



Linking Women Who Test HIV Positive in Maternity Services to HIV Care and Treatment Services in Kenya: Missed Opportunities

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Background

- Provider-initiated HIV counselling and testing at antenatal care (ANC)/ delivery services available in Kenya since 2005
- No information on whether pregnant women who test positive access services for their own HIV care and treatment.

Aims

- To measure attrition between numbers of women testing HIV positive in ANC/delivery services and those enrolled at the HIV clinic
- To measure attrition between enrolment at HIV clinic and use of HIV-related services

Methods

Review of secondary data:

- individually-linked data from one hospital within the district
- routinely-collected district-level data from all 51 facilities offering HIV testing within ANC/delivery services or HIV services

Analysis

- Individual client records were checked to assess use of services
- Use of services was analysed by department of HIV diagnosis & number of pregnancies

Setting

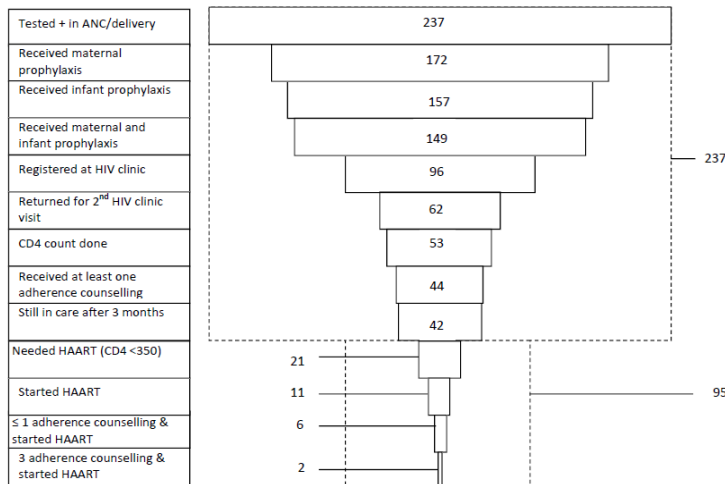
Naivasha District, Kenya



Results – Hospital-level

- 237 women tested HIV-positive in antenatal/delivery services between 1st January 2008 and 30th June 2010.
- By 30th September 2010, only 96 (41%) had registered at the hospital's HIV clinic:
 - 76 (79%) within one month of diagnosis
 - 62 (65%) returned for a second visit to the HIV clinic.

Piot-Fransen model illustrating the patient cascade from HIV testing in ANC and delivery services to HIV-related services at the study hospital



If there were no patient drop-out between steps, all 237 women would have their CD4 count done. Of these, 95 (21/53=40%; 237 * 40% = 95) would be eligible for HAART all of whom would start HAART. Only 11 people actually started HAART: 12% of all those who should have.

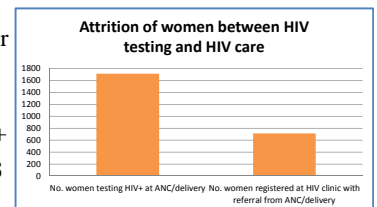
Results – Hospital-level (continued)

- 56/141 (40%) women who did not register at HIV-related services visited antenatal/delivery services more than once
- Patient pathways to the HIV clinic are complex requiring multiple visits to the hospital
- Despite different patient pathways to the HIV clinic, department of initial HIV diagnosis not associated with enrolment at HIV clinic
- Primi-gravidae were more likely to enrol at the HIV clinic than multiparous women (p=0.001)

	Primi-gravidae	Multi-gravidae	Total
Registered at HIV clinic	28 (62%)	63 (35%)	91 (40%)
Not registered at HIV clinic	17 (38%)	117 (65%)	134 (60%)
Total	45	180	225

Results – District-level

- 30,770 pregnant women tested for HIV at ANC/delivery between 1st January 2008 and 30th June 2010
- 1,715 women (5.6%) tested HIV+
- During the same period, only 713 women registered at HIV clinics



Conclusions

- Only 41% of pregnant women who tested HIV positive in ANC/delivery services entered adult HIV care and treatment services.
- There are multiple missed opportunities for linking women to the HIV clinic.
- Patient pathways into HIV care and treatment are too complex and should be simplified.
- Reducing the number of hospital visits required e.g. by making CD4 count testing available every day may encourage uptake of HIV care services.
- Electronic hospital records may improve linkage to the HIV clinic.

Acknowledgements

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