

Integrated Visit schedule for the mother on PrEP



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Advancing HIV Prevention and PrEP
for Pregnant and Breastfeeding Women
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HIV
Impact Network *for*
Vertical Transmission
Elimination



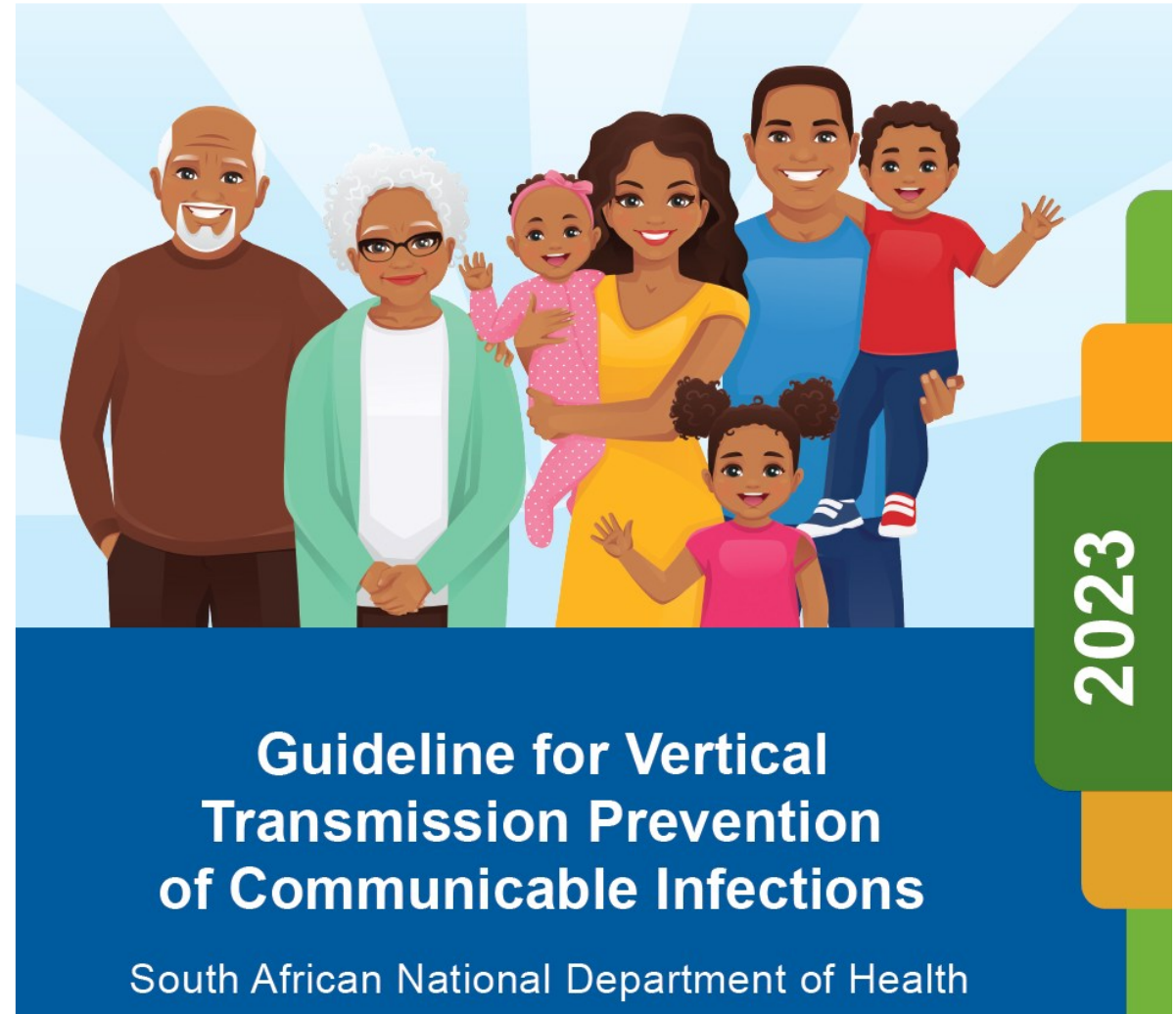
Visit schedule integrated into the national guidelines

NATIONAL CONSOLIDATED GUIDELINES

For the Prevention and Management of HIV in Adults,
Adolescents, Children, Infants and
Pregnant & Breastfeeding Women

South African National Department of Health

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The principles for implementation of the tool

1. Allow the mother and baby to receive care at the same service point (ideally PNC/MCH) at the same facility

2. To align the mother's PrEP, HIV, and STI screening and contraception visits with that of the child's EPI visit schedule.

The mother-baby pair only attends the facility once for all consultations on the same day

Health Care Providers will:

- ✓ Provide sufficient PrEP supply to ensure mother has 3 months supply when she leaves the facility after delivery.
- ✓ Review and repeat script at 10 weeks to align with the EPI/RTTB visit schedule. The additional 2 weeks Rx that the mother will have in reserve from delivery will allow for alignment with the 6-month RTTB
- ✓ Confirm the mother's FP method choice. Inform her that the contraceptive method she chooses can be repeated 2, 3 or 6-monthly, and will align well with her PrEP and well-baby visit schedules.

Visit schedule for integrated care: Mothers taking PrEP

VISIT SCHEDULE FOR INTEGRATED CARE: MOTHER TAKING PREP

The principles are as follows:

1. Wherever possible, try to align the mother's PrEP, HIV and STI screening and contraception visits with that of the child's EPI visit schedule so the mother-baby pair need only attend the facility once for all consultations on the same day
2. Wherever possible, allow the mother and baby to receive care at the same service point (ideally PNC/MCH) at the same facility

Age group	Age of child	Routine visits as per RTHB	PrEP Dispensing cycle (DC)	PrEP Follow-up for mother	Immunisations	Feeding advice	Growth monitoring	Development	Head circumference	Vit A	Deworming	Oral Health	TB Screen	Mother's contraception	
Delivery			1	<ul style="list-style-type: none"> Provide 3 months* of PrEP (3MMD) which will last until 10 week PN visit 		x									
Neonate	1st week of life	3-6 days postnatal (PN) visit for mother and baby		<ul style="list-style-type: none"> Provide HIV test to mother (if not tested in labour) Check PrEP supply: The mother should have been provided with 3 months* of PrEP at delivery which will last her until 10 week PN visit PrEP adherence check-in for mother Provide breastfeeding support and routine post natal care 		x	x						x	x***	
2 - 6 months	6 weeks	6 weeks	2*	<ul style="list-style-type: none"> Postnatal clinical review Provide breastfeeding support PrEP adherence check-in 	x	x	x						x		
	10 weeks	10 weeks	3	<ul style="list-style-type: none"> Postnatal and PrEP clinical review and PrEP adherence check-in Provide breastfeeding support Provide HIV test and STI screen to mother Provide PrEP for 3 PrEP DCs (3MMD) for mother** If mother received either DMPA-IM (Depo Provera®) or NET-EN (Nur Isterate®) after delivery, give repeat injection at this visit**** 	x	x	x						x	x	
	14 weeks	14 weeks	4	<ul style="list-style-type: none"> Postnatal clinical review Provide breastfeeding support PrEP adherence check-in 	x	x	x	x	x					x	
	18 weeks	4 months	5			x	x							x	
	22 weeks	5 months	6			x	x							x	
	26 weeks	6 months	7	<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support HIV test and STI screen for mother Script for and provide PrEP for 3DCs at a time (3MMD) 	x	x	x	x		x				x	x

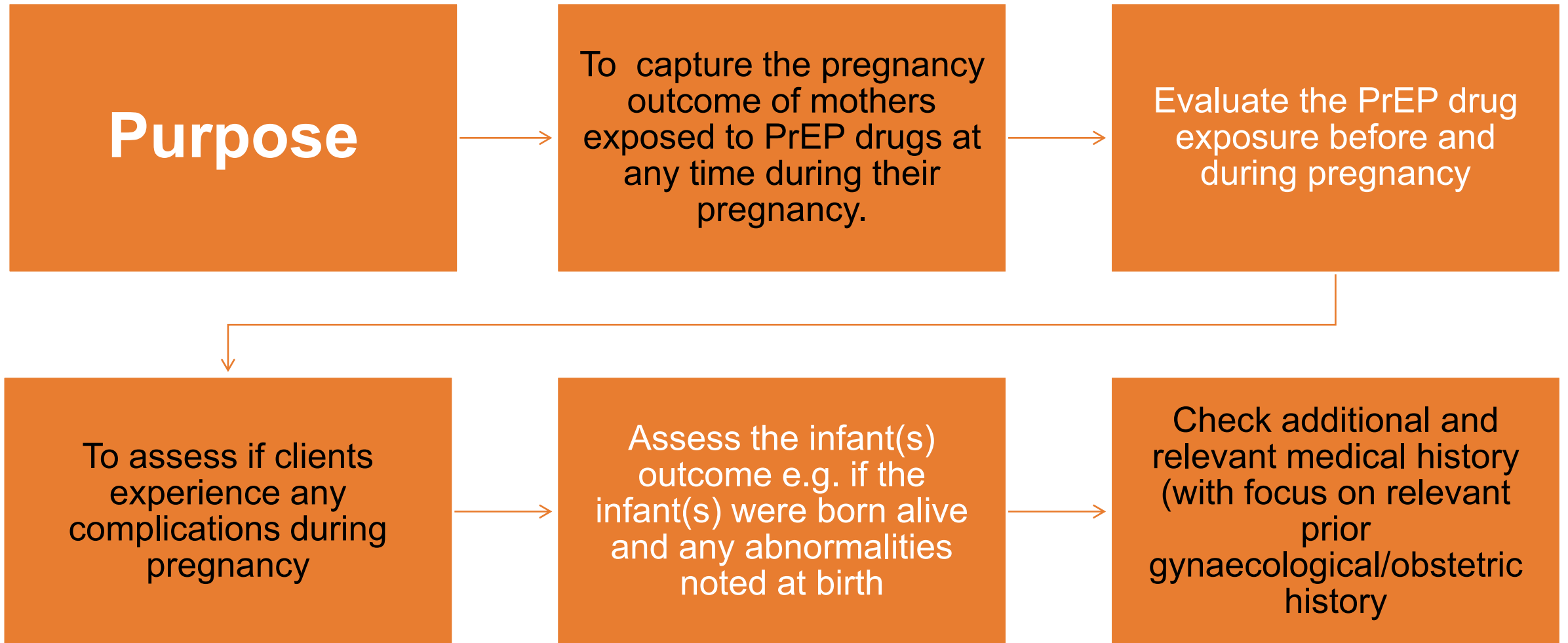
Integrated visit schedule for the mother taking PrEP

* Mother may have PrEP supply remaining from her last supply during antenatal care. Provide sufficient PrEP supply to ensure mother has 3 months supply when she leaves the facility after delivery.

Visit schedule for integrated care: Mothers taking PrEP

Age group	Age of child	Routine visits as per RTHB	PrEP Dispensing cycle (DC)	PrEP Follow-up for mother	Immunisations	Feeding advice	Growth monitoring	Development	Head circumference	VitA	Deworming	Oral Health	TB Screen	Mother's contraception
7 - 12 months	30 weeks	7 months	8			X	X						X	
	34 weeks	8 months	9			X	X						X	
	38 Weeks	9 months	10	<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support. HIV test and STI screen for mother Script for and provide PrEP for 3DCs at a time (3MMD) 	X	X	X	X					X	X
	42 weeks	10 months	11			X	X						X	
	46 weeks	11 months	12*			X	X						X	
	52 weeks*	12 months (of 30 days)	13	<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support. HIV test and STI screen for mother Script for and provide PrEP for 3DCs at a time (3MMD) 	X	X	X	X	X	X	X	X	X	X
13 - 24 months	56 weeks		14											
	60 weeks		15											
	64 weeks	15 months	16	<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support. HIV test and STI screen for mother Script for and provide PrEP for 3DCs at a time (3MMD) 		X	X	X		X	X		X	X
	68 weeks		17											
	72 weeks		18											
	76 weeks	18 months	19	<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support. HIV test and STI screen for mother Script for and provide PrEP for 3DCs at a time (3MMD) 	X	X	X	X		X	X		X	X
	80 weeks		20											
	84 weeks		21											
	88 weeks	21 months	22	<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support. HIV test and STI screen for mother Script for and provide PrEP for 3DCs at a time (3MMD) 		X	X						X	X
	92 weeks		23											
96 weeks		24												
2 until < 5 years	24 - 59 months	At 24 months & 6-monthly thereafter		<ul style="list-style-type: none"> PrEP clinical review Provide breastfeeding support. HIV test and STI screen for mother PrEP continuation/discontinuation education and counselling Script for and provide PrEP for 3DCs at a time (3MMD) Try to align with child's yearly well-baby visit schedule 		Upto 2 years	6-monthly	At 3 years		6-monthly	6-monthly	yearly	3-monthly	3-6-monthly

PrEP Pregnancy outcome form



PrEP Pregnancy Outcome Form

health REPUBLIC OF SOUTH AFRICA		PrEP Pregnancy Outcome Form			
First name		Folder #			
Surname		Phone #			
DOB	dd / mm / yy	Gender:	M / F / TG	Address	
ID Number					
Instructions: Please use the below to capture the pregnancy outcome of mothers exposed to PrEP drugs at any time during their pregnancy. The available fields must be completed as much as possible with the relevant information available at the time of reporting. Please affix a copy of the PrEP clinical form and/or any relevant documentation					
PrEP drugs exposure before/during pregnancy					
PrEP start date	dd / mm / yy	Time of PrEP initiation	<input type="checkbox"/> Before pregnancy	Date of positive urine test	dd / mm / yy
PrEP stop date	dd / mm / yy		<input type="checkbox"/> During pregnancy	Estimated date of delivery	dd / mm / yy
Drug name (s): _____		Dose: Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
Pregnancy outcome					
1. Did the client experience any complication during pregnancy?	<input type="checkbox"/> Y Yes. Specify: _____ <input type="checkbox"/> N No				
2. Did the client give birth to (a) live infant(s)?	<input type="checkbox"/> Y Yes. Date of delivery: dd / mm / yy <input type="checkbox"/> N No. Specify reason: _____				
3. Was the infant normal at birth?	<input type="checkbox"/> Y Yes <input type="checkbox"/> N No. Specify abnormality and reason: _____				
4. Additional comment on pregnancy/delivery	_____				
Infant (s) information					
Infant number	Infant sex	Infant length (cm)	Infant weight (g)	APGAR score	Comment
1	F <input type="checkbox"/> M <input type="checkbox"/>				
2	F <input type="checkbox"/> M <input type="checkbox"/>				
3	F <input type="checkbox"/> M <input type="checkbox"/>				
Relevant medical history (with focus on relevant prior gynaecological/obstetric history)					

Thank You!

