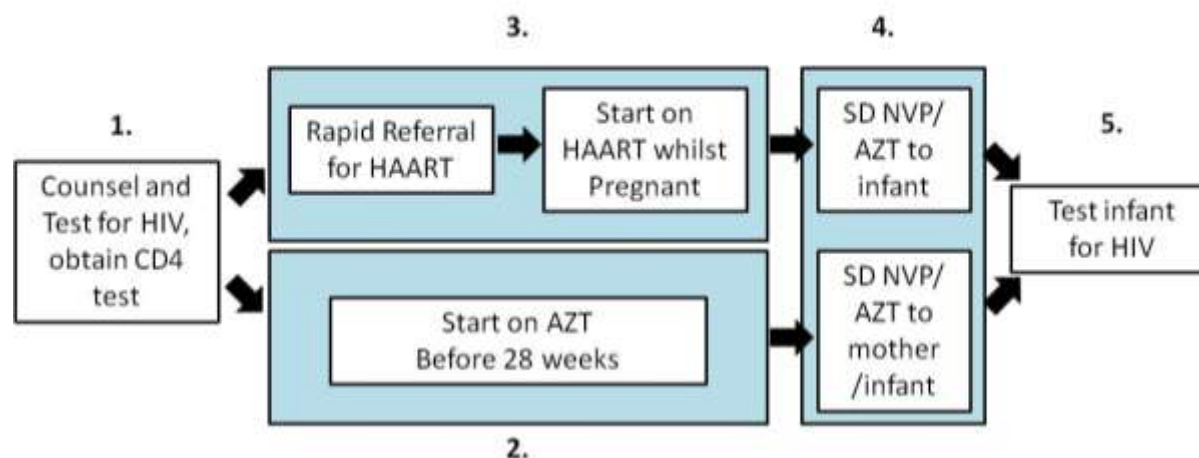


Checklist 2B: Start AZT Immediately If Mother Is HIV Positive and > 28 Weeks' Gestation

Problem: The guidelines state that HIV-positive pregnant women should be started on AZT as soon as possible after 28 weeks' gestation. The longer the woman is on AZT, the better the chances of preventing HIV infection. Some clinics are delaying the start of AZT until they obtain the result of a CD4 test – this may result in a delay of a few weeks, which may lead to a higher chance of HIV infection of the baby.

The Five Steps of PMTCT Care



Aim: All HIV-positive mothers >28 weeks' gestation should be on some form of ARV treatment (goal > 95%).

Change Idea: Start AZT immediately for all HIV-positive women > 28 weeks pregnant (do not wait for CD4 test result). This is especially important for women who book late (i.e., after 28 weeks). When CD4 test results are returned, refer women with CD4 < 200 for HAART, continuing AZT until HAART initiation.

Change Idea Checklist:

- Sister should identify HIV status and gestational age of every client attending ANC first booking.
- If > 28 weeks' gestation, HIV-positive client should be started on AZT at that clinic visit, even if the CD4 result is not known.
- CD4 test should be taken on the same day as HIV test if the client is HIV positive. Client should be given a date to return for CD4 test result.
- If the CD4 is > 200, continue AZT until delivery of the baby.
- If the CD4 is < 200, continue AZT and refer immediately for HAART, irrespective of gestation.
- Measure whether this change is successful (goal > 95% of women > 28 weeks' gestation receiving ARVs, either AZT or HAART)
 - Number of HIV-positive mothers > 28 weeks gestation on test day _____
 - Number of HIV-positive mothers > 28 weeks gestation on test day on ARVs _____

How to Introduce This Change Idea to Your Clinic and Sustain Your Success:

Checklist of tasks to complete before testing this change idea:

- Discuss this idea (hold a meeting) to get buy-in from the ANC and PMTCT staff, including matrons and/or nurses and counselors.
- Choose a specific day and a location to test this idea (do not make this a "policy" for the clinic until you have tested it on at least one day).
 - Date _____
 - Location _____
- Identify staff who are interested in introducing this change to participate in the pilot.
 - Staff member(s) _____

Checklist of tasks to complete after the pilot testing day:

- The facility manager, antenatal sister, and counselor should meet at the end of the day of the test to review the results, assess how the test went, and adapt the change as necessary.
- The goal is that 95% of HIV-positive mothers >28 weeks' gestation should be on some form of ARV treatment.
- Was your test to implement this change successful? Why or why not? What adjustments can you make to achieve success? If you need to make adjustments, make a new plan for the next antenatal clinic and test the new plan at the very next opportunity. Meet after the test day is complete to review results, assess how the test went, and adapt the change as necessary. Continue this process until the system is working smoothly.
- Once the change has been reliably tested and is achieving the desired outcomes, it can be made part of the routine care of patients. Implement this protocol for all new patients at every antenatal clinic.
- Share your results with other primary health care clinics.