PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) OF HIV POLICY TRINIDAD AND TOBAGO

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Foreword

The first cases of HIV/AIDS were reported in Trinidad and Tobago in 1983. In 1985, the first cases in women and children were recorded. The majority of HIV infected females fall within the age group 25-29, while some appreciable proportion are in the 15-19 age group. Of concern are the increasing prevalence of the virus among women of childbearing age, and the reality of babies born infected with HIV.

Previous sero-prevalence surveys conducted among pregnant women in T&T indicate that there is a high prevalence of HIV among pregnant women and a consequent greater risk of transmission to infants intra and post partum. The results of a small sero-prevalence survey of 375 women at one antenatal clinic (March-December 1999), showed a 3.5% sero-prevalence. Similarly, a cord blood survey in Tobago demonstrated 2.7% sero-prevalence.

Given this high prevalence of HIV among pregnant women, there is a greater likelihood of transmission from mother to child in the event of no ARV intervention. The Pediatric ACTG076 study published in the New England Journal of Medicine 1994; 331:1173-1180 showed that Zidovudine Monotherapy could reduce the transmission of HIV to infants born to HIV infected mothers by 67.5% i.e. from 25.5% to 8.3%. It is with this in mind that the Ministry of Health Prevention of Mother To Child Transmission (PMTCT) programme was initiated in 1999. This Policy is being developed in support of that programme and to articulate the Ministry of Health’s position as it relates to the prevention of mother to child transmission of HIV.
Acknowledgements

This Prevention of Mother to Child Transmission Policy is the end result of a participatory process involving numerous stakeholders from various Ministries/Units/Organisations including:

- The Ministry of Health
- Tobago House of Assembly
- National AIDS Coordinating Committee
- The Tobago AIDS Coordinating Committee
- The North West Regional Health Authority
- The North Central Regional Health Authority
- The East Regional Health Authority
- South West Regional Health Authority
- CAREC-SPSTI/PAHO/WHO
- Family Planning Association of Trinidad and Tobago

We gratefully acknowledge and appreciate the outstanding contribution of all the workshop participants.
Signatories to the Policy

This revised Policy replaces all other existing Prevention of Mother to Child Transmission Policies.

This Policy becomes effective from the date of signature by the duly authorized persons.

It is proposed that this Policy should be reviewed every two (2) years from the effective date.

Signature: Programme Director, HIV/AIDS Coordinating Unit

Signature: Director, Health Policy, Research and Planning

Signature: Chief Medical Officer

Signature: Permanent Secretary

Signature: Minister of Health
Acronyms

AIDS  Acquired Immune Deficiency Syndrome
ANC  Antenatal Clinic
ART  Anti Retroviral Therapy
CAREC Caribbean Epidemiology Centre
EPP  Exposure-Prone Procedure
HIV  Human Immunodeficiency Virus
MCH  Maternal and Child Health
MIS  Management Information System
MOH  Ministry of Health
MSM  Men who have Sex with Men
PAHO  Pan American Health Organization
PITC  Provider Initiated Testing and Counselling
PMTCT Prevention of Mother to Child Transmission
PLHIV People Living With HIV
PMTCT Prevention of Mother to Child Transmission (of HIV)
VCT  Voluntary Counselling and Testing.
WHO  World Health Organization
1.0 **Background**

The first cases of Acquired Immune Deficiency Syndrome (AIDS), all males, were reported in 1983. Over the years the spread of the Human Immunodeficiency Virus (HIV), the aetiological agent, has been such that AIDS is one of the leading causes of morbidity and mortality in the young adult population in the Caribbean.

The increasing prevalence of the virus among women of childbearing age, and the reality of babies being born infected with HIV are a cause of concern to the Ministry of Health. Consequently, the aggressive introduction of primary prevention strategies aimed at preventing women from being infected by HIV are of paramount importance. Other complementary strategies include the counselling of HIV positive women so that they can make informed choices about their future sexual and reproductive life.

The Prevention of Mother to Child Transmission (PMTCT) Programme was initiated in Trinidad and Tobago in 1999. This programme was initiated based on evidence, which showed that transmission of HIV from an infected mother to her child could be reduced by between 51%-68%, with the introduction of antiretroviral therapy during pregnancy. Added to this was the affordability of AZT. It was also shown that avoidance of breastfeeding resulted in a further reduction in the transmission of HIV from mother to child by 10-20%.

Over the last five years Trinidad and Tobago has seen a decrease in the number of babies born to HIV positive women each year. The HIV positive mothers and the exposed babies are followed by the PMTCT programme and with the assistance of the PMTCT coordinators the status of the infants is reported to the Ministry of Health. Beginning in 2008, dry blood spot testing using DNA PCR has been
available in every RHA in the country, allowing for accurate HIV diagnosis from babies as early as six weeks old. The new guidelines recommending the use of highly active antiretroviral therapy for (HAART) for all pregnant women have been shown to have a large impact on reducing transmission rates and are presently being implemented.

2.0 Policy Statement

In accordance with its stated goal of improving the health of the population, the Ministry of Health will commit an optimal level of resources to develop, implement and maintain sustainable projects and programmes aimed at reducing the transmission of HIV from mother to child. To accomplish this, the Ministry of Health will aggressively pursue primary prevention strategies to reduce the incidence of HIV/AIDS in the population and particularly among women of childbearing age.

3.0 Policy Objectives

The objectives of this policy are as follows:

1. To provide a framework for the implementation of strategies for primary prevention of HIV infection among women, especially young women;
2. To reduce the number of unintended pregnancies among HIV infected women;
3. To reduce the transmission of the HIV virus from HIV infected women to their babies during and after pregnancy;
4. To increase access to appropriate treatment, care and support to HIV infected mothers, their infants and families.

**4.0 Policy Outcomes**

1. Decreased HIV/AIDS morbidity and mortality statistics
2. Decreased infant mortality rates;
4. Increased life expectancy for mothers infected with HIV and their babies

**5.0 Key Indicators**

1. Reduction of HIV infected infants born to HIV infected mothers
2. Increased percentage of pregnant women being tested for HIV
3. Increased numbers of HIV infected mothers and infants accessing and receiving care.

**6.0 Policy Characteristics**

**6.1 Primary Prevention**

The PMTCT Policy will support the provision of health information and education with respect to HIV and AIDS to all clients upon admittance into the PMTCT Programme. In addition, all clients will be offered HIV counselling and testing.
- **HIV counselling and testing**
  
  *All clients shall be offered HIV counselling and testing upon admittance. Counselling and testing at health facilities will be done in accordance with the National Testing Policy and HIV testing algorithm.*

- **Disclosure and Partner testing**
  
  *All pregnant women who test positive shall be encouraged to disclose their status to their partners and to have their partners tested.*

- **Post-test support and follow-up**
  
  *Health care providers are encouraged to counsel patients on risk reduction and to refer them for appropriate social and psychological support.*

6.2 **The prevention of unintended pregnancies among HIV infected women**

All HIV positive women of reproductive age shall be offered sexual and reproductive health services. These include, but are not limited to:

- **For all HIV positive women**
  
  *They shall be assisted in choosing a contraceptive method that is best suited to their situation and needs. Whatever method is chosen, transmission of HIV and other STIs warrants special consideration during family planning counseling. Dual protection will be recommended. The use of condoms with another method will be promoted for all women living with HIV/AIDS. All HIV positive women should access regular pap smears.*

- **For HIV positive women planning a pregnancy**
They will be offered counselling and services to maintain optimal sexual and reproductive health. Counselling will include information about the effects of progression of HIV disease on the woman’s health and the implications for planning a family; the risk of HIV transmission to an uninfected partner while having unprotected intercourse (for instance, when trying to become pregnant); the risk of transmission of HIV to the infant and the risks and benefits of antiretroviral prophylaxis in reducing transmission; and information on the interactions between HIV and pregnancy, including a possible increase in certain adverse pregnancy outcomes.

- **For HIV positive women during pregnancy and after delivery**
  All HIV positive pregnant women will be provided with skilled care during pregnancy and at delivery, considering the effects of HIV/AIDS complications during pregnancy, childbirth and postpartum stages. Postpartum follow-up and care will be provided to assess maternal healing after delivery and evaluation for postpartum infectious complications. All women will be provided with counselling and information on fertility choices and effective postpartum contraceptive methods as well as condom promotion and provision.

**6.3 The prevention of HIV transmission from HIV infected women to their infants**

All HIV positive pregnant women will be referred for follow-up treatment and care at identified treatment sites

- **Antenatal and delivery care – Safer Obstetric Practices**
  All pregnant women testing positive for HIV will be referred to
treatment centres for clinical and immunological assessment. Obstetric care will be continued at the public hospitals.

- **ARV Prophylaxis for MTCT prevention**
  All HIV infected women will receive antiretroviral treatment and care in accordance with the HIV/AIDS National Treatment Guidelines.

- **Infant feeding counselling and support**
  All HIV infected women will be counselled on infant feeding and nutrition practices. Breastfeeding by HIV infected mothers should be avoided.

### 6.4 The provision of appropriate treatment, care and support to HIV infected mothers, their infants and families.

After delivery, the PMTCT Programme will provide quality treatment, care and support for HIV positive mothers, exposed infants and their families.

- **ART treatment for mothers, infants and families**
  All HIV positive women will be encouraged to seek HIV counselling and testing for their partners and exposed children.

- **Diagnosis of HIV infection in infants**
  Children born to HIV positive mothers will be tested for HIV at 6 weeks after birth by DNA PCR and at 18 months of age by HIV antibody testing.

- **Sexual and reproductive health services, including family planning**
  HIV positive mothers will be counselled and encouraged to have a PAP SMEAR examination done at first diagnosis of HIV infection or when they first seek prenatal care, then another PAP SMEAR 6 months later.
If both tests are negative, then yearly PAP SMEAR screening is recommended.

- **Continued infant feeding counselling and support**
  All HIV infected women will be continuously counselled on infant feeding and nutrition practices at each visit to the paediatric clinic or health centre. Breastfeeding by HIV infected mothers is prohibited.

- **Immunization and growth monitoring**
  All HIV exposed infants will be immunized in accordance with the National Immunization Guidelines. At the paediatric clinic or health centre, the growth of all children will be recorded and monitored at each visit.

- **Psychosocial support**
  All HIV infected women will be referred to Medical Social Workers for psychosocial support.
7.0 Roles and Responsibilities

7.1 The Ministry of Health

The MOH will:

1. Ensure that programme will also include a care element comprising the offer of HIV testing to all pregnant women who seek antenatal care at all Government health care facilities. In addition, counselling and the provision of antiretroviral therapy for a prescribed period during the pregnancy and during delivery will be offered to those who test positive. Continued therapy will be offered post delivery.

2. Ensure that there is a clearly defined and documented treatment/management system for those women who test positive and for their babies.

3. Develop and implement a feasible and sustainable treatment and management mechanism as determined by the Chief Medical Officer on the advice of local and international experts.

4. Ensure the development and implementation of systems to monitor and evaluate the programme.
7.2 The Regional Health Authorities (RHAs)

The RHAs will ensure the following:

1. That the PMTCT programme is integrated into the maternal and child health programmes.
2. That all HIV exposed infants are referred for HIV testing and if necessary, follow-up HIV treatment and care.
3. That testing of mother and infant will be preceded by written, informed consent, documented on a standard form. Each client will be counselled prior to providing the necessary sample for testing.
4. That the test(s) used shall be those deemed appropriate by the Ministry of Health, based on the advice of the technical advisors of the Ministry of Health (MOH) and Caribbean Epidemiology Center (CAREC).
5. That the client’s test result shall remain strictly confidential; any proven breach of confidentiality shall be appropriately addressed.
6. That the disclosure of test results and counselling shall be done by those with the appropriate training and designated to do so, by the referring doctor, and or the nurse in charge of the primary health care department. This should be done under conditions that ensure privacy and confidentiality.
7. That the necessary training and updating of all staff on the standard operating procedures approved by the Ministry of Health is provided.
7.3 The Health Care Worker

1. All pregnant women shall be given appropriate information on HIV infection, its transmission from mother to child and the benefit of anti-viral therapy in preventing mother-to-child transmission of HIV.
2. Will counsel all pregnant women about the No-Breastfeeding Policy of the Ministry of Health for HIV positive mothers and to provide them with the pre-determined quantity of replacement formula for infants.
3. Will follow-up all HIV positive pregnant mothers to ensure adherence to the No-Breastfeeding Policy and to encourage other family members to be tested for HIV.
4. Will follow-up all HIV exposed infants to ensure testing of infants to determine their HIV status.
5. Will provide continued postnatal care to HIV positive mothers to allow for counselling and referral to support services.
6. Will provide family planning services to HIV positive mothers as part of postnatal follow-up and access to contraceptives in accordance with national guidelines for the medical management of HIV.

7.4 The Client

1. To provide accurate information to their health care providers;
2. To follow instructions provided by their health care providers with respect to their care and that of the exposed infants;
3. To adhere to the regime of medication prescribed by their health care provider.
8.0 Monitoring and Evaluation

The National PMTCT Coordinator should ensure adequate and comprehensive data collection in accordance with the agreed national core indicators for PMTCT;

- Data collection and analysis should be done in accordance with the PMTCT Monitoring and Evaluation Plan;
- Data on the core indicators should be collected at the district and regional levels and cumulatively analyzed at the national level. This data will be collected using the same mechanism and personnel in charge of collecting all health data. PMTCT data will be fully integrated into the Ministry’s Health Information Management System.
- This analysis will allow for a comprehensive overview of data from the PMTCT programme for policy/programme development and budgetary allocations.

9.0 Conclusion

Through the National Strategic Plan and the Health Sector Plan the Ministry of Health is committed to addressing the prevention of the spread of HIV. This Policy seeks to harmonize and standardize efforts aimed at minimizing the spread of the virus to the unborn infant.