

Keeping Newborns HIV-Free

“The nurse was very caring and gave me information about the program. She let me have time to reflect, and I decided to do the test. Then she counseled me before taking my blood.”

Already in labor when she arrived at the hospital in Kibuye, a village on Lake Kivu in western Rwanda, Athanasie became the first client served by the maternity ward’s new program for the Prevention of Mother-to-Child Transmission (PMTCT) of HIV. The program offered her voluntary counseling and testing for HIV/AIDS from a specially trained nurse; after she learned that she was HIV-positive, Athanasie accepted nevirapine treatment for herself and her baby.



The PRIME II Project has launched the PMTCT program to help stem Rwanda’s estimated 11% rate of HIV infection. IMPACT/Family Health International (FHI) and the Treatment and Research AIDS Center (TRAC) collaborate with PRIME on the initiative, which is being implemented at Kibuye and Byumba Hospitals. In addition to training nurses in counseling skills and teaching them how to administer nevirapine to mother and baby, the program trains lab workers to perform the HIV tests. PRIME works to enhance supportive supervision for these primary providers, proposes organizational changes at the hospitals to improve prenatal and obstetric care, and develops postpartum care including psychosocial support and nutrition for seropositive mothers.

“I realized there was a big change in the way they greeted clients,” Athanasie commented. She had been to the same hospital previously to give birth to her other children. After this delivery, a nurse helped her bathe herself and wash her baby, which had not been the practice before. The maternity team also helped her plan for six months of exclusive breastfeeding since Athanasie, like almost all Rwandan mothers, had decided to breastfeed her baby. The team continued to visit discreetly and comfort her while she was in the hospital, and even drove her home in a hospital vehicle. With these affirming experiences, Athanasie found it easier to tell her husband that her test had come back positive for HIV. “He accepted the positive

result and expressed encouragement,” she said. “He promised me that he would go himself to take the test. I know that he is very busy with his work, but he will do it one day.”

On a wider screen, prevention of mother-to-child transmission of HIV in Rwanda is a major challenge, especially since less than a third of all deliveries are assisted by trained personnel like the maternity team at Kibuye Hospital. Yet Athanasie’s story holds out the promise that PRIME’s program is building a foundation for improved prenatal, obstetric and postpartum care, better outcomes for seropositive women and their children and open dialogue about HIV/AIDS. These important steps will influence both policy and practical decisions on the ways to tackle the problem at the individual, community and national levels.

The PRIME II Project works around the world to strengthen the performance of primary-care providers as they strive to improve family planning and reproductive health services in their communities.

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