

[Home](#) > TAC Gauteng will march on 5 November for better maternal health and prevention of mother-to-child transmission services in Ekurh

TAC Gauteng will march on 5 November for better maternal health and prevention of mother-to-child transmission services in Ekurh

By *moderator*

Created 2007/11/04 - 12:00am

4 November, 2007 - 00:00 ? moderator

Tomorrow, TAC's Gauteng branches will march in Germiston to demand better maternal health and prevention of mother-to-child HIV transmission (PMTCT) services in the Ekurhuleni district. We want the health facilities in this district to become a model of excellent PMTCT delivery that other hospitals and clinics across the country can emulate. (Ekurhuleni includes the town of Germiston, is just east of Johannesburg and has a population of about 2.5 million people.)

Date: 5 November

Time: 9am to 2pm

Start point: Golden Walk Dog Park (across from the Germiston Post Office), Oosthuizen St. & Park Road, Germiston

End Point: Germiston Civic Centre

A memorandum will be handed over to representatives of the Gauteng Department of Health. It contains the following demands for the Ekurhuleni district:

- Every pregnant woman entering a public Maternity Obstetrics Unit should be offered an HIV test and HIV counselling. This counselling should include giving condoms to pregnant women, information on safer sex, an explanation that pregnant women have the right to choose to continue their pregnancy or terminate it and an explanation of what the PMTCT programme offers to HIV-positive women.
- Women who test HIV-positive should be given accurate information on infant feeding options so they can make an informed decision whether to exclusively breast-feed or use formula milk. Women who choose to breastfeed should be offered highly active antiretroviral treatment for the duration of the breastfeeding period. Women who choose to use formula milk should be given six months free supply.
- Women who test HIV-positive should be offered CD4 counts. Women with CD4 counts below 350 should be offered highly active antiretroviral treatment.
-

The single-dose nevirapine regimen should be improved. At least two antiretroviral medicines should be used for PMTCT.

- Babies born to HIV-positive women should be given cotrimoxazole until their HIV status is known.
- Babies born to HIV-positive women should be given PCR tests at six weeks of age to determine their HIV-status. Babies who test HIV-positive should immediately be placed on highly active antiretroviral treatment. This is in line with the findings of the [CHER](#) study, conducted in South Africa, that treating children as soon as their HIV status is known reduces mortality.
- The programme needs to be properly monitored and its results should be published. The [HIV & AIDS and Sexually Transmitted Infections Strategic Plan for South Africa 2007-2011](#) commits to measuring annually the percentage of pregnant women tested for HIV, percentage of HIV-positive women who receive antiretrovirals to reduce the risk of mother-to-child transmission, the percentage of children born to HIV-positive women and the percentage of children born to HIV-positive women who receive PCR tests. All of this can and must be done in Ekurhuleni.
- [Prevention of Mother-to-Child Transmission](#)
- [Prevention of Mother-to-Child Transmission](#)

Source URL (retrieved on 2017/05/29 - 4:08am): <http://tac.org.za/community/node/2128>