

Abstract

OBJECTIVES: To review coverage of the current nevirapine prevention model in Coast Provincial General Hospital (CPGH) in Mombasa, Kenya, and to reflect on alternative models to reduce mother-to-child transmission (MTCT) of HIV. **METHODS:** At the antenatal clinic, health information is provided, followed by pre-test HIV voluntary counselling and testing (VCT). Because many women deliver at home, HIV-infected women are provided with a tablet of 200 mg nevirapine for themselves, and with 0.6 ml (6 mg) nevirapine in a luer lock syringe for the baby. Data on coverage are provided from antenatal records and delivery registers. **RESULTS:** Out of 3564 first-visit pregnant women receiving health education, 2516 were counselled (71%) and 2483 were tested (97%); 348 were HIV positive (14%), and 106 women took nevirapine in labour, resulting in an overall coverage rate of 20%. In the same period, approximately 6000 women gave birth in CPGH, of whom 21% had attended a facility with VCT services. Assuming an overall HIV prevalence of 14%, 840 mother-infant pairs could have received a preventative intervention with a hospital policy of antepartum as well as intrapartum testing and treatment in place. **CONCLUSION:** The coverage of perinatal MTCT was low as a result of a variety of programme elements requiring urgent improvement at different levels. Alternative models, including intrapartum testing, should be considered as a safety net for women without access to VCT before delivery, and recommendations for nevirapine should be considered in the light of home deliveries.