

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

Title:	Supporting and following up with pregnant women who deliver in non-clinical settings
Country:	Ethiopia
Name/Title:	Dr. Tsegaye Awano, PMTCT/Pediatric Clinical Advisor
Session Goal:	To describe challenges and solutions to support pregnant women with HIV and their exposed infants in non-clinical settings.
Learning Objectives:	<ol style="list-style-type: none"> 1. To discuss the different country strategies used to deliver the PMTCT package of care outside of the health facility. 2. To draw upon country strategies to discuss delivering the PMTCT package of care for women delivering outside of the health facility. 3. To distill strategies to provide the PMTCT care package for women likely to deliver in non-clinical settings. 4. To discuss key activities to implement the strategies
Instructional Method(s):	<ul style="list-style-type: none"> • Introductory exercise • Case study and group discussion • Small group work and presentation
Session Description :	<p>0 - 10 minutes:</p> <ul style="list-style-type: none"> • Each participant will introduce him/herself, including: <ul style="list-style-type: none"> - Name - Country office and position - A common way people are greeted in their local language, including the appropriate body language • The host will review the session learning objectives. <p>10 - 30 minutes:</p> <ul style="list-style-type: none"> • The host will present a pre-prepared case study about a pregnant woman and her soon-to-be delivered infant. • The group will discuss the case study and answer the following questions: <ul style="list-style-type: none"> - What factors indicate that this woman may not seek delivery (or other) services at a health facility? - What is the package of care that this woman and her child will need? - What strategies would you use to make sure she and her baby get the PMTCT services they need? • The host will note key points of the discussion on flip chart. <p>30 - 65 minutes:</p> <ul style="list-style-type: none"> • Participants will be divided into 2-3 small groups. • Each group should assign a facilitator and a rapporteur. • Each group will be given about 30 minutes: to draw upon their own country experiences to discuss: <ul style="list-style-type: none"> - How to identify women who are likely to deliver in non-clinical settings. - The package of PMTCT care for the mother and her child, and how to deliver pieces of the package in non-clinical settings, while maintaining linkages to the health care facility. - 1-2 examples of how the PMTCT package of care has been successfully delivered in a non-clinical setting.

	<p>65-85 minutes:</p> <ul style="list-style-type: none"> • Each small group will report back on the key points of their discussion for about 5-7 minutes;, using the above questions to guide their presentation. • Time will be given for questions and brief discussion. <p>85-90 minutes:</p> <ul style="list-style-type: none"> • The host will summarize the key points of the session.
Other	<p style="text-align: center;">PMTCT case study</p> <p>Martha is a 28 years old pregnant woman who came to Gambo Hospital (a rural district hospital) unaccompanied, for her first ANC visit at GA of 36 weeks. Martha was in a good health but tested HIV positive. After post test counseling, the nurse ordered CD4 count and hemoglobin. Her lab result, fortunately that arrived the same day, showed a CD4 count of 452 and hemoglobin of 13 gm/dl.</p> <p>The MCH nurse, after going over the signs and symptoms check list and considering the CD4 count concluded that Martha needs no HAART at present. However she told Martha that she needs to take a drug twice daily until the time of labor to reduce the risk of passing the virus to her unborn baby. The nurse also informed Martha that she has to come back after two weeks for checkup. She also advised her to come to the hospital for delivery as she needs to take more drugs to prevent the transmission of the virus. Martha was quiet in all the discussions with the nurse.</p> <p>Martha has two children. Her first child is four years old. Her second child is just two years old and has been taken to the nearby health post several times for diarrhea and chest infection. Her husband died of undiagnosed chronic illness three months back. She earns money by selling vegetables at a local market and has to save money to pay for the minibus to come to the hospital. Martha lives with her parents in a small rural town at a distance of 45 kms from Gambo Hospital. Round trip to and from the hospital costs 30ETH Birr (3USD). Martha has supportive neighbors who look after her kids when she is not around. Nevertheless, she didn't disclose her HIV status to anyone.</p> <p>Since Martha didn't show up for her scheduled ANC visit, the concerned nurse made a telephone call to the health post. The health extension worker knows Martha in person. He informed her that Martha has given birth a day back assisted by her neighbors and a traditional birth attendant. He also told the nurse he has heard Martha saying that she was to have her delivery in a hospital but was not able to make it as she doesn't have enough money to pay for transport and delivery service.</p>

Session Notes and Summary

Session name: Supporting and following up with pregnant women who deliver in non-clinical settings

Note taker name: Asqual Getaneh

Major Discussion Points and/or Conclusions:

1. Indicators that women may choose to deliver at home

- Lack of adequate knowledge regarding HIV prophylaxis
- Misconceptions about HIV

- Shock and denial of HIV diagnosis
- Depression
- Socioeconomic barriers such as lack of adequate funds for transportation
- Fear of stigma from the community
- Non-disclosure of HIV status to family/friends/neighbors
- Health care workers' negative attitude towards HIV positive individuals
- Beliefs around pregnancy and delivery
- Non involvement or unavailability of male partners/husbands

2. The package of care that the woman and her child will need

- Assessment of risk of non adherence to visit or drugs
- Delivery of HIV prophylaxis/HAART for both mother and baby
- Evaluation of socioeconomic and cultural contexts and appropriate referrals to community resources for nutrition support and transportation assistance
- Psychosocial support from HCWs and peer educators or mother mentors
- Disclosure counseling and support
- Delivery planning
- HIV testing of family members
- TB screening and treatment
- Malaria diagnosis and treatment
- Infant feeding education
- Appointments to services-pediatric, adult ART clinics, family planning, and other clinics as needed
- Registration of HIV exposed infants
- The provision of the road to health card in maternity wards to link infants to immunization clinics and pediatric services
- Immunization services
- Growth and development monitoring
- DBS for DNA PCR HIV testing
- CPT
- ITN

3. Strategies to achieve goals

1. Increase the quality of post test counseling that not only provides accurate information to mothers but also psychological counseling
2. Close follow up after initial diagnosis to reinforce psychological support and clarify misconceptions and misunderstandings.
3. Strong peer/mother mentors support
4. Link mothers with health extension workers or community health workers

5. In countries where the home delivery is high provide at first contact with the health center HIV prophylaxis to be taken at onset labor
6. Make delivery plans with the mother including the provision of mama kits which include all necessary items for safe delivery
7. Explore the assistance of TBA
8. Provide waiting homes for high risk pregnancies
9. Identify at risk women to deliver at home through a non-judgmental interview of the woman during the first encounter. Explore the following:

Preferences for delivery site- home vs health center

Parity and preferences during previous deliveries

Experience of health center delivery

Barriers to institutional delivery- cost, distance, HCWs attitudes etc

Socio-economic barriers to attending ANC and delivery

Health beliefs around pregnancy and delivery, necessary rituals during labor and deliver

Religious beliefs and restrictions and rites during pregnancy, labor and delivery

The decision maker of the household on matters of pregnancy and delivery

The woman's readiness to disclose her status to her partner, family, friends

The weight of stigma in the women's context