

Describing Postpartum Location of Maternal Antiretroviral Therapy (ART) and Infant HIV Testing in Gugulethu, South Africa

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In a context where integrated care is available and strongly recommended, only 8% and 7% of MIPs accessed care on same day at the same clinic at 10 weeks and 6 months postpartum, respectively. Approximately half of MIPs accessed care at separate clinics at both 10 week and 6 months. Worryingly, a quarter of MIPs were not retained in care at 6 months. Further analyses are ongoing to explore reasons for separation of care and associations between location of care and later retention.

BACKGROUND

- In high HIV-burden resource-limited setting, integrated maternal and infant services are recommended for vertical transmission prevention (VTP).
- Understanding how mothers-infant pairs (MIPs) access HIV care postpartum, including continuity of clinic location, is critical to inform VTP strategies.
- We used data from the REMInD study to describe location of care for MIPs accessing routine HIV care in Gugulethu.

METHODS

- A secondary analysis was conducted using data from 310 postpartum women living with HIV and their infants enrolled in the REMInD study (March 2021-April 2022) at the Gugulethu Midwife Obstetric Unit, Cape Town.
- Location of care was categorised based on the date and facility of mother accessing ART and baby receiving an HIV test at 10 weeks (6 – 16 weeks) and 6 months (16 – 36 weeks) postpartum (Table 1).
- Descriptive statistics were used to explore patterns of location of care and sociodemographic characteristics.

Table 1: Definition of care locations

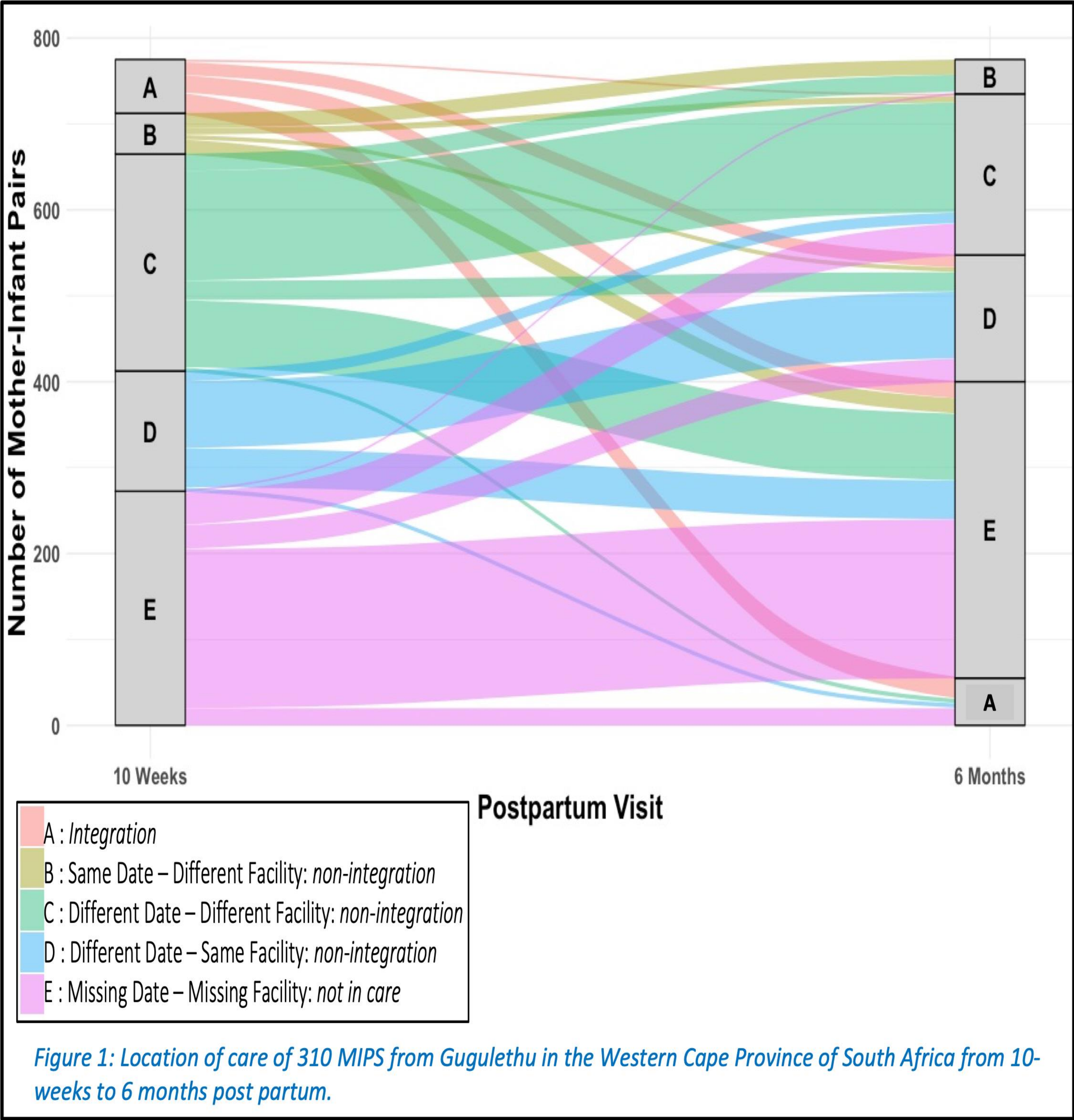
Care location	Definition
Integrated care	Mother accessed ART and baby received HIV test at the same facility on the same day, +-2 days (A)
Non-integrated care	Mother accessed ART and baby received HIV test at different facilities (B, C) or the same facility (D) on different days
Not in care	No evidence of mother accessing ART and/or baby receiving an HIV test during the window (E)

RESULTS

- Among 310 mothers, the median age was 32.3 (IQR 28.6, 35.9), 29% had completed high school and 47% were living with their partner.
- At 10 weeks postpartum, 8.1% of MIPs were integrated, 56.8% non-integrated, and 35.2% were not in care. By 6 months, integration declined to 7.1%, non-integration decreased to 48.4%, and those not in care increased to 44.5% (Figure 1).
- Among 220 mothers in care at 10 weeks postpartum, 78% received HIV care at the same facility before and after delivery.
- Median age at delivery was slightly younger among those with integrated care compare to non-integrated care at 10 weeks (31.4 years versus 32.8 years, p=0.035).

RESULTS CONTINUED

- Mothers with integrated care were more likely to fall within the middle income group (R1 000–R5000/month) than those in non-integrated care (41% vs 60%, p = 0.026).

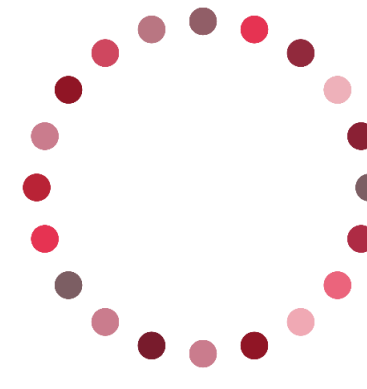


CONCLUSIONS AND NEXT STEPS

- In a setting where integration of maternal and infant HIV care is recommended, few MIPs appeared to receive care together.
- Mothers who earned a lower income were less likely to be integrated than mothers who earned a higher income, suggesting economic barriers may contribute to disengagement.
- These findings highlight the need to understand why mothers are accessing separate care and possible missed opportunities to strengthen implementation of integrated care and VTP
- Our results underscore the need for coordinated mother–infant scheduling and improved communication between service providers to ensure continuity of care, even when mothers and infants receive services at different facilities.



REMInD
Routine data to improve mother and infant care



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