

### ***SCENARIO E: HIV-INFECTED WOMAN WITHOUT PRENATAL CARE WHO PRESENTS IN LABOUR***

Because much of the transmission of HIV is thought to occur around the time of delivery, intervention at this stage with ART can still substantially reduce the risk of the infant becoming infected. Three options exist.

#### ***Option 1: SD NVP + AZT immediately***

##### ***Mother***

- AZT and SD NVP, administered immediately

##### ***Infant***

- SD NVP plus AZT for four weeks.

Two doses of NVP are recommended for the infant (one at birth and the second at seventy-two hours) if the mother delivered before or within two hours of receiving the intrapartum NVP dose.

For women who received a single dose of NVP in false labour, a repeat NVP dose during established labour should *not* be given as the risk of NVP resistance is higher following two NVP doses. In such instances, the infant should receive NVP as soon as possible after birth (plus four weeks of AZT).

If available, consider giving a seven day ‘tail’ of AZT/3TC to the mother following delivery to reduce risk of NVP resistance (*see Appendix C for details*).

#### ***Option 2: PETRA Regimen: AZT/3TC dual therapy***

In the PETRA trial, conducted among a population of breastfeeding women in sub-Saharan Africa, this regimen was associated with an HIV transmission rate of 8.9% at six to eight weeks postpartum, significantly less than the transmission rate of 15.3% seen in the placebo arm. However, the efficacy of this regimen was diminished in breastfeeding women, and was no longer statistically significant at age eighteen months.

##### ***Mother***

- AZT/3TC dual therapy in labour (plus AZT/3TC for one week postpartum if breastfeeding).

##### ***Infant***

- AZT/3TC dual therapy for one week.

#### ***Option 3: HIVNET 012 Regimen: SD NVP***

##### ***Mother***

- SD NVP in labour.

##### ***Infant***

- SD NVP at forty-eight to seventy-two hours postpartum.

Two doses of NVP are recommended for the infant (one at birth and the second at seventy-two hours) if the mother delivered before or within two hours of receiving the intrapartum NVP dose.

For women who received a single dose of NVP in false labour, a repeat NVP dose during established labour should *not* be given as the risk of NVP resistance is higher following two NVP doses. In such instances, the infant should receive NVP as soon as possible after birth plus one week of AZT, as per recommendation for Scenario G.

If available, consider giving a seven day ‘tail’ of AZT/3TC to the mother following delivery to reduce risk of NVP resistance (*see Appendix C for details*).