1. **HIV viral load is used to determine treatment success**

The viral load test is a quantitative measurement of HIV nucleic acid (RNA) that is used to monitor the status of HIV disease. It also shows us how actively the virus is reproducing. A viral load is done six months after treatment initiation, to determine treatment success. A low VL is about 40 to 500 copies/ml and means that treatment is working. A high viral load means that the patient is either non-compliant or has developed resistance to their ARVs. Two viral load readings above 1000 copies/ml at least one month apart, with good adherence is regarded as virological failure. The patient needs to be changed to an alternative regimen.

**Recommendation:** Do a CD4 and viral load after 4 to 6 months of treatment to determine treatment success. Discuss with an ID specialist if needed.

2. **ARV usage during pregnancy dramatically reduces the risk of perinatal transmission**

With correct use of ARVs the risk of transmission is reduced from around 25% to about 2%.

**Recommendation:**
- Start patients on appropriate treatment as soon as possible
- Counsel patients intensively on compliance to ensure treatment success and reduction of MTCT

3. **Latest evidence suggests that breastfeeding while on ARVs is the best feeding option.**

Breast is best! Risk of transmitting HIV to infants while on ARVs is less than 1%. Latest evidence shows that risks associated with formula feeding far outweigh the risk of transmitting HIV to infants.

** Recommendation:** Be an advocate for breastfeeding. Only prescribe formula feeds if really necessary.

4. **All HIV infected pregnant women must receive treatment. Treatment prescribed depends on CD4 count**

- CD4 > 350 cells/µL: AZT from 14 weeks of gestation, NVP at onset of labour and AZT 3 hourly during labour, and Truvada after delivery to cover the NVP tail.
- CD4 ≤ 350 or any WHO stage 3 or 4 defining illness: Start HAART (TDF, 3TC and EFZ)

**Recommendation:** Start pregnant mothers on appropriate treatment as soon as possible.

5. **Co-trimoxazole prophylaxis is safe during pregnancy**

Co-trimoxazole is used as prophylaxis against many potentially life threatening opportunistic infections caused by organisms such as Pneumocystis Jerovecii, Toxoplasmosis, Isoporiasis etc.

**Recommendations:** Prescribe Co-trimoxazole to all pregnant mothers with CD4 counts of < 200.