

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	<b>Optimizing PMTCT services during labor and delivery: Implementing a comprehensive package of care.</b>
Country	Rwanda
Host Name/Title:	Dr Gilbert Tene, Pediatric HIV Care Advisor
Session Goal:	To explore best practices in implementing comprehensive services for HIV+ women and their exposed babies during labor and delivery
Learning Objectives:	<ol style="list-style-type: none"> <li>1. To determine components of comprehensive package of care during labor and delivery and discuss challenges in their implementation</li> <li>2. To discuss strategies and tools to support delivery of comprehensive care during labor and delivery</li> <li>3. To discuss strategies to link care during labor and delivery with post natal mother and child follow up services and to list key messages for mother's counseling and empowerment during labor and delivery</li> </ol>
Instructional Method(s):	<ul style="list-style-type: none"> <li>• Brainstorming on a case study</li> <li>• Small groups discussion</li> </ul>
Session Description :	<p><b>0-5 minutes:</b></p> <ul style="list-style-type: none"> <li>• Introduction of members of the group</li> <li>• Designation of a group reporter among members of the group</li> <li>• Introduction of the work methodology by the host.</li> </ul> <p><b>6-15 minutes:</b></p> <ul style="list-style-type: none"> <li>• Presentation by the host of the case study aimed at covering the above three learning objectives</li> <li>• Short discussion for clarification of the case presented.</li> </ul> <p><b>16-45 minutes:</b></p> <ul style="list-style-type: none"> <li>• Group discussion for common understanding of comprehensive package of care during labor and delivery and on the challenges in its implementation</li> </ul> <p><b>46-75 minutes:</b> Breaking down into two groups and for specific working sessions:</p> <ul style="list-style-type: none"> <li>• <b>Group one</b> to discuss supporting implementation of comprehensive services for HIV+ pregnant women and their babies during labor and delivery: strategies, activities check list, indicators and tools needed to monitor the activities.</li> <li>• <b>Group two</b> to define components of care package for HIV+ mother and exposed baby during post natal follow up, to discuss how to establish linkages with post natal follow up services, to list key messages for mother's counseling and empowerment during labor and delivery.</li> </ul> <p><b>76-90 minutes:</b> Round up of small groups work and seeking consensus on resolutions to be presented</p>
Pre-session Activities:	<p>Pre-reading on:</p> <ul style="list-style-type: none"> <li>• Delivery of a HIV+ pregnant woman</li> <li>• Care of exposed baby in delivery room</li> <li>• Post partum follow up of mother and child</li> </ul>

Other:	<p style="text-align: center;"><b>Case Study</b></p> <ul style="list-style-type: none"> <li>• M. A. 28 years old lady, married, fourth pregnancy, diagnosed HIV positive at 26 weeks pregnancy but did not disclose HIV test result to her husband for fear to be sent away.</li> <li>• Previous children are reported doing fine but they have not been tested for HIV.</li> <li>• For the present pregnancy, she reported that at ANC, she was tested positive then given an invitation for her husband. But he refused to come to the health center saying he was not sick.</li> <li>• Though tested HIV positive at 26 weeks pregnancy, no CD4 count testing was done as she did not come back for CD4 count on scheduled day as requested by nurses.</li> <li>• She was only seen at the maternity for labor and delivery. On inquiring why she did not report back for CD4 count, she said she had no transport money and could not request it from her husband and resolved to stay away.</li> <li>• She was administered SD NEVIRAPINE and after delivery, AZT+3TC tail for a week while her 3 kg baby received SD NVP and initiated AZT to be continued for one month as per national PMTCT protocol.</li> <li>• Two days after delivery, she was advised to report at 6 weeks post natal to PMTCT service for baby's follow up and discharged from the maternity for her home.</li> </ul> <ol style="list-style-type: none"> <li>1) What should be included in the comprehensive package of care for this woman and baby during labor and delivery?</li> <li>2) What challenges in implementing complete package of care for this woman and baby during labor and delivery?</li> <li>3) How do we support implementation of comprehensive care to this woman and baby during labor and delivery?</li> <li>4) Which strategies to establish linkages with needed post natal follow up services?</li> <li>5) Which counseling messages should be delivered for such woman case during labor and delivery?</li> </ol>
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### Session Notes and Summary

**Session name:** Optimizing PMTCT services during labor and delivery: implementing a comprehensive package of care

**Note taker name:** Kjersti Schmitz

**Major Discussion Points and/or Conclusions:**

**Case Study:** Woman has been counseled and tested, but did not return for CD4 or begin regimen.

***What should be included in comprehensive package of care?***

- Do as much as possible at one visit
- Need to evaluate CD4 to determine eligibility of mom for HAART
- Give mother on-going package of counseling for chronic care
- EID counseling
- Nutrition / infant feeding counseling support
- Family planning counseling
- Cotrimoxazole prophylaxis for the child

- PMTCT obstetric practices
- ARV prophylaxis for mother and child
- Support plan using available resources (ie community)
- Partner testing and notification

***What challenges in implementing complete package of care?***

- Some cadres are not able to provide full package (ie prescribe) of care  
Appropriate number, training, and/or qualifications; labor and delivery happens at all times, not just when counselors are on duty
- Some services aren't available at site
- Identification: testing and counseling not routine at labor and delivery; some women refuse testing  
Lack counseling and testing guidelines for labor and delivery
- Disclosure to husband; husband consent for testing and PMTCT
- High rates home delivery
- Drug availability and correct dosage at maternity

***Which counseling messages should be delivered during labor and delivery?***

- Key messages:
- How to administer infant dosage at home
- Infant feeding
- Adherence meds and care
- Identification symptoms; when to come in to hospital
- Family planning
- Disclosure counseling
- Partner and family testing

**Groupwork:**

***Group 1: How do we support implementation of comprehensive care during labor and delivery?***

Strategies:

- Ensure capacity of healthcare providers/human resources
- Advocate task shifting (ie national policy)
- Strengthen support logistics
- Service organization/harmonize services
- Supportive supervision and mentorship

Activities:

- Counseling and testing protocol
- Counseling on follow-up of HEI
- Implement safe obstetric practices
- Train care providers
- Develop and revise training materials
- Develop guidelines
- Link labor and delivery with postpartum care and follow-up for HEI
- Monitor and ensure availability of obstetric supplies and prophylaxis

- Monitor implementation activities and available supplies

Indicators:

- Total # women delivering
- Total # of women with unknown HIV status
- Total # of women counseled
- Total # of women tested
- Total # women tested positive
- Total # women testing HIV positive with CD4 test before discharge
- Total # of live deliveries to HIV-positive mother
- Total # mother and infant pair receiving prophylaxis according to national protocol
- Total # of women receiving counseling on the follow-up care and care of HEI

Tools

- Training materials and curricula
- Registers that document deliveries, PMTCT and HEI (ideally combined in maternity register)
- Checklist for supplies
- Job Aids with prophylaxis protocol (mother and baby)
- Counseling checklist
- Counseling and testing; PMTCT regimen guidelines
- Directory/mapping of community resources
- Referral forms – internal as well as follow-up support in community

**Group 2: Components package of care for post-natal follow-up**

- ART eligibility assessment
- CD4 testing and staging
- Infant PCR
- Cotrimoxazole
- AZT counseling prophylaxis
- Monitoring growth and development
- Immunizations
- Counseling infant feeding

6 weeks	10 weeks	14 weeks	6 months	6 weeks after weaning
Appointment register to show return for PCR	Results DNA PCR	Return to clinic for immunizations	CD4 count	PCR
Have ANC card for tracking	Post test counseling	Breastfeeding counseling	Family planning	Infant feeding counseling
	Referral pediatric care	6 months		
	Mother referred for care	CD4 count		
		Family planning		

***Which strategies to establish linkages with needed postnatal follow up?***

- Using community resources for postnatal follow-up – establish partnerships, mentorships, etc....
- Building relationship with TBAs to ensure delivery at facility and infant follow-up

To enhance linkages:

Infant road to health card

Mother mentors

Referral cards

Records at each point in care

MDT meetings