

Anti-Retroviral Prophylaxis Regimens to Prevent Mother to Child Transmission

Course	Antepartum	Intrapartum	Postnatal
Recommended for pregnant women presenting at 28 weeks pregnancy or earlier. This is the preferred regimen.	MOTHER: ZDV 300MG twice a day starting at 28 weeks or as soon as possible thereafter.	MOTHER: 3TC/ZDV (150/300) start dose of 2 tablets at onset of labour and 1 tablet every 12 hours until delivery. NVP 200mg single-dose at onset of labour.	INFANT: NVP 2mg/kg oral suspension immediately after birth and ZDV 4mg/kg twice a day for 7 days starting immediately after birth. MOTHER: 3TC/ZDV (150/300) 1 tablet twice a day for 7 days
Regimen for pregnant women who has received less than 4 weeks of AZT or HAART before delivery		MOTHER: 3TC/ZDV (150/300) start dose of 2 tablets at onset of labour and 1 tablet every 12 hours until delivery. NVP 200mg single-dose at onset of labour.	INFANT: NVP 2mg/kg oral suspension immediately after birth and ZDV 4mg/kg twice a day for 28 days MOTHER: 3TC/ZDV (150/300) 1 tablet twice a day for 7 days.
Regimen for mother who has received no ARV prophylaxis.		MOTHER: 3TC/ZDV (150/300) start dose of 2 tablets at onset of labour and 1 tablet every 12 hours until delivery. NVP 200mg single-dose at onset of labour.	INFANT: NVP 2mg/kg oral suspension as soon as possible after delivery and ZDV 4mg/kg twice a day for 28 days MOTHER: 3TC/ZDV (150/300) 1 tablet twice a day for 7 days.
Where combination regimen not available	NONE	MOTHER: Single-dose NVP 200mg at onset of labour.	INFANT: NVP 2mg/kg oral suspension immediately after birth
If mother did not receive any ARVs for prophylaxis and baby is seen soon after delivery.			INFANT: NVP 2mg/kg oral suspension as soon as possible after delivery and ZDV 4mg/kg twice a day for 28 days.

- Prophylactic ARVs should be dispensed within MNCH
- When referred for HAART pregnant women should be given priority for assessment given that there is a limited period within which the opportunity to avert HIV transmission to the unborn baby can be fully utilized.
- Where Combivir is not available, continue with Zidovudine.
- The use of NVP alone is discouraged unless there are no other options.

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