

**MINISTRY OF HEALTH**

**PROCEDURE OF  
CARE AND TREATMENT FOR PREVENTION OF  
MOTHER-TO-CHILD TRANSMISSION OF HIV**

**HA NOI, 2007**

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*Ha Noi, August , 2007*

**DECISION**

On the issuance of the procedure of care and treatment for  
Prevention of Mother-to-Child Transmission of HIV

**THE MINISTER OF HEALTH**

Pursuant to the Government's Decree No. 49/2003/ND-CP dated on May 15, 2003 defining the functions, tasks, powers and organizational structure of the Ministry of Health;

At the proposal of the Director of Department of Reproductive Health, Director of Department of Therapy and the General Director of Vietnam Administration of HIV/AIDS Control,

**DECIDE**

**Article 1.** Issuance attached with this Decision the Procedure of Care and Treatment for Prevention of Mother-to-Child Transmission of HIV.

**Article 2.** The Decision shall come into effect from the date of its signature.

**Article 3.** Chief of Cabinet, Director of Reproductive Health Department, Director of Therapy Department, the General Director of Vietnam Administration of HIV/AIDS Control and Directors of organizations/agencies under the Ministry of Health, Directors of Provincial Health Services and relevant sectors shall be responsible for the implementation of the Decision.

***Recipients:***

- As stated in Article 3;
- Website of Ministry of Health;
- For filing, ĐTr, AIDS, SKSS, PC.

**VICE MINISTER OF HEALTH**

**Tran Chi Liem**

**PROCEDURE OF  
CARE AND TREATMENT FOR PREVENTION OF MOTHER-TO-CHILD  
TRANSMISSION OF HIV**

*(Issued attached to Decision No. /QD-BYT  
on , 2007 of the Minister of Health)*

**Chapter I  
GENERAL REGULATIONS**

**Article 1. Scope of regulations**

This procedure regulates activities related to care and treatment for the Prevention of Mother-to-Child Transmission of HIV, technical decentralization and organization of implementation of activities for Prevention of Mother-to-Child Transmission of HIV.

**Article 2. Subjects**

This procedure applies to all public and non-public health care facilities participating in activities providing care and treatment for Prevention of Mother-to-Child Transmission of HIV to pregnant women and children born to HIV infected mothers.

**Article 3. Explanation of terms**

**1. Care and Treatment services for Prevention of Mother-to-Child Transmission of HIV** include HIV counseling and testing, antiretroviral drugs prophylaxis, care and support for mothers and infants after delivery with the goal of reducing the risks of transmission of HIV from HIV infected mothers to their infants.

**2. Exposed children** are children born to mothers infected with HIV or having positive HIV screening tests until the children are tested and confirmed as HIV infected or not infected.

**Article 4. Principles in Prevention of Mother-to-Child Transmission of HIV**

1. All pregnant women visiting health facilities are encouraged to be tested for HIV, have access to care and treatment services for the Prevention of Mother-to-

Child Transmission of HIV;

2. Exposed children should receive preventive treatment according to current regulations, be referred to the nearest HIV/AIDS care and treatment facilities for follow-up of HIV status, care and treatment;

3. Care and treatment activities for the Prevention of Mother-to-Child Transmission of HIV have to comply with professional technical regulations of the Ministry of Health and other related legal regulations;

4. Care and treatment activities for the Prevention of Mother-to-Child Transmission of HIV should be integrated into activities of the program for HIV/AIDS prevention and control, reproductive health care, nutrition, diagnosis and treatment of sexually transmitted diseases.

## **Chapter II**

### **PROCEDURE OF CARE AND TREATMENT FOR PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV**

#### **Article 5. Interventions during pregnancy**

1. HIV counseling, testing for pregnant women with unknown HIV status

a) Pretest counseling

*Group counseling:* applies if there is a large number of women coming for antenatal care

*Individual counseling:* applies if there are a small number of pregnant women coming for antenatal care, for pregnant women who need separate counseling after group counseling or pregnant women of unknown HIV status during labor. Counseling during labor needs to be a brief session.

Pretest counseling has to provide sufficient information on HIV, risks of mother-to-child transmission of HIV, benefits of HIV testing, treatment to prevent transmission of the mother is infected; to propose voluntary tests for HIV and sexually transmitted infections (syphilis, genital herpes, etc.) together with other routine tests in antenatal care services.

b) HIV screening test can be performed in one of the two options: with name or anonymous, depending on choice of the pregnant women.

c) HIV confirmatory test for people with HIV(+) screening test to be performed in health facilities that are allowed by the Ministry of Health.

d) Provide Post-test counseling for all women when returning test results, including HIV negative, positive, not yet determined results, according to current

regulations. For women with HIV(+) test results, counseling needs to focus on the following issues:

- Psychological support counseling;
- Discussion on how to proceed with pregnancy, risks of Mother-to-Child Transmission of HIV and interventions for Prevention of Mother-to-Child Transmission of HIV, methods and plans for care, treatment and bringing up/rearing of the children;
- Counseling in family planning, use of condoms in sexual intercourse;
- Referral to social support groups and facilities;
- Discuss, encourage notification of husbands of test results, HIV testing counseling for husbands;
- Notification of test results provided to other people, except the women, has to conform to current regulations;

## 2. Pregnancy assessment and management

- a) Assessment of gestational age and pregnancy management according to regulations;
- b) In case an HIV(+) woman desires abortion, provide induced abortion services appropriate for gestational age according to current regulations;
- c) If the woman decides to give birth: follow the steps regulated in Articles 6, 7, 8, 9 of this Procedure.
- d) Refer the woman to services of related specialties (tuberculosis, dermatology/venerology, etc.) for cooperation in consultations, care and treatment as indicated.

## **Article 6. Interventions using antiretroviral drugs**

1. HIV infected women currently on antiretroviral drugs treatment and diagnosed with pregnancy:

a) Consultation between HIV/AIDS care and treatment facilities and obstetrics facilities for adjustment (change or temporary interruption) of regimen if necessary, counseling on use of drugs during the first trimester of pregnancy;

b) Monitor antiretroviral drugs treatment in HIV/AIDS care and treatment facilities;

c) Management of pregnancy in obstetrics facilities;

2. Women diagnosed with HIV infection during pregnancy:

a) Refer to HIV/AIDS care and treatment facilities for assessment and monitoring of clinical stage, testing, antiretroviral drugs treatment criteria; refer to social support groups and facilities;

b) If pregnant women meet antiretroviral drugs treatment criteria, provide antiretroviral drugs treatment procedures, at the same time continue pregnancy management, monitoring in obstetric facilities;

c) If pregnant women do not meet antiretroviral drugs treatment criteria or antiretroviral drugs treatment cannot be provided: Treatment for Prevention of Mother-to-Child Transmission of HIV using protocols appropriate to gestational age and time of diagnosis of HIV infection according to “Guidelines for Diagnosis and Treatment of HIV/AIDS”. On a weekly basis, supply antiretroviral drugs together with counseling and adherence assessment until delivery.

## **Article 7. Care during labor, delivery**

1. Admission, classification of HIV infection status and use of antiretroviral drugs:

a) Women on antiretroviral drugs treatment: continue antiretroviral drugs treatment during labor, during and after delivery according to previous prescriptions of doctors providing HIV/AIDS treatment.

b) Women on treatment for Prevention of Mother-to-Child Transmission of HIV starting during pregnancy: Continue protocols for Prevention of Mother-to-Child Transmission of HIV using antiretroviral drugs during labor according to current regulations.

c) Women without previous HIV test:

- Brief pre-test counseling;
- HIV screening test, if screening test positive counsel on the use of single dose nevirapine, at the same time counseling and explanation of the meaning of screening test result;

- Early confirmatory test. Provide post-test counseling for all women when returning confirmatory test results, including HIV negative, positive, according to current regulations. Refer post-partum women to HIV/AIDS care and treatment facilities for clinical staging if the confirmatory test is positive.

2. Obstetric interventions

a) Obstetrics interventions for HIV infected pregnant women have to comply with general principles as for pregnant women who are not infected with HIV in order to ensure safe labor and delivery;

b) Medical staff has to adhere to all principles of infection control, prevention while providing obstetrical services for women who are HIV negative, positive or not yet determined;

c) Minimize interventional procedures that may cause injuries to the mother’s reproductive tract or injuries to the infant such as episiotomy, vacuum extractor, forceps, inserting electrodes on fetal head; limit other tasks such as premature

rupture of membranes and vaginal exams;

## **Article 8. Interventions in the immediate post-partum period**

### 1. Care of infants:

a) If suction of nasopharyngeal fluids after delivery, soft catheters, gentle handling should be used to avoid injuries; infant's bath or dry cleaning of maternal fluids on infant's body should use soft towels to avoid scratches;

b) Administer antiretroviral drugs to infants according to protocols for Prevention of Mother-to-Child Transmission of HIV. Stop medication if mother has negative confirmatory test after delivery.

### 2. Counseling for mothers:

Provide counseling to post-partum women together with counseling to husbands and relatives of the women with the women's consent.

a) Psychological support counseling;

b) Counseling on personal nutrition and care;

c) Counseling on the use of condom in sexual intercourse;

**d) Counseling support the mother's choice on infant's feeding and care:**

- Nutrition and immunological benefits as well as risks of HIV transmissions of breastfeeding, risks and benefits of replacement feeding;

- If the mother decides on replacement feeding for the baby: provide instructions for safe and hygienic nutrition of the child with replacement feeding (preparation of milk, cleaning of instruments, etc.);

- If the mother decides on breastfeeding: instructions for breastfeeding and breast hygiene; instructions for exclusive breastfeeding and early weaning, at the latest before the child is 6 month old; when stopping breastfeeding, completely switch to exclusive replacement feeding.

- Not to breastfeed the baby mixed with any replacement or complimentary foods;

d) Counseling, instructions for continuing use of antiretroviral drugs for infants after discharge;

e) Counseling on the necessity of immunization, need for infant's growth monitoring and HIV test for the infant.

## **Article 9. Referral after delivery**

### 1. HIV infected women:

a) Refer to HIV/AIDS care and treatment facilities for:



- Long-term management and follow-up if no prior treatment with antiretroviral drugs;

- Follow-up and continuing treatment if currently on treatment with antiretroviral drugs;

b) Refer and provide addresses of facilities providing psychological, financial support for people infected with HIV, other social support groups.

c) Refer to related professional services for cooperation in treatment and care as indicated.

d) Refer to family planning services, sources providing contraceptives, condoms, etc.

## 2. Exposed children:

Refer to pediatrics HIV/AIDS care and treatment facilities for:

a) Cotrimoxazole prophylaxis for children from the age of 6 weeks;

b) Continue to provide instructions for child's care and nutrition, at the same time provide growth monitoring on a regular basis;

c) Early confirmation of the child's HIV status

- Early organize, conduct antigen tests if possible;

- Conduct antibody tests when the child is 18 month old;

d) Immunization, follow-up and assessment of clinical and immunological status for the child, treatment of opportunistic infections and treatment with antiretroviral drugs as indicated;

d) Recommend social support services for children born to HIV infected mothers.

## **Chapter III**

### **TECHNICAL DECENTRALIZATION**

#### **Article 10. National and regional level:**

##### 1. Implementing institutions:

The National Hospital of obstetrics and gynecology, the National Hospital of pediatrics; obstetrics units, pediatrics units of the National General Hospitals under administration of the Ministry of Health.

##### 2. Responsibilities:

###### a) Obstetrics facilities:

- Perform interventions for Prevention of Mother-to-Child Transmission of HIV as regulated in Chapter II, Articles 6, 7, 8, 9;

- Support feeding of exposed children using replacement foods during the first 06 weeks if the mother has decided on replacement feeding;

- Cooperate with other specialties and receive serious cases with complicated obstetrics diagnoses referred from lower levels and refer patients back to lower levels after treatment succeeds to stabilization;

- Refer HIV infected pregnant women in antenatal management to HIV/AIDS care and treatment facilities or request consultations if indicated. Refer postpartum women and their exposed infants to appropriate HIV/AIDS care and treatment facilities and refer to other support services;

- Monitoring, control, supervision, training, technical support and organization of implementation of professional technical activities in Prevention of Mother-to-Child Transmission of HIV;

- Reporting, management of treatment for the Prevention of Mother-to-Child Transmission of HIV as regulated.

b) Pediatrics facilities:

- Care and management of exposed children according to contents regulated in Chapter II, Article 9;

- Counseling for child nutrition, instructions and support for feeding with replacement foods continuing from the 7<sup>th</sup> week until the end of the 6<sup>th</sup> month if the mother has decided on replacement feeding;

- Cooperate with other specialties and receive serious cases with complicated diagnoses referred from lower levels and refer patients back to lower levels after treatment succeeds to stabilization;

- Monitoring, control, supervision, training, technical support and organization of implementation of professional technical activities in follow-up and care of exposed children;

- Reporting, management of follow-up and care of exposed children as regulated.

**Article 11. Provincial level:**

1. Implementing institutions:

Hospitals specialized in obstetrics and gynecology, hospitals for pediatrics; department of obstetrics and gynecology, department of pediatrics of Provincial General Hospitals; department of obstetrics and gynecology, department of pediatrics of other branches' hospitals; centers for reproductive health care; centers for HIV/AIDS prevention, control.

## 2. Responsibilities:

### a) Obstetrics facilities:

- Perform interventions for Prevention of Mother-to-Child Transmission of HIV as regulated in Chapter II, Articles 6, 7, 8, 9;

- Support feeding of exposed children using replacement foods during the first 06 weeks if the mother has decided on replacement feeding;

- Cooperate with other specialties and receive serious cases with complicated obstetrics diagnoses referred from lower levels and refer patients back to lower levels after treatment succeeds to stabilization;

- Refer HIV infected pregnant women in antenatal management to HIV/AIDS care and treatment facilities or request consultations if indicated. Refer postpartum women to appropriate HIV/AIDS care and treatment facilities and refer to other support services;

- Cooperate with other provincial level institutions in monitoring, control, supervision, training, technical support in implementation of professional technical activities in Prevention of Mother-to-Child Transmission of HIV for district and commune levels;

- Reporting, management of treatment for the Prevention of Mother-to-Child Transmission of HIV as regulated.

### b) Pediatrics facilities:

- Care and management of exposed children according to contents regulated in Chapter II, Article 9;

- Counseling for child nutrition, instructions and support for feeding with replacement food continuing from the 7<sup>th</sup> week until the end of the 6<sup>th</sup> month if the mother has decided on replacement feeding;

- Cooperate with other specialties and receive serious cases with complicated diagnoses referred from lower levels and refer patients back to lower levels after treatment succeeds to stabilization;

- Monitoring, control, supervision, training, technical support and organization of implementation of professional technical activities in follow-up and care of exposed children for district and commune levels;

- Reporting, management of follow-up and care of exposed children as regulated.

### c) Center for Reproductive Health Care:

- Counseling on HIV/AIDS, HIV counseling, testing;

- Counseling on contraceptive options, provision of contraceptive methods, condoms;

- Refer HIV infected pregnant women to obstetrics facilities for monitoring, care and treatment for Prevention of Mother to Child Transmission of HIV.

- Cooperate with other provincial level institutions in monitoring, control, supervision, training, technical support for district and commune levels;

d) Center for HIV/AIDS prevention, control:

- Counseling on HIV/AIDS; HIV counseling, testing for all people with demand;

- Refer HIV infected pregnant women to obstetrics facilities for monitoring, care and treatment for Prevention of Mother to Child Transmission of HIV.

- Coordinate, organize implementation and support referral procedures between services in voluntary counseling testing, HIV/AIDS care and treatment, care and treatment for exposed children and for Prevention of Mother to Child Transmission of HIV and other related services;

- Cooperate with other provincial level institutions in monitoring, control, supervision, training, technical support for district and commune levels;

#### **Article 12. District level:**

Is the main level to implement activities for Prevention of Mother to Child Transmission of HIV.

1. Implementing institutions: District Preventive Medicine Centers, District Hospitals.

2. Responsibilities:

a) District preventive medicine centers are responsible for:

- Cooperate with other professions, organizations and communities in communication activities for the Prevention of Mother-to-Child Transmission of HIV;

- Guidance to commune levels in communication/education in HIV/AIDS prevention, control for pregnant women and nutrition counseling for exposed children;

- Participate in organization and ensure the quality of HIV testing counseling for pregnant women in commune health stations;

- Refer HIV infected pregnant women to facilities providing care and treatment for the Prevention of Mother to Child Transmission of HIV;

- Cooperate with district hospitals in nutrition counseling for children, instructions and support for feeding with replacement foods until the end of the 6<sup>th</sup> month if the mother has decided on replacement feeding, organize testing to confirm HIV status of exposed children;

- Support and care for HIV infected people and exposed children in communities;

- Reporting, management of treatment for the Prevention of Mother to Child Transmission of HIV as regulated.

b) District hospitals:

- In hospitals providing services in care and treatment for the Prevention of Mother-to-Child Transmission of HIV:

- + Perform interventions for Prevention of Mother-to-Child Transmission of HIV as regulated in Chapter II, Articles 6, 7, 8, 9;

- + Cooperate in referrals of patients for examination and treatment of tuberculosis, sexually transmitted diseases, HIV/AIDS care and treatment, etc. as well as referral to psychological, social, and financial support services to clients, receive patients back from provincial level after treatment succeeds to stabilization and refer serious cases with complicated diagnoses to provincial level;

- + Cooperate with District Preventive Medicine Centers in child nutrition counseling for children, instructions and support for continuing feeding with replacement foods until the end of the 6<sup>th</sup> month if the mother has decided on replacement feeding;

- + Reporting, management of treatment for the Prevention of Mother-to-Child Transmission of HIV as regulated.

- In districts where Prevention of Mother-to-Child Transmission of HIV activities are not yet implemented: obstetrics facilities are responsible for referral of pregnant women at risks of HIV infection to facilities providing services for the Prevention of Mother-to-Child Transmission of HIV, at the same time provide examination and management of pregnancy to all pregnant women, including women having HIV positive, negative results or no HIV test according to current regulations.

**Article 13. Commune level:** Commune health stations are responsible for:

- Provision of information, education in HIV/AIDS prevention, control to pregnant women, recommend available services in the Prevention of Mother-to-Child Transmission of HIV;

- Cooperate with district preventive medicine centers in organization of HIV testing counseling for pregnant women;

- Refer pregnant women at risks or suspected of HIV infection to obstetrics facilities at district, provincial levels that are implementing activities in care and treatment for the Prevention of Mother-to-Child Transmission of HIV;

- Provide postpartum care, family planning methods to HIV infected mothers and growth monitoring for exposed children in the same manner as for all others;

- Monitoring, supervision of cotrimoxazole prophylaxis, symptomatic treatment and refer to higher levels cases suspected of having acquired opportunistic infections;
- Cooperate in supporting, monitoring of treatment adherence for HIV infected mothers and children after birth;
- Cooperate with social organizations, professions, peer support groups in care and support for HIV infected mothers and exposed children in the community;
- Reporting, management of treatment for the Prevention of Mother-to-Child Transmission of HIV as regulated;

## **Chapter IV**

### **ORGANIZATION OF IMPLEMENTATION OF THE PROCEDURE**

#### **Article 14. Coordinating agencies**

1. National level: The Department of Reproductive Health cooperates with related Administrations, Departments, Institutes in coordinating activities in Prevention of Mother-to-Child Transmission of HIV.

2. Regional level: Regional steering committees of HIV/AIDS prevention and control program are responsible for professional activities in their management area and responsible for technical support, guidance according to current regulations/mechanisms of functions;

3. Provincial level: Center for reproductive health care cooperates with Center for HIV/AIDS prevention, control (or Center for Preventive Medicine in provinces where Center for HIV/AIDS prevention, control is not established) and related institutions in planning, organization and implementation of the procedure of care and treatment for the Prevention of Mother to Child Transmission of HIV and monitoring, supervision, assessment of activities in the province.

4. District level: the district center for preventive medicine serves as focal point for organization, implementation of activities in the procedure of care and treatment for Prevention of Mother to Child Transmission of HIV in the district.

#### **Article 15. Organization of implementation of the procedure of care and treatment for Prevention of Mother to Child Transmission of HIV**

1. Strengthening the network, implementation of activities in care and treatment for Prevention of Mother to Child Transmission of HIV:

- Facilities providing reproductive health care, facilities having activities in HIV/AIDS prevention, control, hospitals at district levels and above are responsible to cooperate and participate in the provision of services in care and treatment for

Prevention of Mother to Child Transmission of HIV;

- Provincial Health Services direct related institutions to select facilities capable to implement the procedure of care and treatment for the Prevention of Mother to Child Transmission of HIV, step by step expanding program activities. Depending on local real situation, the Health Service is responsible for appointing:

+ Hospitals to participate in implementation of the procedure and to provide care and treatment services for the Prevention of Mother to Child Transmission of HIV;

+ Health facilitates to provide appropriate support for the use of replacement foods and follow-up of exposed children.

2. Training, instructions for implementation of the procedure: The Vietnam administration of HIV/AIDS prevention, control; the Sub-committee for Prevention of Mother to Child Transmission of HIV cooperate with regional steering committees and provincial Health Services in organization of training courses to provide guidance for implementation of the procedure as regulated.

3. Guidance for implementation, monitoring, supervision, evaluation and technical support during the process of implementation of the procedure: The Vietnam administration of HIV/AIDS prevention, control, Department of Reproductive Health, the Sub-committee for Prevention of Mother to Child Transmission of HIV cooperate with regional steering committees and provincial Health Services

#### **Article 16. Data reporting and management**

1. Regular technical report:

a) Timing of reports: to be conducted following regulations in Decision 26/2006/QĐ-BYT, September 06, 2006 of the Minister of Health.

b) Order of reports:

- Facilities providing care and treatment services for Prevention of Mother-to-Child Transmission of HIV at district and commune levels send reports to the district center for preventive medicine: 5 working days after the closing date;

- Facilities providing care and treatment services for Prevention of Mother-to-Child Transmission of HIV at provincial level, district centers for preventive medicine send summary reports from their management areas to the provincial Center for Reproductive Health Care and Center for HIV/AIDS prevention and control (or Center for Preventive Medicine in provinces where Center for HIV/AIDS prevention and control has not established yet): 15 working days after the closing date, at the latest;

- Provincial Centers for Reproductive Health Care send reports to regional steering committees for HIV/AIDS prevention, control and the Sub-committee for

Prevention of Mother-to-Child Transmission of HIV – National Hospital of Obstetrics and Gynecology: 25 working days after the closing date, at the latest;

- Regional steering committees for HIV/AIDS prevention and control, facilities providing care and treatment services for Prevention of Mother-to-Child Transmission of HIV at national and regional level send reports to the Vietnam Administration of HIV/AIDS prevention and control, Department of Reproductive Health and the Sub-committee for Prevention of Mother-to-Child Transmission of HIV – National Hospital of Obstetrics and Gynecology: 35 working days after the closing date, at the latest.

2. Irregular report:

To be conducted following regulations in Decision 26/2006/QĐ-BYT, September 06, 2006 of the Minister of Health.

3. Forms and logbooks for recording, management and reporting data:

a) Recording, management of data:

- Obstetrics facilities:

+ Use existing out-patient pregnancy medical record form and “Follow-up and service referral card” (Annex 2.2) for each HIV(+) pregnant woman receiving services.

+ Use “Counseling and testing registration logbook for pregnant women” (Annex 2.3) for pregnant women receiving HIV counseling, testing and “PMTCT program logbook for obstetrics facilities” (Annex 2.4) for HIV(+) pregnant women receiving services for data summary.

- Pediatrics facilities:

+ Use existing out-patient pediatrics medical record form for each exposed child receiving services.

+ Use “Logbook for management and follow-up of exposed children” (Annex 2.5) for data summary on management and follow-up of exposed children.

b) Reporting of data:

Facilities providing care and treatment services for Prevention of Mother-to-Child Transmission of HIV report data on activities conducted in their respective facilities using reporting form for “Care and treatment for prevention of Mother-to-Child Transmission of HIV/AIDS” and “Follow-up and care of children born to HIV/AIDS infected mothers (exposed children)”. (Annex 2.1).

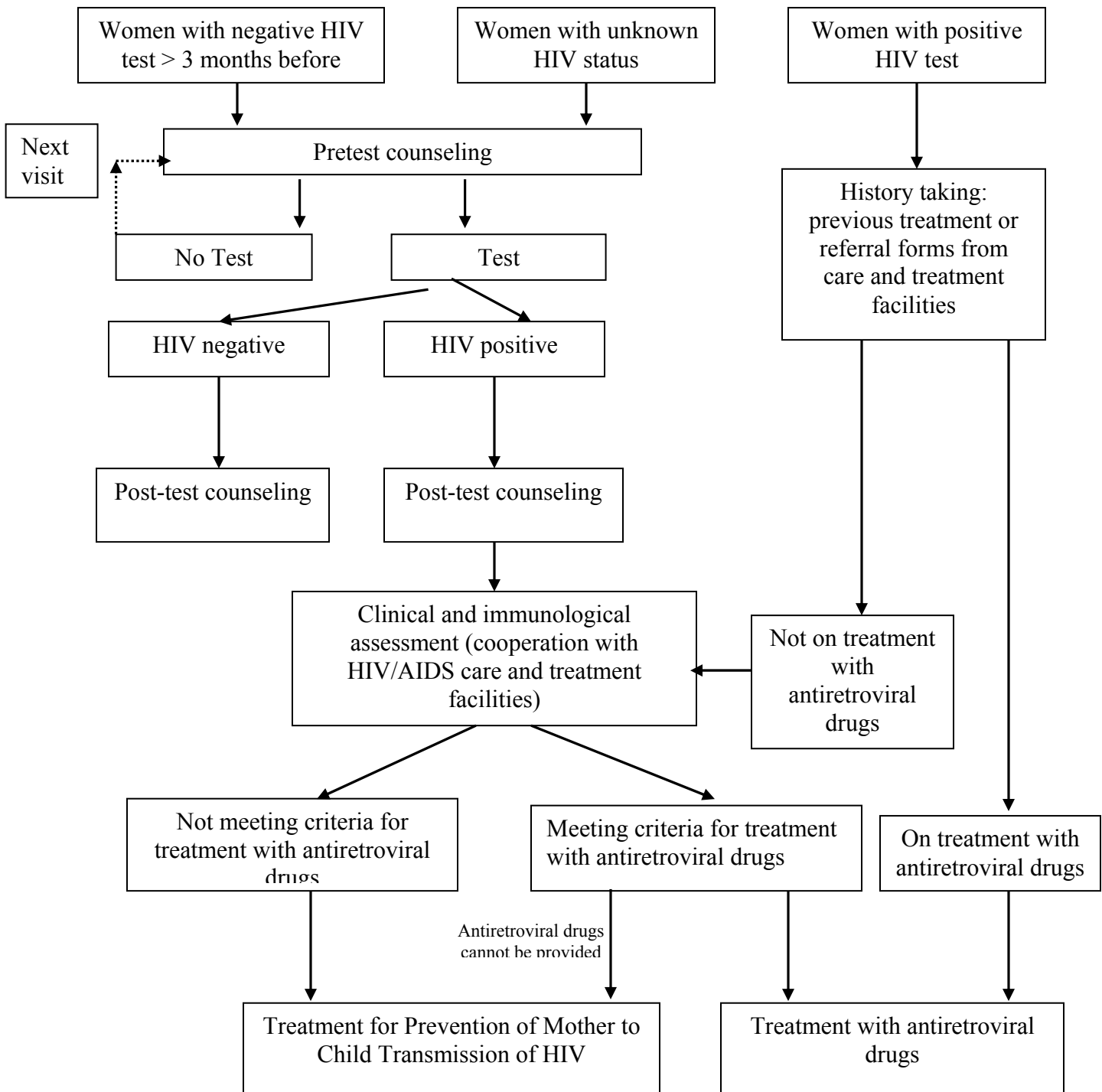


## **ANNEX 1.**

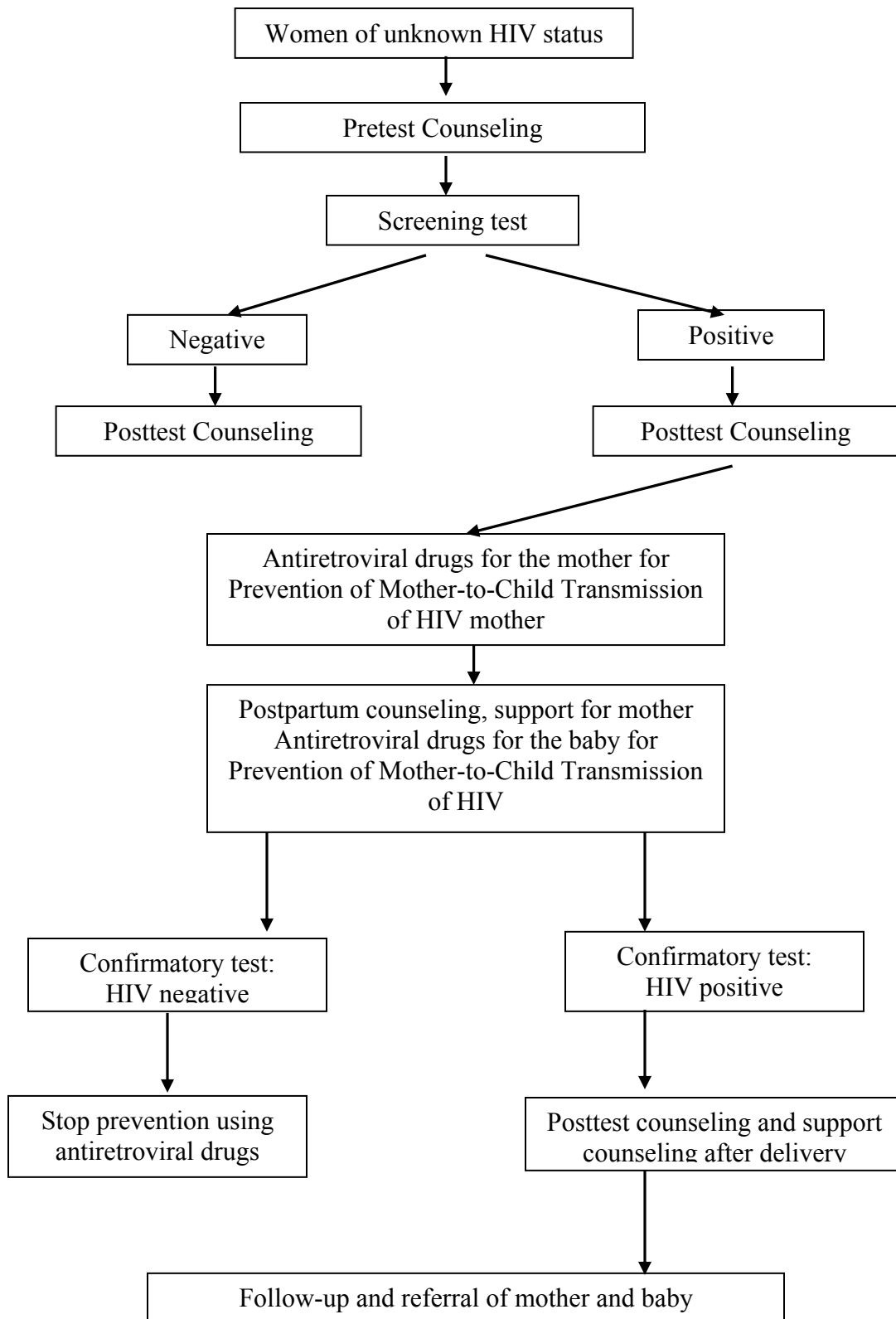
### **CHARTS OF PROCEDURES PROVIDING CARE AND TREATMENT SERVICES IN PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV**

1. Chart 1. Procedures for provision of care and treatment services for Prevention of Mother-to-Child Transmission of HIV for women during pregnancy
2. Chart 2. Procedures for the provision of care and treatment services for the Prevention of Mother-to-Child Transmission of HIV for women of unknown HIV status during labor
3. Chart 3. Procedure for management of HIV infected pregnant women

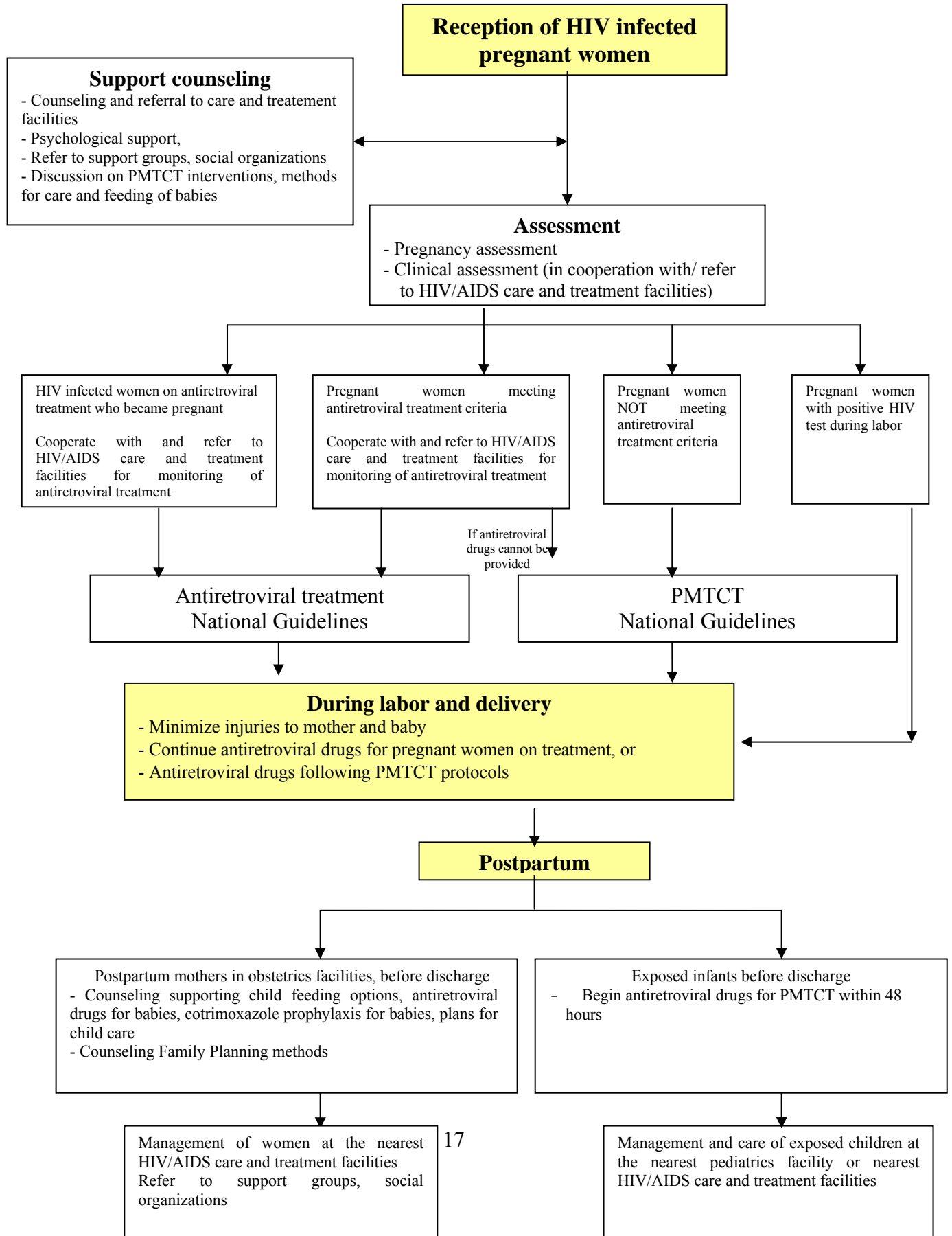
**Chart 1. Procedure for provision of care and treatment services for Prevention of Mother-to-Child Transmission of HIV for women during pregnancy**



**Chart 2. Procedure for the provision of care and treatment services for the Prevention of Mother to Child Transmission of HIV for women of unknown HIV status during labor**



**Chart 3. Procedure for management of HIV infected pregnant women**



**ANNEX 2.**  
**FORMS AND LOGBOOKS**

- 2.1. Reporting form for “Care and treatment for prevention of Mother-to-Child Transmission of HIV/AIDS” and “Follow-up and care of children born to HIV/AIDS infected mothers (exposed children)”
- 2.2. Follow-up and service referral card
- 2.3. Counseling and testing registration logbook for pregnant women
- 2.4. PMTCT program logbook
- 2.5. Logbook for management and follow-up of exposed children