



PMTCT PATIENT
EDUCATION VIDEO

How to Use the PMTCT Patient Education Video

“Saving Two Lives: A Patient Education Video on Adherence to PMTCT” was created to reinforce key PMTCT messages with clients, their family members, caregivers, and community members. The video was filmed in Port Elizabeth, South Africa and most of the actors are actual nurses, peer educators, mother mentors, and community members from the area.

The video was developed as a generic product, so while it may not completely reflect the specifics of PMTCT care in all countries, it remains useful in promoting the key concepts of PMTCT, including retention, adherence, and the importance of psychosocial support. The video is in English, so careful facilitation is especially required in settings where viewers do not use English as a first language.

The video is divided into specific scenes. It may be played in its entirety, or by section, depending on the time available and the audience.

- In the first scene, the viewer is introduced to Hope, a young woman who lives with her husband and mother-in-law. Hope goes to the clinic for her first ANC visit (despite her mother-in-law’s insistence that this is a waste of time), where she is tested for HIV and learns that she is HIV-infected. The nurse at the clinic gives Hope information on the meaning of her test results and how she can prevent MTCT. Afterwards, Hope meets an experienced mother and PMTCT client, Janet, who gives her information and support on what she needs to do to prevent MTCT.
- In the second scene, one week has passed and Janet returns to the clinic with Hope. Hope picks up her CD4 test results and prepares to start taking ARVs. The nurse and Janet give Hope practical advice on how she can lower the chances that her baby will be HIV-infected, including the importance of adherence to her PMTCT care plan and medicines.
- In the third scene, we see Hope and her newborn baby attend a mother’s support group meeting in the community. Hope shares some of her experiences caring for her HIV-exposed baby and learns more from other support group members and the Peer Educator who is facilitating the meeting.
- Each scene is separated by “commercials” that reiterate key messages on PMTCT.

The video may be used in a number of settings, including:

- In the ANC waiting area, if there is a TV and DVD/VCD player
- As part of group education sessions with PMTCT clients
- As part of individual counseling and education sessions with PMTCT clients
- As part of training and mentoring activities for lay counselors, peer educators, mother mentors, etc.
- In support group meetings
- In the community, for example, at community meetings, religious gatherings, workplaces, marketplaces, and other venues where people come together
- During women’s and youth group activities
- During PLHIV association activities
- As part of a public service announcement (PSA) on television

The video will be most effective if a health worker (nurse, peer educator, counselor, etc.) facilitates the video with viewers.

- Once programs decide on how and where the video will be used, it is recommended that tailored facilitation guides, including prompts and questions, be developed and implemented (see next pages for a sample).
- For example, if the video is used as part of a group education session with PMTCT clients, the facilitator could stop the video at regular intervals and ask clients what they think is happening, what they think the characters are feeling, and how the situation shown in the video relates to their own PMTCT care and medicines. Similar questions can be asked at the end of the video in cases where the entire video is shown at once.
- Facilitation and guided discussion will also allow for more in-depth discussion of PMTCT care and medicines, for example, discussing which specific ARVs pregnant women and HIV-exposed children take and for how long, specific examples of adherence challenges and reminders, and ways to safely feed and care for HIV-exposed infants.
- As mentioned above, guided facilitation will also help viewers understand what is happening in the video, especially if they do not speak English as a first language.

Sample PMTCT Video Discussion Guide

(adapt to your setting)

Scene 1: Hope goes to the clinic for her first antenatal care visit, where she is tested for HIV and meets Janet in the waiting area

- What challenges does Hope face in going to the clinic for antenatal care?
- How do you, or people you know, get support from partners and family members?
- What do you think of Hope's concerns about getting an HIV test as part of her antenatal care?
- What do you think Hope was thinking and feeling when she got the results of her HIV test from the nurse? How did you feel when you got your test results?
- Why do you think it's important for pregnant women to be tested for HIV?
- What does a CD4 count tell us? Why is it important for pregnant women living with HIV to know their CD4 count? What is your CD4 count, and what do you think the number means?
- What do you think Janet means when she tells Hope that she is "very lucky" and had "the good sense to come to the clinic?"
- What are the most important things Hope learns from Janet about PMTCT?
- What steps has Janet taken in the past, and what steps is she taking now, to lower the chances that her children will become HIV-infected?
- What do you think Janet means when she tells Hope, "no one can do this on their own?"
- What do you think Hope said to her husband after returning from the clinic? What have been your experiences talking to your partner and family members about HIV and PMTCT?
- How do Hope's experiences relate to your own experiences with antenatal care and PMTCT services?
- How do you think Hope can lower the chances that her baby will become HIV-infected? What steps do you think you can take to lower the chances that your baby will become HIV-infected?

Scene 2: Hope and Janet return to the clinic for Hope's CD4 test results and Hope starts taking ARVs

- Hope learns that her CD4 count is 450, and that she will have to start taking ARVs. Why does she need to take ARVs during pregnancy and not start ART for life?
- What if Hope's CD4 count was 350 or below? How would her care and treatment be different?
- What is your CD4 count and what medicines are you taking?
- Why is it important that Hope take ARVs during her pregnancy? Why is it important that you take ARVs during your pregnancy?
- What concerns does Hope have about taking ARVs during pregnancy? What concerns do you have?
- Why does Hope's baby need to take ARVs after he is born and until she stops breastfeeding? What ARVs does your baby need to take and why?
- What do you think Hope and the adherence counselor talk about during their session (which we don't see in the video)? What do you think pregnant women need to know when they start taking ARVs or ART?
- How would you answer Hope's question to Janet, "Will ARVs cure the HIV?"

- What ways does Janet suggest to Hope to remember to take her medicines the right way, at the same time, every day? How do you remember to take your medicines every day?
- What ways does Janet suggest to Hope to remember to come back to the clinic for all of her appointments? How do you remember to come back to the clinic for your appointments?
- Janet tells Hope that she will need support to adhere to her own and her baby's care and medicines and refers Hope to a support group. How do you get the support that you need? What have been your experiences with mother's support groups?
- Hope's mother doesn't think she needs to deliver the baby at a hospital. Do you think it's important that all women deliver their babies at a clinic or hospital? Why?
- What does Janet tell Hope to do during her labor and delivery? What plans do you have for your labor and delivery?
- What do you think are the key messages about PMTCT during pregnancy, labor, and delivery?

Scene 3: Hope and her one-month old baby attend a mother's support group meeting in the community, facilitated by a Peer Educator

- What do you think happened to Hope between the time we saw her with Janet at the clinic and when we see her with her baby at the mother's support group meeting?
- What challenges does Hope have with exclusive breastfeeding? What challenges do you have or think you will have? Why is exclusive breastfeeding and taking ARVs or giving your baby ARVs important to lower the chances that your baby will be HIV-infected? How do you plan to feed your baby?
- The mothers talk about their own 6-week checkup. Why is it important for mothers to go back to the clinic for their own checkups within 1 week and 6 weeks after they deliver? What do you think happens at these visits?
- The mothers talk about taking their babies for a 6-week checkup. Why is it important for babies to go back to the clinic when they are 6-weeks old? What do you think will happen when Hope takes her son for his 6-week visit?
- When can a baby be tested for HIV? Why is it important to test your baby for HIV and to pick up the results?
- What is cotrimoxazole? Why do babies exposed to HIV need to take it?
- One woman in the support group is taking ART for life. Hope took ARVs during her pregnancy, labor, and delivery only. Why do some pregnant women need to take ART for life, and others need to take ARVs/ART only during pregnancy, labor, and delivery? Are you taking ART for life or only during pregnancy, labor, and delivery?
- Why do women living with HIV need to continue their own care for life? How often do you go back to the clinic? What happens when you go back to the clinic?
- Why do all babies exposed to HIV need to take ARVs? How long do they need to take ARVs?
- Hope says she has some challenges giving her baby ARV syrups. What kinds of challenges do you have? What are some of the solutions to giving your baby ARVs every day?
- Why do you think the nurse asks her client who else takes care of her baby at home? Who else takes care of your baby at home? How do you help them learn about the care and medicines the baby needs?

- The support group members want to talk about sex. What does the Peer Educator tell the women about having sex after delivering a baby? What about condoms and family planning? What do you and your partner do to protect each other and prevent unintended pregnancies?
- The Peer Educator reminds the support group members that, “Adherence equals life” and that, “Adherence is the key to you and your baby staying healthy.” What do the support group members do to adhere to their own and their babies’ care and medicines? What do you do to adhere to your own care and medicines? Your baby’s care and medicines?
- Why do you think Hope goes to the support group meeting, even though she has a lot to do at home? How do you think the support group helps her? What mother’s support groups are there in your community? What are your experiences with these groups?
- What do you think are the key messages about PMTCT after the baby is born?

Interstitials (breaks between scenes, these are key PMTCT messages):

Discuss each statement, including the meaning, the “how,” and the “why”:

- Not all babies born to mothers living with HIV will become HIV-infected.
- There's a lot you can do to lower the chance that your baby will be infected.
- All pregnant women living with HIV need to take medicines called ARVs.
- All babies exposed to HIV need to take medicines called ARVs.
- Never miss an appointment.
- Take your medicines the right way, at the same time, every day.
- Give your baby his or her medicines the right way, at the same time, every day.
- Adherence equals life.
- PMTCT can help you save 2 lives—your own and your baby's.
- We need to accept and support each other.
- There are 12 million women living with HIV in Africa. You are not alone.