

**Table 1 – Antiretrovirals for Prevention of Mother to Child Transmission (PMTCT) of HIV**

	HAART available		HAART not available	
	Maternal HAART indicated	Maternal HAART considered <sup>a</sup>	Capacity to deliver full range of ARVs for PMTCT exists	Capacity to only deliver minimal range of ARVs for PMTCT exists (e.g. AZT not available)
	A	B	C	D
<b>Mother</b>				
<b>Antepartum</b>	HAART	HAART	AZT starting at 28 weeks or as soon as feasible thereafter	-
<b>Intrapartum</b>	HAART	HAART	AZT + single dose NVP <sup>b</sup> Consider <sup>c</sup> : 3TC	Single dose NVP
<b>Postpartum</b>	HAART	HAART	Consider <sup>c</sup> : AZT + 3TC for 7 days	-
<b>Infant</b>	AZT for 7 days <sup>d</sup>	AZT for 7 days <sup>d</sup>	Single dose NVP + AZT for 7 days <sup>d</sup>	Single dose NVP

PMTCT = Prevention of Mother-to-Child Transmission of HIV HAART = Highly Active Antiretroviral Therapy ARV = Antiretroviral  
AZT = Azidothymidine or Zidovudine 3TC = Lamivudine NVP = Nevirapine

<sup>a</sup> **Maternal HAART considered:** the revised WHO adult guidelines recommend HAART be considered for patients with clinical stage I and II with CD4 cell count below 350 10<sup>6</sup> cells/L, particularly if closer to 200-250 10<sup>6</sup> cells/L. Toxicity to the initiation of long-term NVP-containing HAART may be a concern in pregnant women with CD4 count between 250 and 350 10<sup>6</sup> cells/L. However recent data from resource-limited countries among pregnant and post partum women in Africa and Thailand suggest a low toxicity associated with the use of NVP in this context. The expert consultation concluded that NVP-containing HAART can be considered in this subgroup, or alternatively a triple-NRTI regimen.

<sup>b</sup> **If the woman receives at least 4 weeks of AZT during pregnancy,** omission of maternal NVP dose may be considered.

<sup>c</sup> **If the woman is symptomatic and conditions to deliver the following interventions exist,** a seven-day tail of AZT + 3TC given to the mother after delivery can be considered to reduce the emergence of NVP resistance, and is advised if HAART is foreseeable expected to be started soon after delivery..

<sup>d</sup> **If the mother receives less than 4 weeks of AZT or HAART during pregnancy,** infant AZT dosing should be extended to 4 weeks.

**Table 2 - Women presenting around delivery and having received no antiretroviral for Prevention of Mother to Child Transmission (PMTCT)**

	Woman in labour, known to be HIV positive with no prior antiretroviral			No maternal ARV PMTCT prophylaxis
	Capacity to deliver full range of ARVs for PMTCT exists		Capacity to deliver only minimal range of ARVs for PMTCT exists (e.g. AZT not available)	
	Option 1	Option 2		
<b>Mother</b>				
<b>Intrapartum</b>	Single dose NVP + AZT	AZT + 3TC	Single dose NVP	-
<b>Postpartum</b>	-	AZT + 3TC for 7 days	-	-
<b>Infant</b>	Single dose NVP + AZT for 4 weeks	AZT + 3TC for 7 days	Single dose NVP	Single dose NVP + AZT for 4 weeks

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In all cases, mothers need to be assessed postpartum for need for therapy.