

# FRONTLINE HEALTHCARE WORKERS

*Illustrating the Continuum of Care in the  
Prevention of Mother-to-Child Transmission of HIV (PMTCT)*

**Esther is overjoyed to discover that she is pregnant. She visits the antenatal clinic (ANC), where she first accesses a number of health care workers whose expertise and support are vital to her health and the health of her baby.**



At the clinic, Esther and her husband meet with a nurse who assesses her health and counsels them regarding pregnancy. Most women in Africa only see physicians if they have complications during pregnancy – there are simply not enough doctors. They both take an HIV test, and the results are positive. A lay counselor works with them to develop a treatment plan for their own health and to protect the baby, and the pharmacist provides them with antiretroviral medication (ARVs).



## First ANC Visit

## Regular ANC Visits

The World Health Organization recommends that women attend regular ANC visits, and because Esther is HIV-positive, this is particularly important. At the clinic, she and her husband are counseled by an expert patient, another woman who has gone through the PMTCT process.



A community health worker from Esther's village visits her home regularly to ensure she adheres to her medication and to teach her about how the treatment keeps both her and her baby healthy. She introduces Esther and her husband to a peer support group for people living with HIV.

## Community Health Worker Visits

## Delivery

As soon as Esther starts feeling labor pains, she alerts a traditional birth attendant in her village who escorts her to a birthing center. There might be a doctor present, but often a nurse or midwife delivers the child. A nurse makes sure that Esther adheres to the ARVs to prevent the transmission of HIV to her baby during labor.



The community health worker visits Esther and her baby at home a few days after the delivery to ensure the baby and mother are healthy and to promote exclusive breastfeeding. Over the next few weeks, she will continue to visit regularly. At 6 weeks, she brings Esther and the baby back to the clinic for the baby's first HIV test.

## Post-Natal Home Visits

## Post-Natal Clinic Visit

At the clinic, Esther and her husband meet with a counselor to talk about what they need to be prepared for if the baby is HIV-positive. A nurse draws the baby's blood for an HIV test, and the results come back negative. He will need two more tests within 24 months to confirm his status, as HIV can be transmitted through breastmilk.



Esther must breastfeed exclusively for at least six months. The health workers, both at the clinic and in her village, will make sure the baby receives routine vaccinations and watch for signs of malnutrition and illness. Esther and her husband also talk to a nurse about planning for their next pregnancy.

## Routine Well-Baby Care



More than



## CHILDREN are INFECTED with HIV EVERY DAY.

To drive that number down to zero, we need more doctors, nurses, counselors, pharmacists, community health workers, midwives, lab technicians, and health educators to provide better care to mothers and their partners.

THE AMERICAS HAVE  
**25** healthcare workers  
for every **1,000** people.



AFRICA has **2**<sup>1</sup>



From 2005-2011 nearly **100%** of pregnant women in the United States gave birth in the presence of a skilled attendant. In sub-Saharan Africa, that number is

## LESS THAN HALF.<sup>2</sup>

This map indicates the countries that have both the

**HIGHEST BURDENS OF PREGNANT WOMEN LIVING WITH HIV**

and a

**SEVERE SHORTAGE OF FRONTLINE HEALTH WORKERS,**



defined by the WHO as having less than

**23 HEALTH WORKERS PER 10,000 PEOPLE.**

<sup>1</sup> [http://www.jnj.com/vps/wcm/connect/acb118804cf50336b44ebfe78bb7138c/WCC\\_Infographics\\_Workers\\_101312.pdf?MOD=AJPERES](http://www.jnj.com/vps/wcm/connect/acb118804cf50336b44ebfe78bb7138c/WCC_Infographics_Workers_101312.pdf?MOD=AJPERES)  
<sup>2</sup> <http://www.globalhealthfacts.org/data/topic/map.aspx?ind=77>