

**Scenario 1:** HIV-infected pregnant women are considered medically eligible for lifelong ‘therapeutic’ HAART (t-HAART) if they have WHO clinical stage 4 disease or a CD4 cell count < 350 cells/mm<sup>3</sup>. Recommended regimens: zidovudine (AZT) or stavudine (d4T) + lamivudine (3TC) + nevirapine (NVP).

**Scenario 2:** Women who present late (> 34 weeks of gestation) are eligible for ‘short-course’ HAART (sc-HAART), irrespective of the WHO staging or CD4 cell count. After delivery, HAART is discontinued if the CD4 cell count > 350 cells/mm<sup>3</sup> (with a one-week AZT/3TC tail) or continued for life if CD4 cell count < 350 cells/mm<sup>3</sup>. Recommended regimen: AZT or d4T + 3TC + NVP.

**Scenario 3:** Women, not eligible for HAART, receive short-course AZT (sc-AZT) after 28 weeks of gestation, plus SD-NVP at the onset of labor, with a one-week AZT/3TC tail.

**Scenario 4:** HIV-negative pregnant women in discordant couples with a HIV-infected partner, as well as pregnant women testing HIV positive in the labor room, receive single dose NVP (sd-NVP in labor with a one-week AZT/3TC tail).

**Scenario 5:** Women receiving HAART at the time of conception continue treatment. Efavirenz should be avoided in the first trimester.

**All babies** of HIV positive mothers receive SD-NVP at birth (within 72 hours) plus four weeks of AZT syrup.