

# Prevention of mother-to-child transmission of HIV

## A multi pronged testing approach to improve program effectiveness

### In Kenyatta National Teaching and Referral Hospital

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#### 1. Background

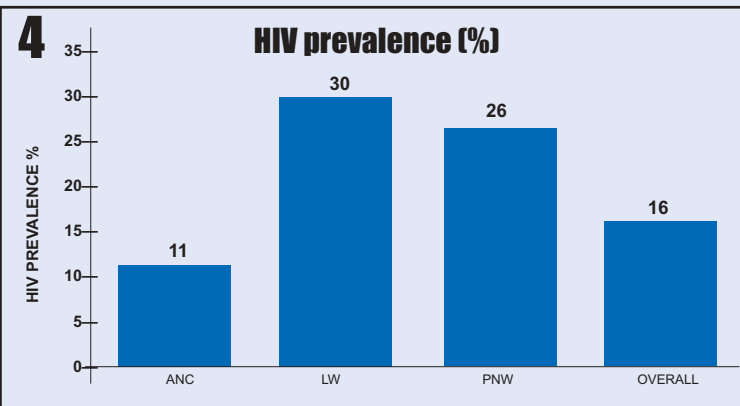
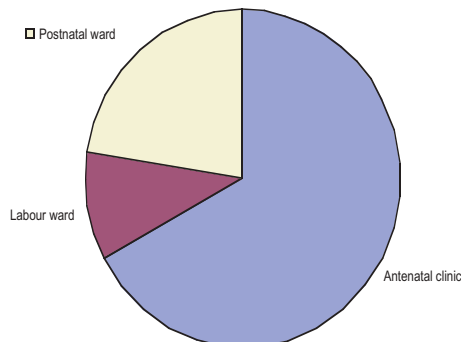
- The impact of up-scaled PMTCT programs is limited in many sub-Saharan Africa countries as they fail to reach the majority of parturients.
- There is therefore need to increase the number of women who learn their HIV status and benefit from PMTCT interventions.
- Annually, 8000 women deliver in KNH of these, 5000 (63%) are unbooked.
- The KNH PMTCT program initiated in September 2000 focused on antenatal HIV counseling and testing.
- A survey in 2002 found that:
  - 80% of booked parturients knew their HIV status compared to 1% of unbooked women.
  - HIV prevalence was 15% in the booked women and 20% among unbooked.



#### 2. Description

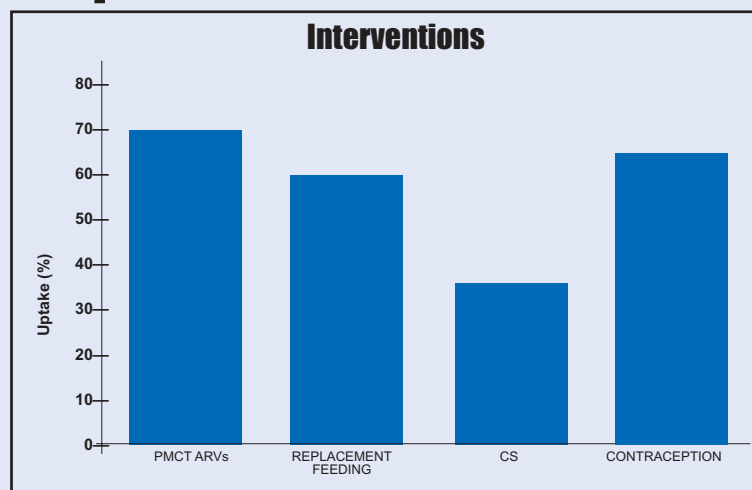
- In December 2003, the Department of Obstetrics and Gynaecology initiated a PMTCT program offering intrapartum and immediate postpartum HIV counseling and testing for women with unknown HIV status.
- Interventions offered to HIV positive women in this program include:
  - Standard ARV regimens for PMTCT
  - HAART for mothers requiring treatment
  - Modified obstetric practices
  - Support with replacement feeding
  - Post-pregnancy care and contraception
- Since program inception, a total of 1345 women have been counseled.
- 99% accepted testing and 16% tested HIV positive.
- Majority of women counseled and tested were in the antenatal clinic, 894 (66%), while 300 (22%) and 137 (12%) in postnatal and labor ward respectively.
- Acceptance of HIV testing did not vary significantly by site of counseling; Antenatal clinic-99%, labor ward 97%, Postnatal ward 98%,  $P > 0.05$

#### 3. HIV testing by site



HIV prevalence was higher (30%) among women tested in labor ward compared to postnatal ward (26%) and antenatal clinic (11%)

#### 6. Uptake of PMTCT Interventions



#### 5. PMTCT Interventions

- Among HIV positive women, 70% have been put on ARV's for PMTCT, and 9% on HAART.
- 60% of HIV positive women have opted for replacement feeding and 35% were delivered by elective caesarian section.
- 57% of HIV positive women who have delivered are on follow up in the post pregnancy clinic and 66% of them are on family planning.
  - female sterilization 42%, Depo 14%, IUCD 14%, Pills 16%, Condoms 14%,
- Dual method 54%.

#### 7. Lessons learnt/Best practices

1. Inclusion of HIV counseling and testing in labour ward and postnatal wards reaches a larger number of high-risk women
2. HIV counseling and testing is feasible and acceptable in women presenting in early labour
3. Immediate postpartum HIV testing is feasible and acceptable for women who deliver with unknown HIV status
4. Contraceptive acceptance is high among HIV positive women followed up in post pregnancy care clinic

#### 8. Conclusions

1. PMTCT programs should extend to include HIV counseling and testing during labour and the immediate postnatal period
2. Post-pregnancy care follow up and contraceptive provision should be included in PMTCT programs

#### 9. SECURING THE FUTURE

