# Post Natal Clubs

***USAID, Oct 2018***

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# PNC as a response to challenges

- Despite a successful Option B+ HIV implementation in SA, transmission 18 months after birth remains at 4.3%

- In Khayelitsha:
  - MTCT: 0.8% at 10 weeks (2015), unknown at 18m
  - 30% uptake of testing @18months (2015)
  - Poor RIC of mothers post natally (30% lost after 6 months) (Philips et al).

**Poor retention in care of mothers due to:**

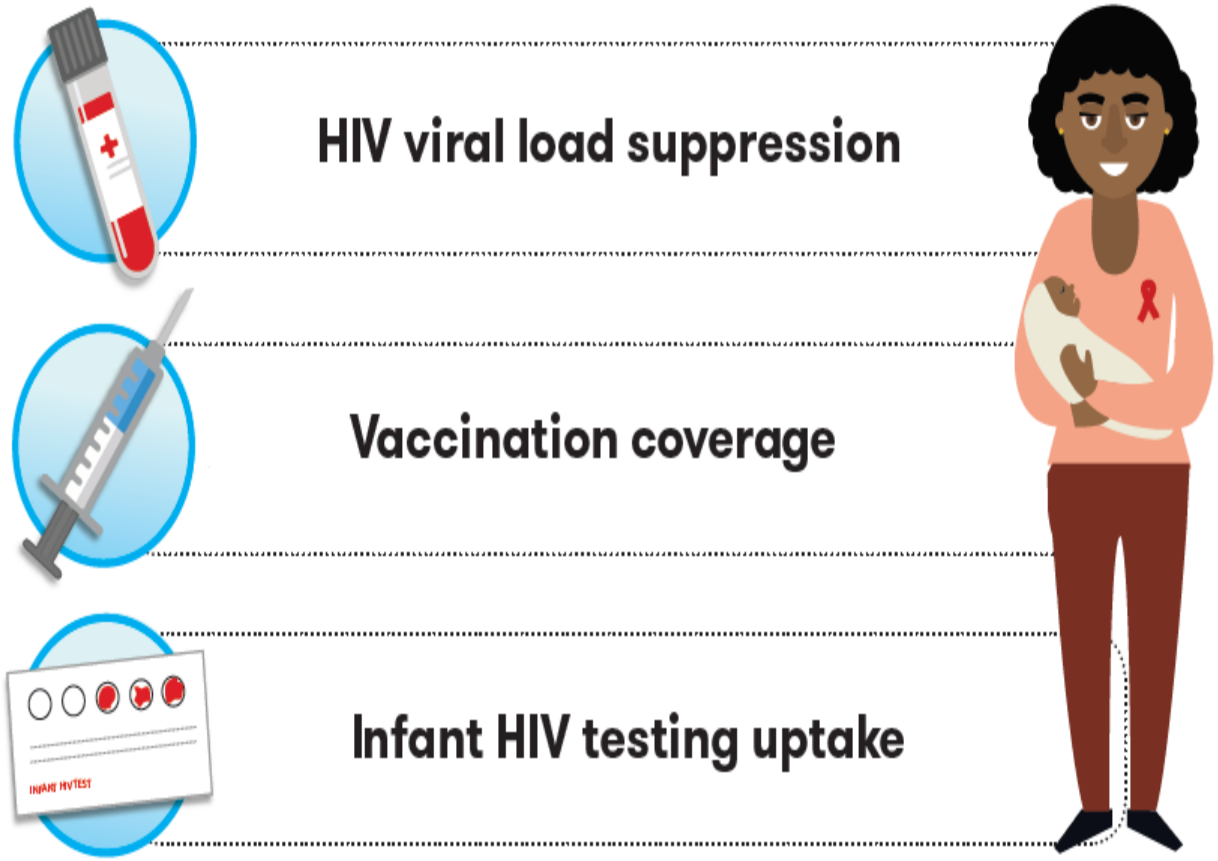
- Long clinic waiting times
- High patient volumes at the ART clinic
- Non-disclosure of HIV status
- Lack of partner involvement
- Travel costs
- Poor access to postnatal services

Phillips T et al. J Int AIDS Soc. 2014.
Clouse K et al. J Acquir Immune Defic Syndr. 2014.
Langlois V et al. Bull World Health Organisation. 2015.

- Integrated services benefits known but not implemented well

# POSTNATAL CLUBS AIMS

Our aims with the PNC were to improve retention in care and the following health outcomes for the mother-infant pairs (MIP):



# WHO DO WE RECRUIT FOR PNC?

## Inclusion Criteria

Mothers with HIV and their HIV-exposed infants

↓

We include both

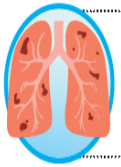
Mothers who are stable on ARV treatment

"High-risk" mothers who have a high viral load or other characteristics

## Exclusion Criteria

Baby is HIV-positive

(they require different care than what is offered in PNC)



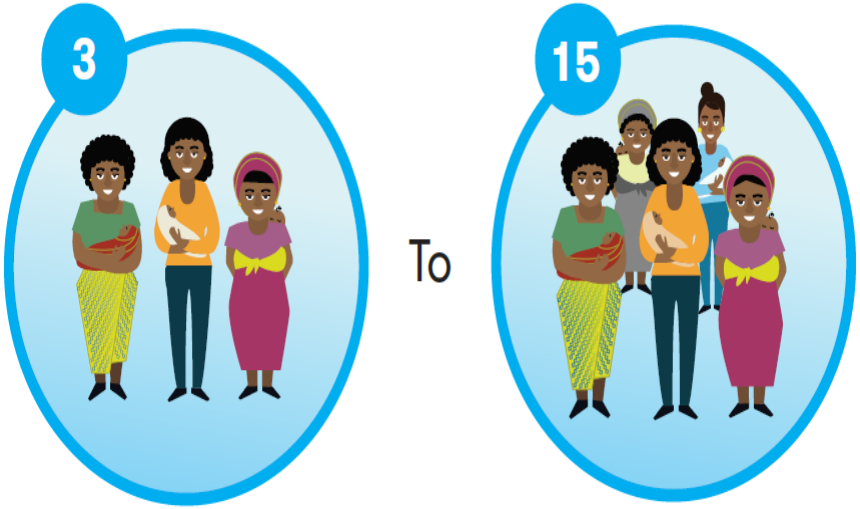
Mother has active TB

(they pose an infection risk to other mothers and babies)

Mother refuses to have her ART care in the same clinic as the baby

(making intergrated care impossible)

# POSTNATAL CLUBS INCLUDE

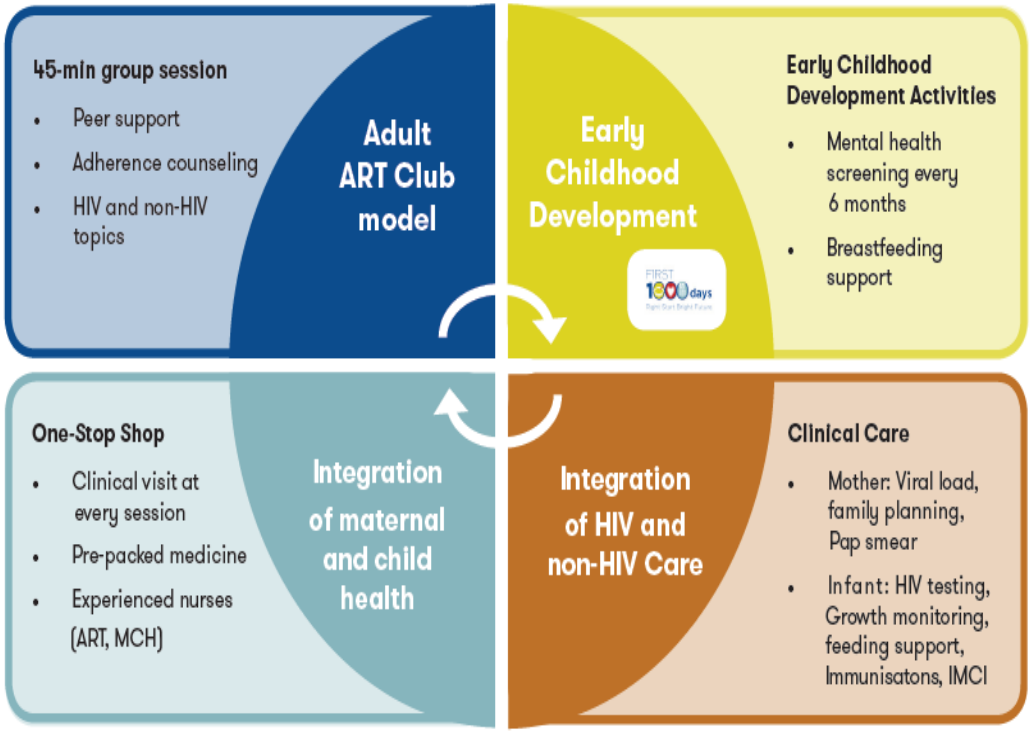



## Mother-Infant Pairs

*Experience has been that above15 pairs, space availabiliy, organization of workload management, efficient peer support and noise levels become difficult to manage.

# PNC-Description

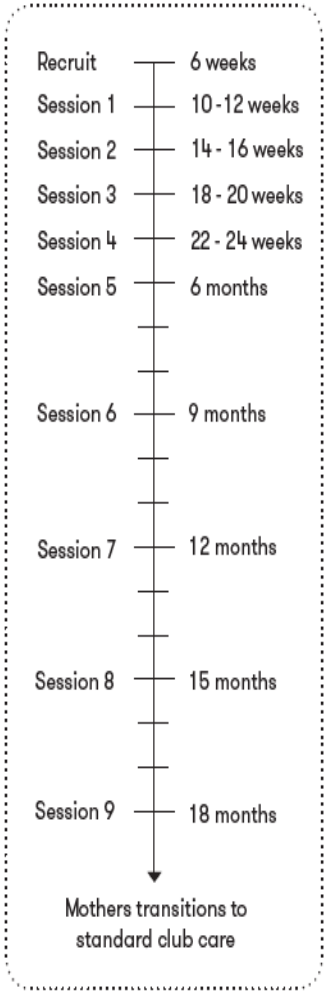
## Each PNC session features four key components:




VL= Viral Load
FP= Family Planning

ART= antiretroviral therapy
IMCI = intergrated management of childhood illness

## PNC timeline



# High risk mothers and baby pairs

- Recruited into PNC
  - Main difference from adult ART club
- Monthly review by nurse and m2m
- Monthly home visit
- ROTF done

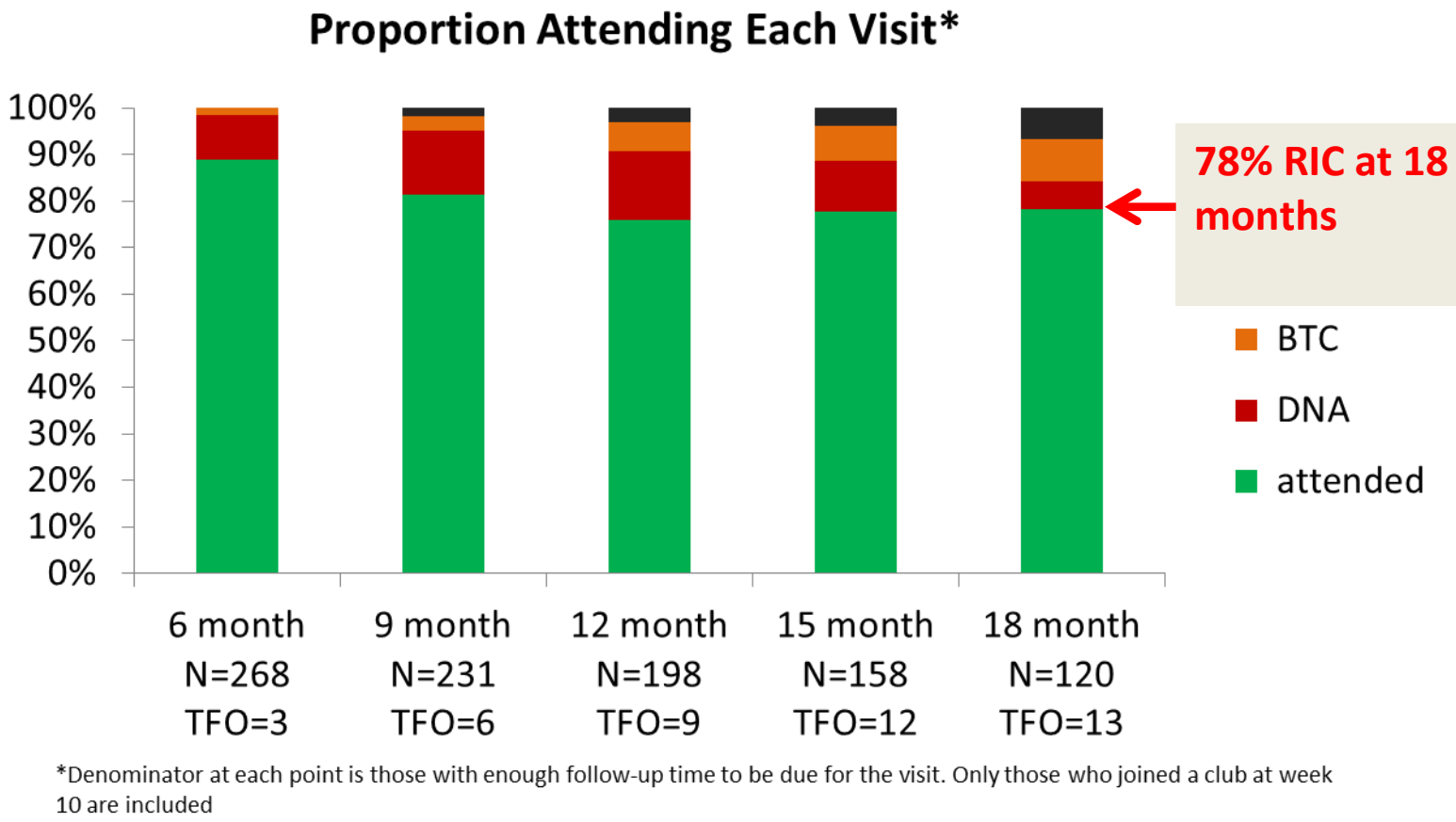
# Results

July 2016-June 2018

– 335 mothers recruited (18 high risk) and 340 infants

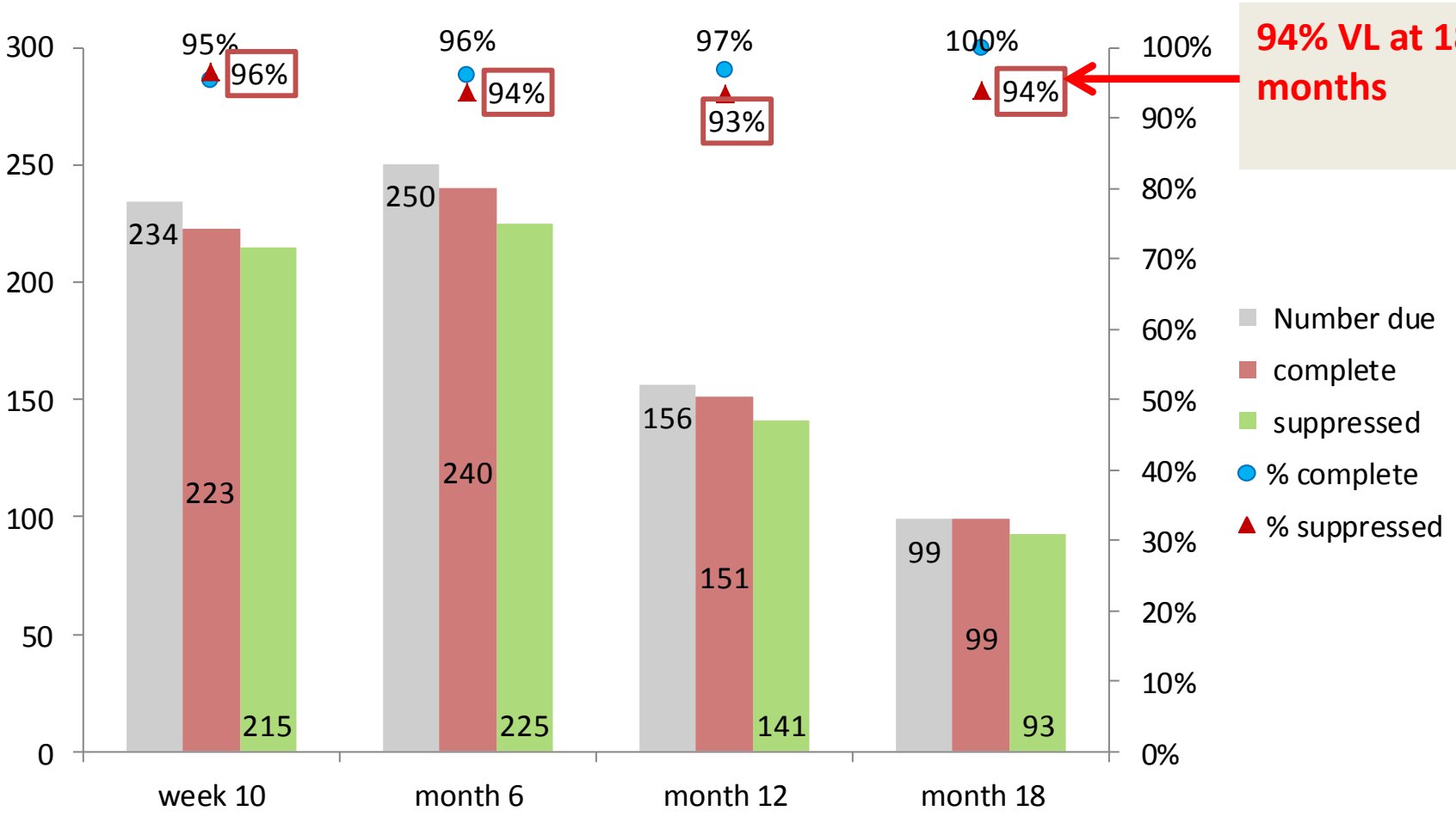
– 96.2% babies fully immunized by one year.

– 0% vertical transmission so far




In total, 335 mothers and 340 infants (5 sets of twins ) recruited into PNC

# Postnatal club VL completion and suppression



| Uptake of infants' 9 months and 18 months HIV rapid tests (of those attending 9 & 18 months visit) | | |
|---|---|---|
| **Visit month** | **Test uptake/ Total attending visit** | **Uptake percentage** |
| 9 Months | 201/204 | 98.5% |
| 18 Months | 93/99 | 93.9% |

Out of a total of 187 confirmed infants' vaccination coverage at 12 months 96.2% were fully immunised.

# Qualitative study results on PNC

- Increased knowledge and changes in behaviours on:
  - adherence,
  - follow-up tests for babies,
  - infant feeding,
  - ECD

- Strong relationships between participants
  - Patients supporting each other: Advice, WhatsApp messages , met outside of PNC sessions, Baby garments and babysitting.

- Increased disclosure, and helped patients to cope with stigma

- Main perceived benefits of PNCs:
  - complete care for mother-infant pairs making time spent at the clinic more efficient and decreasing the number of consultations.
  - peer dynamic, including peer facilitation.

*"Now, I know that a baby can hear. So I must speak to my baby and I must play with him"*

*"I was educated about the importance of breastfeeding a baby"*

*"We learned to share in the Club. If one of you doesn't have, you provide"*

*"If you'd used clinic staff, it would not have been the same because clinic staff cannot sit 8 hours doing 10 mothers and infant pairs there"*

*"They started not knowing each other, but now they are friends"*

*"We are taken care of, with my child at the same time, and the care they portray is excellent"*

*"They know exactly when the child is due for their blood test, their results, their immunizations"*

# Challenges and solutions identified

- **AVAILABILITY AND SPACE OF CLUB ROOM**
  - Confidentiality issue
  - Room used for adult Art clubs as well

  =>Sign on the door, schedule done with whole team
- **SCHEDULE AND HR**
  - Recruited per two weeks of age
  - Some clubs too small and some clubs very big . Difficult to manage HR

  => Recruit per month of birth (at next clinic)
- **TIME ALLOCATION FOR PREPARATION**
  - Need to review high risk patients and prescribe for PNC patients. PMTCT register to keep up-to-date

  => Half day to prepare clubs allocated to PNC nurse
- **LENGTH OF THE CLUB**
  - Peer support session 30-45 min
  - Clinical session perceived as very lengthy with too many services

  ⇒ Time motion showed that adding time for individual services rendered = one integrated visit.

  ⇒ Workshop showed that would rather keep all services in one stop shop

# Challenges and solutions identified

- **NEED FOR A SKILLED NURSE**
  - Need NiMART nurse, competent in child and maternal care

- **MEETING HEADCOUNT TARGETS**
  - Lower headcount due to increased number of services per client

  => Changes of targets from headcount to number of services rendered?

- **LENGTHY STATIONERY**
  - Many folders to be filled

  ⇒ Adult ART club register adapted for PNC

  ⇒ Integrated paediatric stationery created

- **"HIGH-RISK" MOTHERS IN CLUBS**
  - Make model more cumbersome

  =>At workshop, it was decided to keep them in PNC

# POSTNATAL CLUBS

A new way to prevent mother-to-child transmission of HIV Postnatal Clubs for mother-infant pairs Online

Online toolkit: **bit.ly/PNCtoolkit**

*Features step-by-step implementation guides & how-to videos from Khayelitsha, South Africa*

**** Included in new PMTCT national guidelines***

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# Thanks!
# Questions/Discussion

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Town 2 Clinic staff

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M2M

MSF team