



National Guidelines for the Prevention of Mother-to-Child Transmission of HIV August 2007

All pregnant HIV Positive women attending antenatal clinic should have a CD4 count upon presentation and be placed on triple therapy regimens as soon as possible, after the end of the first Trimester.

Table: Recommended Regimens for Prevention of Mother-to-Child Transmission of HIV

CD4 COUNT	REGIMEN	DOSAGES
Below 250 cells/ uL	Zidovudine + Lamivudine (AZT + 3TC) <i>plus</i> Nevirapine (NVP)	AZT 300mg + 3TC 150mg, one tablet every twelve hours plus NVP 200 mg once daily for 14 days then 200 mg every 12 hours.
Equal to or above 250 cells/uL	Zidovudine + Lamivudine (AZT + 3TC) <i>plus</i> Lopinavir/ ritonavir (LPV/r)	AZT 300mg + 3TC 150mg, one tablet every twelve hours plus LPV 133.3mg/ r 33.3mg three capsules twice daily or LPV mg/ r two tablets twice daily

Antiretrovirals are to be continued during labour and delivery for all HIV positive women.

Post delivery, the following should ensue:

- If the preliminary CD4 count was equal to or less than 350 cells/ uL: Continue all antiretrovirals. Ensure follow-up treatment and care.
- If the CD4 count was above 350 cells/ uL: Discontinue all antiretroviral medication immediately postpartum. Ensure follow-up treatment and care.

For infants of all HIV Positive Mothers

- Zidovudine 4mg/kg po q 12hr for four weeks
- A single dose of Nevirapine 2mg/kg immediately at birth or within 24 hours.

Dosages for premature infants

- EGA less than 34 weeks, begin Zidovudine 2mg/kg po q 12hr for 2 weeks then 3 mg/ kg po q 12h for 4 weeks
- Nevirapine 2mg/kg single dose at birth or within 24 hours.