



## Adherence Preparation & Support Guides for use in PMTCT Settings

## How to Use the Adherence Preparation and Support Guides

These adherence preparation and support guides were developed to assist 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, as well as caregivers of HIV-exposed and HIV-infected children. These guides can help providers work with their clients to understand the importance of adherence throughout the spectrum of PMTCT care and throughout life; to ensure understanding of the care and medications plan; to identify potential adherence challenges; and to come up with practical solutions. The adherence guides 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 guides into the local language.

Often, adherence preparation is not tailored to the specific needs and concerns of pregnant and postpartum women and, in some cases, pregnant women are referred to general ART clinics for adherence counseling and preparation. Many programs stipulate that clients participate in a series of group and individual counseling and preparation sessions before starting ART. **However, given the importance of early and timely initiation for PMTCT, it is critical that barriers to immediate ARV/ART initiation are removed for pregnant women and HIV-exposed infants.** Adherence preparation should be conducted in a way that encourages immediate ARV/ART initiation and that supports focused adherence preparation within ANC and PMTCT settings. This preparation should be coupled with intensive ongoing adherence support. To avoid delays, initial adherence preparation counseling can be conducted on the same day the client initiates ARVs/ART. In most cases, when ample time is dedicated to client-centered, individual counseling, clients will be able to understand the basics of their own and their baby's care and medication plan as well as the importance of adherence, and can develop an adherence plan with providers all on the same day.

**Included are 4 adherence preparation and support guides: one for pregnant women starting ARV or ART prophylaxis, one for pregnant women starting lifelong ART, one for women on ART who become pregnant, and one for caregivers of HIV-exposed infants.** The appropriate form should be used during adherence counseling sessions, according to the client's needs and situation. Completed adherence assessment forms should be kept in the client's file and referred to during follow-up visits. While many ANC and PMTCT programs do not keep client files, such adherence assessments are a very important part of quality, continuous care and client-centered counseling. If individual client files are not maintained at the clinic, these guides can also be used as job aides to help providers conduct adherence counseling with clients.

**Basic information:** Write the client's name and file number at the top of the form. Be sure to sign and date the form at the end of each session and ensure that the form is kept in the client's clinic file.

**Questions to ask the client/caregiver:** The questions in this section allow the health worker to discuss specific care, medication, and adherence issues with the client. The questions should be used to identify areas where the client may need additional information and support, but should not be used to "score" a client's knowledge and readiness to take ARVs. It is important to allow time for the client to respond to each question. Clients should always be made to feel comfortable asking questions and expressing potential adherence challenges and they should never be judged or punished. Remember to write down any important information from their responses, as this will help decide on effective next steps, important areas for follow-up, and in supporting the client's adherence over the long term.

**Client requires more counseling and support in these areas (LIST):** Write down specific areas in which the client needs ongoing adherence counseling and support. Refer to this section of the form during follow-up counseling appointments and clinic visits. Even if a client has questions about her own or her child's care and medicines, or is facing specific adherence challenges, this is usually not a reason to delay initiation of ARVs/ART. Instead, these issues should be viewed as important areas for ongoing counseling and support.

## Adherence Preparation/Support Guide for Pregnant Women Starting ARV/ART Prophylaxis

**Client's Name:** \_\_\_\_\_ **Client's File#:** \_\_\_\_\_

1. Can you tell me what group or one-on-one counseling sessions you have attended here at the clinic?	
2. Can you explain why you need to take ARVs during your pregnancy?	
3. What do you expect from taking ARVs?	
4. How confident do you feel about taking medicines every day during your pregnancy?	
5. Can you tell me the names of the ARVs you will be taking and when you will take them (how many pills, what times of day)?	
6. Can you tell me how many weeks (or months) into your pregnancy you are? Do you know when you will start taking ARVs?	
7. For how long after your baby is born will you keep taking ARVs or ART?	
8. Can you tell me some possible side effects of your ARVs? What will you do if you have side effects?	
9. Can you explain what happens if you do not take all of your ARVs every day, at the same time?	
10. Is there someone who can help you come to the clinic for appointments and help you take your medicine every day? What is their contact information?	
10a. Has he/she been to the clinic with you?	
11. Do you think you will have any problems coming to this clinic for your appointments?	
12. How will you remember to come for your clinic appointments?	
12a. How will you remember to take your medicines the right way, at the same time, every day?	
13. Are you taking any medicines - other than the ones prescribed to you by the doctor or nurse (including traditional or herbal medicines)?	
14. Where will you store your medicines?	
15. What will you do if you are about to run out of your medicine(s)? What about if you are going to be away from home?	
16. What will you do if you miss a dose of your medicine?	
17. Do you have any questions about the plan for your care or your medicines?	

**Client requires more counseling and support in these areas (LIST):**

**Signature of person completing assessment:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Adherence Preparation/Support Guide for Pregnant Women Starting Lifelong ART

**Client's Name:** \_\_\_\_\_ **Client's File#:** \_\_\_\_\_

1. Can you tell me about the group or one-on-one counseling sessions you have had here at the clinic?	
2. Can you explain why you need to take ART during your pregnancy and for your entire life?	
3. What do you expect from taking ART?	
4. How confident do you feel about taking medicines every day during your pregnancy and for your entire life?	
5. Can you tell me the names of the ARVs you will be taking and when you will take them (how many pills, what times of day)?	
6. Can you tell me some possible side effects of your ARVs? What will you do if you have side effects?	
7. Can you explain what happens if you do not take all of your ARVs every day, at the same time, during your pregnancy and for your entire life?	
8. Is there someone who can help you come to the clinic for appointments and help you take your medicine every day? What is their contact information?	
8a. Has he/she been to the clinic with you?	
9. Do you think you will have any problems coming to this clinic for your appointments?	
10. How will you remember to come for your clinic appointments?	
11. How will you remember to take your medicines the right way, at the same time, every day?	
12. How will you take your ART when you are in labor? If you are breastfeeding?	
13. Are you taking any medicines - other than the ones prescribed to you by the doctor or nurse (including traditional or herbal medicines)?	
14. Where will you store your medicines?	
15. What will you do if you are about to run out of your medicine(s)? What about if you will be away from home?	
16. What will you do if you miss a dose of your medicine?	
17. Do you have any questions about the plan for your care or your medicines?	

**Client requires more counseling and support in these areas (LIST):**

**Signature of person completing assessment:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Adherence Support Guide for Pregnant Women Already on ART

**Client's Name:** \_\_\_\_\_ **Client's File#:** \_\_\_\_\_

1. Can you tell me about the group or one-on-one counseling sessions you have had at this clinic or at the ART clinic?	
2. Can you explain why you need to take ART for your entire life?	
3. What have been your experiences taking ART?	
4. Can you tell me about any challenges you have had taking your ART?	
5. How confident do you feel about continuing to take ART every day during your pregnancy and for your entire life?	
6. Can you tell me the names of the ARVs you take and how and when you take them (how many pills, what times of day)?	
7. Have you had any side effects from your ARVs? What did you do about them?	
8. Can you explain what will happen if you do not take all of your ARVs every day, at the same time, now during your pregnancy and for your entire life?	
9. Is there someone who helps you come to the clinic for appointments and helps you take your medicine every day? What is their contact information?	
9a. Has he/she been to the clinic with you?	
10. Do you think you will have any problems coming to this clinic or the ART clinic for your appointments?	
11. How do you remember to come for your clinic appointments?	
12. How do you remember to take your medicines the right way, at the same time, every day?	
13. How will you take your ART when you are in labor? If you are breastfeeding?	
14. Are you taking any medicines - other than the ones prescribed to you by the doctor or nurse (including traditional or herbal medicines)?	
15. Where do you store your medicines?	
16. What do you do if you are about to run out of your medicine(s)? What about if you will be away from home?	
17. What do you do if you miss a dose of your medicine?	
18. Do you have any questions about your care and treatment plan – now while you are pregnant or for your entire life?	

**Client requires more counseling and support in these areas (LIST):**

**Signature of person completing assessment:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Adherence Preparation/Support Guide for Caregivers of HIV-Exposed Infants

**Client's Name:** \_\_\_\_\_ **Client's File#:** \_\_\_\_\_

1. Can you tell me about the group or one-on-one counseling sessions you have had here at the clinic?	
2. Can you explain why your baby needs to take ARVs?	
3. How long will your baby need to take ARVs?	
4. What concerns do you have about giving your baby ARVs?	
5. Who helps you take care of your baby? Do they know your baby has been exposed to HIV? Do they understand how to feed your baby and how to give your baby medicines?	
6. How will you remember to give the baby medicines the right way, at the same time, every day?	
7. How will you remember to come for your baby's clinic appointments?	
8. Can you tell me the names of the ARVs you will give to your baby and how and when you will give them (how much, how to give syrup, what times of day)?	
9. What will you do if your baby does not want to take medicine? Or spits up the medicine?	
10. Can you tell me some possible side effects of ARVs? What will you do if your baby has side effects?	
11. Are you giving the baby medicines other than the ones prescribed to you by the doctor or nurse (including traditional or herbal medicines)?	
12. Where will you store the baby's medicines?	
13. What will you do if you are about to run out of medicine(s)? What about if you will be away from home? Or away from the baby?	
14. What will you do if you or your baby misses a dose of medicine?	
15. Can you tell me how you plan to feed your baby in the first 6 months? What will you say if people want to give your baby something other than breast milk (or formula)?	
16. What tests and medicines does your baby need at 6 weeks of age? After 6 weeks of age?	
17. <i>For mothers:</i> Can you tell me how you plan to continue your own care and treatment now that you are also taking care of the baby?	
18. Do you have any questions about your own or your baby's care and treatment plan?	

**Client requires more counseling and support in these areas (LIST):**

**Signature of person completing assessment:** \_\_\_\_\_ **Date:** \_\_\_\_\_