing or planning future pregnancies? Would you like to talk more about starting on a family planning method today? (provide or give referrals as needed) What questions do you have?*

REFER TO CARD NUMBER(S) INDICATED BELOW



**ASK:** *Not all children born to women living with HIV are HIV-infected, but some babies will become infected. In order to know if your child is HIV-infected or not, we need to do an HIV test. Babies should be tested for HIV at 6 weeks of age, or as soon as possible after that, since HIV can make infants very sick very quickly. In order to prevent this, it's important to know their status as soon as possible. What have you heard about HIV testing in children? What plans do you have to test your child/children for HIV?*

**THERE IS A CHANCE THAT BABIES BORN TO MOTHERS LIVING WITH HIV WILL ALSO BE HIV-INFECTED:** .....

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- Babies can get HIV during pregnancy, during labor and delivery, or during breastfeeding.
- The medicines that you and your baby took or are taking help lower the chance that your baby will be HIV-infected, but you will only know for sure if the child is tested and you receive the results.

**IT IS IMPORTANT FOR YOUR BABY AND ALL OF YOUR CHILDREN TO GET TESTED FOR HIV:** .....

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- Even though you are living with HIV, this does not mean that your children are also HIV-infected. We need to do an HIV test to find out for sure.
- Even if your children do not seem sick, they still might be HIV-infected.
- HIV develops much faster in children than it does in adults. It is very important that we identify HIV infection in children as early as possible so that the child can be protected and treated.
- HIV testing is strongly recommended because it allows children with HIV to access life-saving treatment as early as possible.
- Children living with HIV need care and treatment, which is available for free. Without treatment, many children living with HIV will become very sick and die. ....
- HIV care and treatment, including ARVs, can help save your child's life and help him or her grow and become a healthy adult. ....
- You have the right to say no to testing. If you say that you don't want your child tested, we will talk with you more and still take care of you and your child.
- The result of your child's HIV test is confidential; it is only shared with those health care workers who need this information in order to care for your child.
- Knowing your child's HIV-status for sure can help you and your family plan for the child's care and make sure the child gets the care and treatment he or she needs as early as possible.

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**IF YOUR CHILD IS 6 WEEKS–18 MONTHS OLD:**

- Children born to mothers who know they are living with HIV should be enrolled in follow-up care. ....
- All babies who are born to mothers living with HIV should have an HIV test when they are 6 weeks old. This is a PCR test and it tests for the virus in the baby's blood.
- For HIV tests in babies and children 6 weeks to 18 months of age, we will do a Dried Blood Spot sample, also called a DBS.
  - To get a DBS sample, we will prick your child's heel with a small needle and put some drops of blood on a piece of paper.
  - The paper will then be sent to a lab, and we will get the results back in about 2–3 weeks.

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- It is very important to come back for your child's test results. What do the results mean?
  - If the results are negative and you are breastfeeding now or have breastfed in the last 3 months, the virus can't be detected in your child's blood right now, but it is still possible for your child to become HIV-infected. It is important to repeat the HIV test 6 weeks after you stop breastfeeding completely.
  - If the results are negative and you are NOT breastfeeding now and have not breastfed in the last 6 weeks, your child is not HIV-infected. We will do a confirmation test when the baby is 18 months old to be sure.
  - If the results are positive, this means your baby is HIV-infected and should start care and treatment right away.
  - HIV-infected children less than 24 months of age will start taking medicines called ART right away to keep them healthy.
  - We will help you learn about HIV treatment and ways to care for yourself and your child at home. We will help you with a follow-up plan and give ongoing support to you, your family, and your child.

#### **IF YOUR CHILD IS OVER 18 MONTHS OLD:**

- For children older than 18 months, we can use a rapid HIV test and you will get the result the same day. This is the same test we use for adults.
- For this test, the nurse will take a small blood sample from your child's heel or finger and you will get the results within 30 minutes.
- What do the results mean?
  - If the results are negative and you are breastfeeding now or have breastfed in the last 3 months, the virus can't be detected in your child's blood right now, but it is still possible for your child to become HIV-infected. It is important to repeat the HIV test 6 weeks after you stop breastfeeding completely.
  - If the results are negative and you are NOT breastfeeding now and have not breastfed in the last 3 months, your child is not HIV-infected.
  - If the results are positive, this means your child is HIV-infected and should start care and be evaluated for treatment right away.
  - We will help you learn about HIV treatment and ways to care for yourself and your child at home. We will help you with a follow-up plan and give ongoing support to you, your family, and your child.

**ASK:** *What questions do you have about testing your children for HIV? (If the client is with her child and the child is more than 6 weeks old): Would you like us to test your child for HIV now?*

*Would you like to make an appointment to bring your baby or the other children that live with you to the clinic for an HIV test?*



**ASK:** *I would like to talk with you about the important care and medicines your child will need to be well and to become a healthy adult. What have you heard about caring for an HIV-infected baby or child? What questions or concerns do you have now that you know your child is HIV-infected?*

### IMPORTANT THINGS TO REMEMBER IF YOUR CHILD IS HIV-INFECTED:

- There is a lot we can do to keep your child healthy.
- Children living with HIV need the same things that all children need—immunizations and other child health services; healthy food; safe water; to play, laugh, and learn; and to be loved and protected.
- HIV develops much faster in children than it does in adults.
- All children living with HIV need care and treatment, which is available for free.
- Without treatment, many children living with HIV will become very sick and die.
- HIV care and treatment, including ARVs, can help save your child's life and help him or her grow to become a healthy adult.

### FEEDING YOUR CHILD:

- If you are exclusively breastfeeding your baby, continue until your baby is 6 months old.
- Your baby needs other foods after he or she is 6 months old, but continue breastfeeding as well (up to or beyond 2 years of age). Breast milk will help keep your baby healthy.
- HIV-infected children need more food each day to stay healthy. Try and give your child at least 3–5 meals every day so he or she gets enough nutrition and gains weight.

### BRING YOUR CHILD FOR REGULAR CARE AT THE CLINIC:

- Your child needs to come to the clinic often and for all appointments.
- When your child starts ART, it is important to come back to the clinic every 2 weeks for the first month.
- After your child has adjusted to the medicines, bring him or her to the clinic every month.
- If your child is not taking ART, it is important to bring him or her to the clinic every month for a checkup and lab tests.
- Children with HIV can get sick very quickly, so it is important to bring your child for all clinic appointments and whenever he or she seems sick or has a fever.

**GIVING YOUR CHILD MEDICINES:** *(show the mom or caregiver the syrups and/or tablets the child will take, the dosing, and how to give them to the child. Allow time for practice and questions.)*

- Antiretrovirals, or ARVs, are medicines that help lower the amount of HIV in the body. When a child takes different ARVs at the same time (usually 3 different medicines), we call this antiretroviral therapy, or ART.
- ART does not cure HIV, but it can help your child become a healthy adult.
- All HIV-infected children **under age 2** need to start taking ART. The doctor will do a checkup and tests to see when older children need to start taking ART.
- Usually babies and young children take syrups, or else tablets may be crushed and dissolved.
- Once your child starts ART, he or she will need to take it every day, at the same times, for his or her whole life.
- Your child will also need to take a medicine called cotrimoxazole to prevent infections.

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**ASK:** *It is very important that your baby gets his or her medicines the right way, every day, and that you bring the baby back to the clinic often. What things do you think will help you and your child stick to the care and treatment plan?*

**ADHERENCE MEANS HOW FAITHFULLY YOU STICK TO AND PARTICIPATE IN YOUR OWN AND YOUR BABY'S CARE AND TREATMENT PLAN. THIS INCLUDES:**

- Bringing your baby for all appointments at the clinic for checkups, lab tests, pharmacy refills, immunizations, if the baby gets sick, and for other care
- Giving your baby cotrimoxazole every day once the baby is 6 weeks old
- Giving your baby his or her ARVs the right way, every day, for his or her whole life (*remind the client of her baby's medication plan*)
- Giving the right dose of medicines to your baby. Remember, the amount of medicine will change when he or she gains weight. (*check understanding of changing doses*)

**IT IS IMPORTANT TO MAKE AN ADHERENCE PLAN THAT FITS WITH YOUR LIFE:**

- If you are taking medicines, give your child medicines at the same time you take yours.
- Try to schedule your own and your baby's appointments on the same day.
- Taking care of a child living with HIV can be hard work. You need emotional support.
- You may also need support from family or friends to help give your child medicines, to bring him or her to the clinic for all appointments, and to make sure he or she is fed safely.

**HERE ARE SOME TIPS ON GIVING YOUR BABY SYRUPS:** (*demonstrate*)

- Look at the colored tape on the syringe to make sure you are giving the right dose.
- You can reuse syringes until the markings begin to wear off or the plunger is hard to use. Wash the syringes with warm, soapy water, rinse, and let them air dry.
- If the medicine is too sticky, add a little breast milk or formula to the syringe.
- DO NOT add medicines to a baby bottle or feeding cup.

**YOU MAY ALSO NEED TO CRUSH AND DISSOLVE TABLETS:**

- If syrups are not available or if your child prefers it, you can also crush pills and mix them with some expressed breast milk or formula. (*demonstrate how to crush and dissolve pills*)

**IF YOUR CHILD DOES NOT WANT TO TAKE HIS OR HER MEDICINE, HERE ARE SOME TIPS:**

(*demonstrate*)

- Talk or sing to the child to help him or her stay calm.
- Wrap your child in a blanket and hold him or her in the bend of your arm—this will help keep the baby still.
- Place the dropper in the corner of the baby's mouth and slowly give the medicine. Aim for the inside of the baby's cheek instead of the back of the tongue.
- Blow gently into your baby's face, which should make him or her swallow.
- Do not give medicine when your baby is crying or by pinching his or her mouth open.
- If your baby vomits medicine within 30 minutes of taking it, give the dose again.
- If the problem doesn't get better, you should talk to your doctor. You may be able to change medications or change the form of the medication that you are giving the child.

**ASK:** *I want to make sure that I explained things well. Can you tell me the most important things about caring for your child? Can you tell me why adherence to your child's care and treatment plan is important? What do you think can help you adhere to your own and your child's care and treatment plan? What questions do you have about caring for your child?*