Supplemental Counseling Cards for the Essential Package: Steps for Prevention of Mother-to-Child Transmission
Adherence to ARVs
Adherence to ARVs

Reflection Questions:
- What do you see happening in this picture? How does this apply to you?
- Do you remember the last time you forgot to take your ARVs? What was happening?
- What kinds of things can help you remember to take your ARVs at the same time every day?

Suggested Actions:
- Tell your healthcare worker if you are having difficulty taking your ARVs.
- Plan to take the drugs at the same time as something else you do every day such as cleaning your teeth or fetching water or set a reminder on your phone to help you remember to take your ARVs at the same time every day.
- Tell your healthcare worker if you are taking any other medications and ask if they are okay to take at the same time as your ARVs.

Key Messages:
- Taking your ARVs helps you stay healthy so you can take care of your baby, family, and live a longer, healthier life.
- Taking your ARVs also helps prevent your baby from becoming infected with HIV during pregnancy or breastfeeding.
- ARVs are safe to take when you are pregnant and while you are breastfeeding.
- Taking ARVs every day reduces the amount of HIV virus in your body. When the amount of virus in the blood is very low, we say the “viral load” is “suppressed”.
- You should speak with your healthcare provider if you have any questions, concerns or problems taking your ARVs every day, like:
  - It can be difficult to remember to take medicines every day
  - Sometimes when you are pregnant you feel nausea or have other symptoms that make it difficult to take ARVs
  - It may be hard to go back to the facility to collect your refills
  - You may be taking other medicines that prevent your ARVs from working properly
Viral Load Suppression

[Diagram showing a woman taking medication (ARVs) to suppress HIV]

[Diagram showing HIV suppression inside a test tube]
Viral Load Suppression

Reflection Questions:
- What do you see happening in this picture?
- What has been explained to you about viral load?
- How do you think a “suppressed” viral load helps prevent HIV from infecting your baby during pregnancy, delivery and breastfeeding?

Suggested Actions:
- Ask your healthcare worker the results of your last viral load if you have been taking ARVs for more than six months. If you have not yet had one, ask your healthcare worker to check your viral load.
- If you have been taking ARVs for less than six months, ask your healthcare worker when you should have your first viral load measured.
- Ask your healthcare worker when you are supposed to return to check your viral load again.

Key Messages:
- Taking ARVs every day reduces the amount of HIV virus in the body.
- When the amount of virus in the blood is very low, we say the viral load is “suppressed”.
- When the viral load is “suppressed”, it increases the chance of having an HIV-negative baby.
Treatment Supporters
Treatment Supporters

Reflection Questions:
- What do you see happening in this picture?
- Have you told your HIV status to anyone?
- If you have disclosed your status to someone who was it and what was their reaction?
- If you disclose your status to a treatment supporter, what could they help you with?

Suggested Actions:
- If you have not disclosed your status to anyone, think about who in your family or community you trust to disclose your status to.
- If you have not told anyone your status, ask a counselor to help you come up with a plan or help you disclose your status to someone you trust.
- Think about who lives with you or nearby that could help you take your treatment at the same time every day.
- If you do not feel comfortable disclosing your status or you want additional support, you can ask your healthcare provider to help you find a peer support group of other mothers who are also living with HIV and who could help to support you.

Key Messages:
- Many women find it helpful to have a treatment supporter who knows her HIV status.
- Anyone can be a treatment supporter- your partner, family member, or a trusted friend who cares about you.
- If someone else knows your HIV status they can help give you support to keep yourself and your baby healthy. This includes helping you to get to your clinic appointments, reminding you to take your ARVs on time, and making sure you have what you need to keep you and your baby healthy.
Partner Disclosure

Reflection Questions:

- If you have disclosed your status to your partner, what was his reaction? If not, what do you think his reaction will be if you tell him?
- If you do disclose your status to your partner what kind of support could he provide to you?

Suggested Actions:

- Encourage your partner to seek testing for himself or seek testing together as a couple. Sometimes the clinic can call your partner inviting him to come for a test.
- If your partner does not have time to go to the clinic or feels uncomfortable going, ask your healthcare worker if he can test in the community or if self-testing at home is available.
- Ask a counselor to help you tell your partner about your HIV status if you want to disclose to him but need support.
- If you are worried that your partner may become violent or hurt you, talk to a counselor or healthcare provider about whether disclosure to your partner is right for you at this time.

Key Messages:

- Some women choose to tell their partners about their status, and some do not. This decision is up to you and depends on your relationship. Sometimes a good treatment supporter may be your partner.
- There are some advantages to telling your partner your status:
  - You can take your ARVs and go to the clinic openly without having to hide.
  - Your partner can support you in taking your medicines and getting to the clinic or hospital.
  - Your partner can help to make sure your baby has whatever is needed to remain healthy.
  - Your partner will be able to check his own status and take ART for treatment if he is positive or PrEP for prevention if he is negative.
  - It will be easier for you to make sure all your children get HIV tested.
- There are also challenges you may worry about if you tell your partner your status:
  - He may be upset or angry that you did not tell him sooner.
  - He may be worried about his own HIV status and not understand his options for testing and treatment.
  - He may become angry enough to leave you or hurt you.
Facility-Based Delivery
Facility-Based Delivery

Reflection Questions:

- What do you see happening in this picture?
- Do women in your community usually deliver in hospital, at home or somewhere else?
- Why do you think some women don’t deliver their babies in a hospital?
- Have you planned where you will deliver your baby?

Suggested Actions:

- Decide how you will get to the facility when you are in labor and make a plan that includes bringing your ARVs with you.
- If you are not able to deliver your baby in a hospital make sure you and your baby are checked by a healthcare worker as soon as possible after you deliver.
- Talk with your partner, family or close friends and ask for help to get to the facility when you are in labor and if you need money for facility/hospital fees.

Key Messages:

- Sometimes there are problems during labor and delivery that may be dangerous for you and your baby.
- Delivering in a health facility is safer for both you and your baby. If there are problems the healthcare workers can give you and your baby treatment right away.
- You may deliver your baby at a health facility that is far from your home, so it is important to remember to bring your ARVs and any medication for your baby with you when you go to the facility.
- It is important to have a treatment supporter wherever you choose to deliver.
- If you have any questions or worries, healthcare workers are also there to give you information or talk to you about your worries.
Infant Prophylaxis
Infant Prophylaxis

Reflection Questions:

- What do you see happening in this picture?
- Do you think it will be difficult to give your baby ARVs at home every day? If yes, why?
- Is there anyone at home that can help you to take care of your baby and support you to give your baby ARVs every day?
- What will you say if someone who does not know your status asks you about the medicine you are giving the baby?

Suggested Actions:

- Make sure you know how much ARVs you should give to your baby every day. If you are not sure, ask your healthcare worker.
- Plan for what time you will give your baby ARVs and where you will store it at home.
- Join a peer mothers’ group for support and advice if you have difficulty giving your baby ARVs or want to talk with other mothers who are having a similar experience.
- If you have a treatment supporter, ask if they can support you by giving your baby the ARVs if you are not home.

Key Messages:

- You will give your baby ARVs after birth and you will need to continue taking your own ARVs every day to stay healthy and protect your baby. This medicine will give your baby extra protection against HIV infection.
- It is important to measure the correct amount of medicine that is prescribed for your baby and give it once a day.
- As your baby grows, the amount of ARVs that you will need to give your baby will be adjusted for his/her weight, make sure to ask your healthcare worker when you should bring your baby back for his/her next visit.
- Your friends and family may see you giving medicine to your baby and ask you questions about it. You can choose to share your status or tell them that you are giving ARVs if you want to, but the decision is up to you. You can say something simple like “I am giving medicine to my baby so he will stay healthy”.

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Testing

Reflection Questions:

- What do you see happening in this picture?
- Did you know that your baby would need more than one test for HIV?
- When will you take your baby for the first HIV test?
- If your baby's first test is negative, why do you think it is important to repeat the test again?

Suggested Actions:

- Return to the facility when your baby is between one and one and a half months old for the special HIV test and ask the healthcare worker when you should collect the results.
- Remember to take your baby back for repeat testing at 9 months, again after you stop breastfeeding, and then at 18 months, even if your baby is healthy.
- If your baby becomes sick at any time, take the baby to the facility right away. Tell the healthcare worker that your baby may need an HIV test.
- Even if your baby is healthy, remember to ask your healthcare worker when the next test is due. If you don't receive the test results within 2 weeks check with your healthcare worker about when the results will be available.

Key Messages:

- Your baby needs to be tested for HIV several times. The risk of your baby being infected with HIV ends only after you stop breastfeeding. Even if the previous tests were negative your baby should have a last HIV test at least one and a half months after you stop breastfeeding.
- Young babies need a special test for HIV infection which is sometimes called “EID”, “PCR”, “DBS” or “PoC”.
- Babies will have the first test between one and one and a half months of age, so it is important to take your baby back to the facility at that time.
- Sometimes the test results will return quickly but often results can take a few weeks or longer to return, it is important to go back to the facility to receive the results for each test.
- After delivery there is still a risk of HIV infection from breastfeeding so your baby will need to be tested again in a few months even if he is well.
- If your baby becomes sick the test may also be repeated to make sure the illness is not because of HIV infection.
Cotrimoxazole/Septrin
Cotrimoxazole/Seprin

Reflection Questions:

- What do you see happening in this picture?
- Do you worry about giving Septrin to your baby every day for a year or longer?
- If there are times when you will not be with your baby, is there someone else you trust to give your baby Septrin every day?

Suggested Actions:

- When your baby is between one and one and a half months old and you return to the facility, ask your healthcare worker to prescribe Septrin for your baby. And ask for refills of Septrin at your following visits.
- Ask your healthcare worker if your baby is growing properly.
- Take your baby to the clinic for each appointment to be weighed and to make sure you are giving the correct dose of Septrin.
- Talk to your healthcare worker, ART counselor, or pharmacist if you are unsure of how much Septrin to give your baby or how to give it correctly.

Key Messages:

- Giving your baby ARVs will help prevent HIV infection, but your healthcare worker will also give you another medicine that will help your baby stay healthy called Septrin. It may also be called Cotrim or Cotrimoxazole.
- This medicine is not an ARV, so it does not prevent HIV infection, but it helps protect your baby against other illnesses such as pneumonia, diarrhea and malaria.
- You should start giving this medicine once a day when he/she is between one and one and a half months old.
- As your baby grows, he/she will need to take more Septrin. Take your baby to the clinic for each appointment to be weighed so that the healthcare worker or pharmacist can prescribe the correct dose of Septrin.
- Your baby will continue taking Septrin every day for a long time. Even if your baby is healthy it is important to continue giving it to your baby until your healthcare worker tells you to stop.
Success of Treatment
Success of Treatment

Reflection Questions:
- What do you see happening in this picture?
- Are there any children living with HIV in your family or community? If yes, are they sick or well?
- Did you know that babies and children living with HIV can have healthy lives if they take ARVs?

Suggested Actions:
- Take your baby to the clinic for testing between one to one and a half months, at nine months and after your stop breastfeeding, even if your baby seems healthy.
- Also make sure your baby is tested for HIV if he or she becomes sick.
- Remember to always find out the result of all your baby's HIV tests.
- If the test is positive know that your baby can still have a long healthy life, especially if he/she starts ARVs right away.

Key Messages:
- Though there are many ways to help prevent babies from getting HIV, it still may happen during pregnancy, delivery or through breastfeeding.
- There is good treatment available for babies and children exposed to HIV that will help them stay healthy and live a long life.
- Children who get HIV infection and take treatment are no different from other children except, just like you, they must take ARVs every day to stay healthy.
- When ARVs are started before a baby or child with HIV becomes sick, it is much easier for them to stay healthy.
- That is why it is very important to make sure you receive the results of all your baby's tests.
- This is also why you should get all your other children tested, even if they do not seem sick. If he or she is infected with HIV, ARVs can be started right away to keep them healthy.
Exclusive Breastfeeding
Exclusive Breastfeeding

**Reflection Questions:**
- What do you see happening in this picture?
- In your family/community do women give only breastmilk to their babies until six months or do they give other foods or liquids to younger infants?
- Will your family and friends support you if you tell them you only want your baby to have breastmilk until six months?
- Will you be able to tell your family to not give other foods or liquids to your baby?

**Suggested Actions:**
- Talk with your healthcare worker if you need help learning how to breastfeed your child or if you have any challenges with breastfeeding.
- Ask a healthcare worker to teach you how to express and store breastmilk in a clean container for your baby if there are times where you will not be there to breastfeed.
- Explain to family and friends who may be around your baby that for the first six months you only want your baby to have your breastmilk and this is safest for him.
- Consider continuing breastfeeding if you are able even after your baby begins eating family food.
- Ask your healthcare worker to explain a balanced diet for yourself so you can stay strong and healthy and care for your baby.

**Key Messages:**
- Until your baby is 6 months old, breastmilk is the only food he/she needs.
- Even though babies can become HIV infected through breastfeeding, if you are taking your ARVs it reduces the amount of HIV in your breastmilk to make it safer for your baby.
- Formula is very expensive and if formula or food is prepared with water or utensils that are not clean it can make your baby sick with diarrhea, pneumonia or other illnesses. It is better to give your baby only breastmilk for as long as you can until he/she reaches 6 months. This does not include animal milk.
- Once your baby reaches 6 months, he/she will need more than just breastmilk and you can start to give family foods although it is still important to use clean water and utensils to prepare food.
- Do not give your baby any medicines that are not prescribed at the health facility.