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Women's Health

Integrated Women's HIV Care

“It takes a team”

AIDS Care Group

Chester, PA

Disclosures

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Has no financial interest or relationships to disclose.



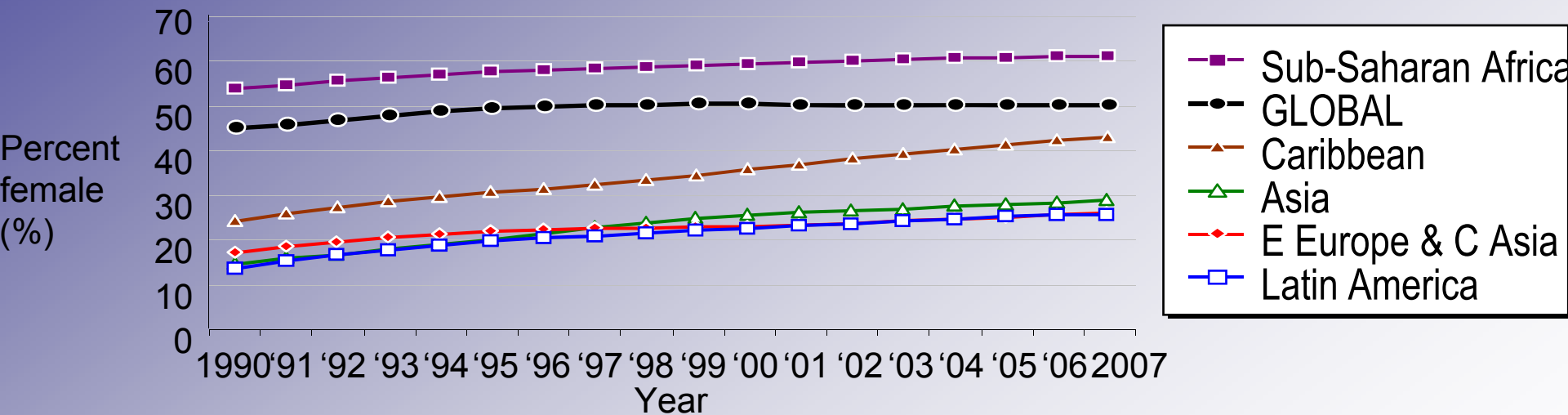
Integrated Women's HIV Care: *Agenda*

- Statistics & Significance
- Factors/Gender Vulnerability
- Reproductive Issues
- Preconception Counseling
- Pregnancy & HIV
- Contraception
- Program Mission
- “Team Approach”
- Integrated Systems
- Case Studies
- Discussion & Conclusion



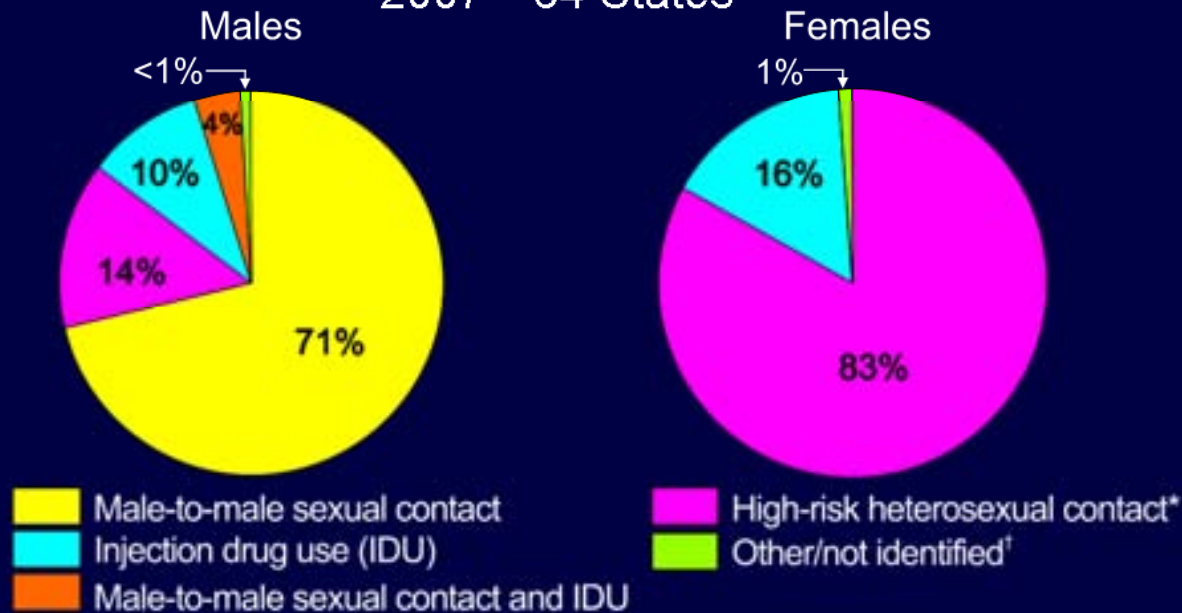
Integrated Women's HIV Care: *Statistics & Significance*

Percent of adults (15+) living with HIV who are female, 1990–2007



Integrated Women's HIV Care: *Statistics & Significance*

Percentages of HIV/AIDS Cases among Adults and Adolescents, by Sex and Transmission Category 2007—34 States

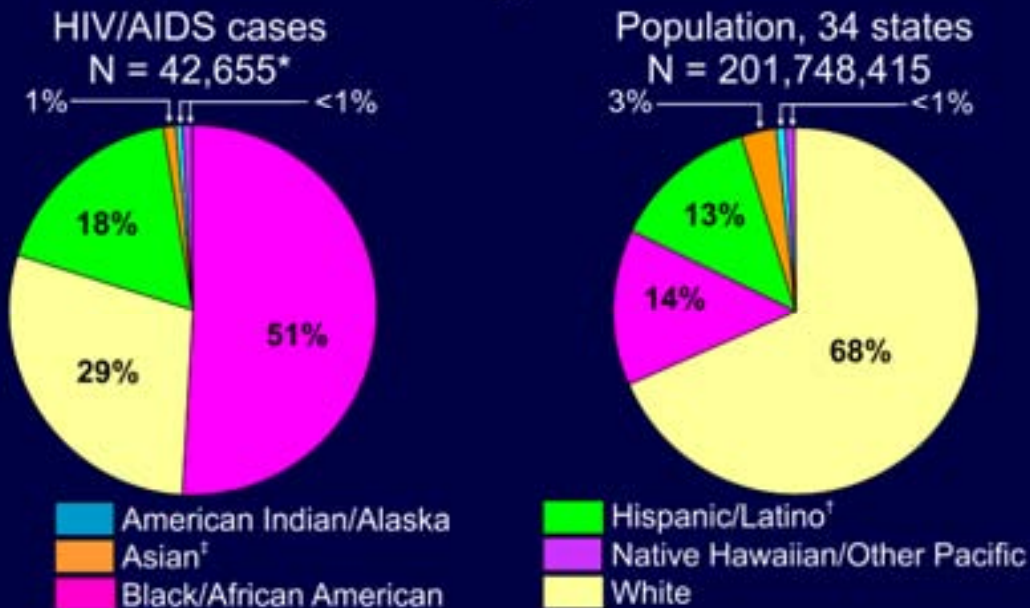


Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 34 states with confidential name-based HIV infection reporting since at least 2003. Data have been adjusted for reporting delays and missing risk-factor information.
*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
†Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



Integrated Women's HIV Care: *Statistics & Significance*

Percentages of HIV/AIDS Cases and Population by Race/Ethnicity, 2007—34 States



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis.
Data from 34 states with confidential name-based HIV infection reporting since at least 2003.
Data have been adjusted for reporting delays.
* Includes 306 persons of unknown race or multiple races.
† Hispanics/Latinos can be of any race.
‡ Includes Asian and Pacific Islander legacy cases.



Integrated Women's HIV Care: *Increased Disease Vulnerability*

- HIV/AIDS leading cause of death & disease worldwide for females aged 15-44.
- Increased biologic susceptibility.
- Gender inequality



UNAIDS, 2006/WHO, 2009



Integrated women's HIV Care: *Goals of Therapy*

- **Improvement of quality of life**
- Reduction of HIV-related morbidity and mortality
- Restoration and/or preservation of immunologic function
- Maximizing adherence
- Maximal and durable suppression of viral load
- Preservation of future treatment options
- Rational sequencing of therapy



Integrated Women's HIV Care: *Reproductive Health*

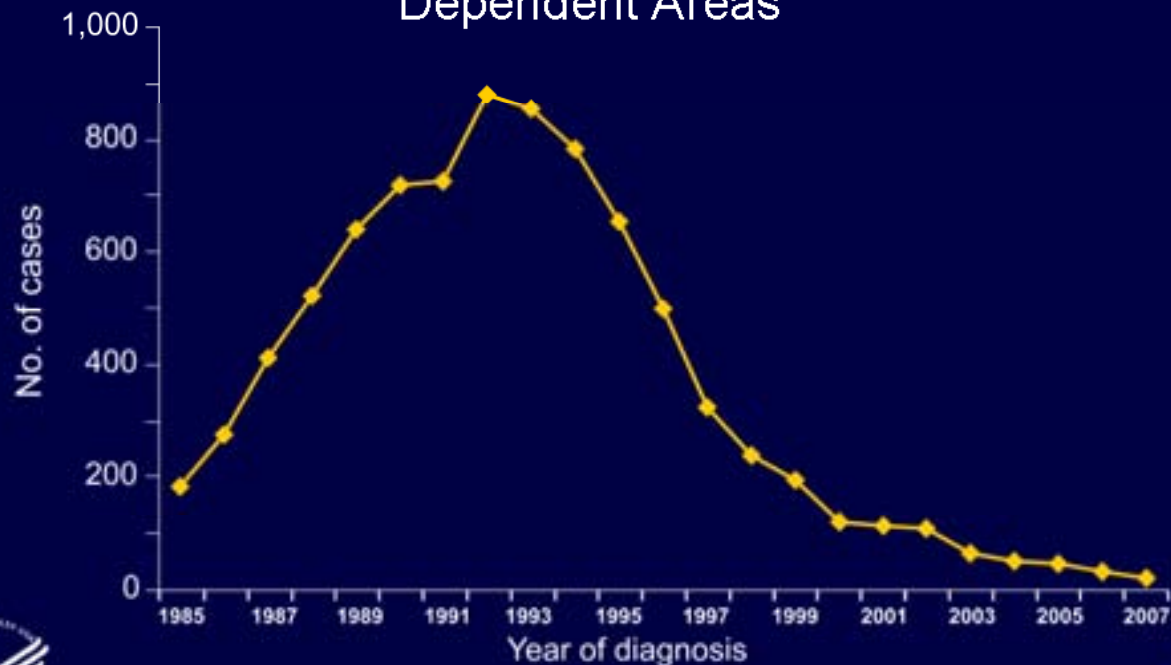
- 70% HIV positive women report being sexually active.
- 25%-30% HIV positive women express desire to conceive.
- Half of all pregnancies in US are unintended.

Aaron, E & Criniti, S, 2007



Integrated Women's HIV Care: *Perinatal AIDS Statistics*

Estimated Numbers of Perinatally Acquired AIDS Cases, by Year of Diagnosis, 1985–2007—United States and Dependent Areas



Note: Data have been adjusted for reporting delays and missing risk-factor information.



Integrative Women's HIV Care: *Preconception Opportunity. (ACOG, 2006)*

- Optimize maternal HIV stability.
- Choose “safe” ARV’s
- Ed/Counsel HIV MTCT risks.
- For HIV Discordant Couples discuss optimal risk reduction techniques.
- Evaluate need for vaccination/OI prophylaxis.
- Optimize Nutritional Health
- PNV/Folic Acid.
- Genetic Screening/Compile OB History.



Integrated Women's HIV Care: *Fertility Issues*

- Menstrual Calendar
- Cervical Mucus Evaluation
- Support/Advocacy
- Build Provider Referral Network



Integrated Women's HIV Care: *Vertical Transmission Protocol*

- All pregnant HIV + women should be offered ART to maximally suppress viral replication, reduce the risk of perinatal transmission and minimize the development of resistant virus.
- Start ART at least by 28 wks gestation.
- Include AZT if possible.
- Mother treated during pregnancy, IV AZT antepartum and infant 6 wks after delivery.
- Educate/counsel breast milk transmission.



Integrated Women's HIV Care: *Routine Screening/Care*

- Nutritional evaluation/“Food security”
- Smoking Cessation
- Domestic Violence/Safety
- Mental Health/Trauma
- Assessment of adherence factors



Integrated Women's HIV Care: *Pregnancy Prevention*

- Contraceptive options
- Barriers
- Oral Contraceptives
- Transdermal Patch
- Vaginal Ring
- Depo-Provera Injection
- IUD's
- Surgical Sterilization



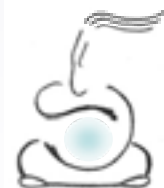
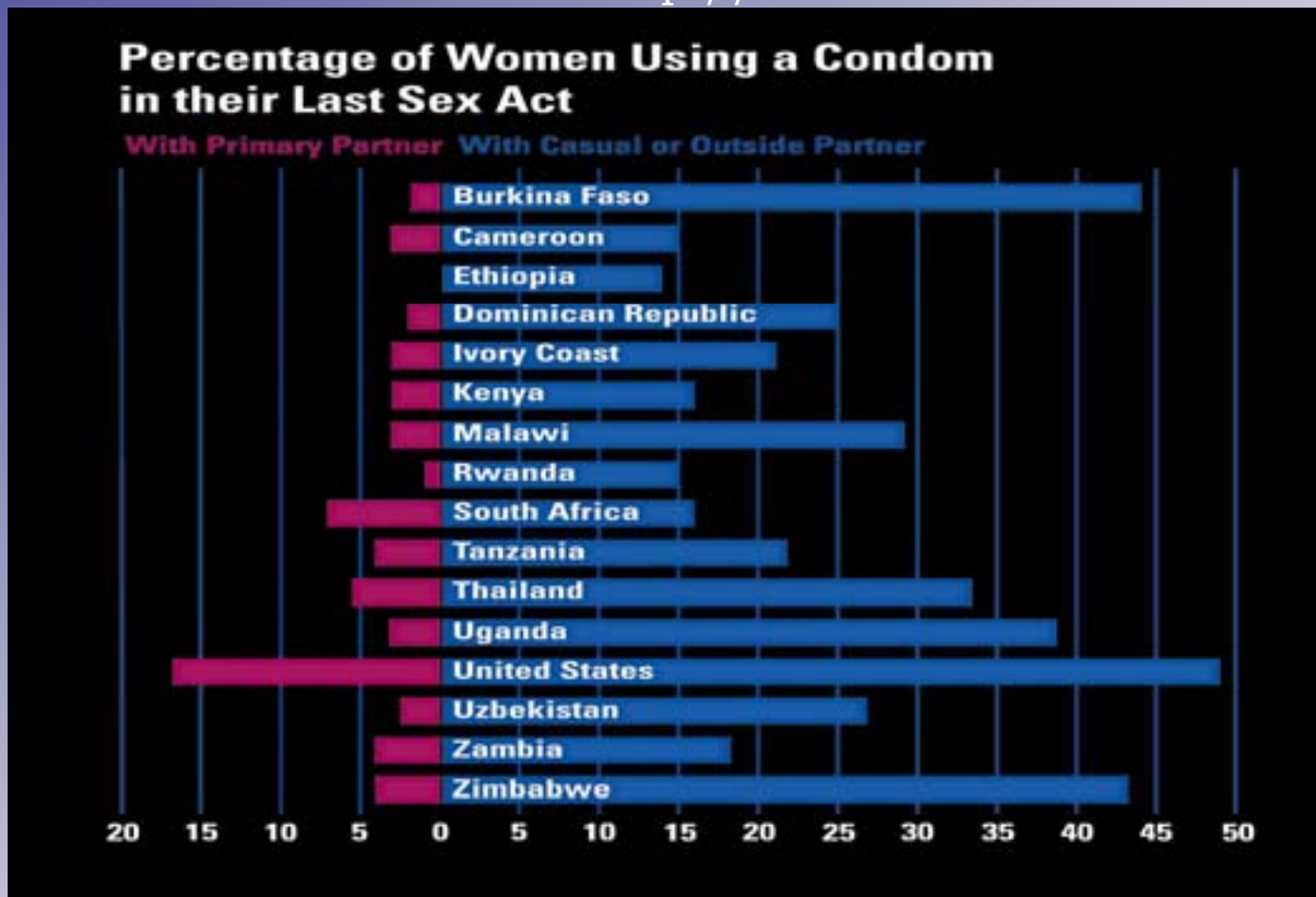
Integrated Women's HIV Care: *Barriers to Barriers*

- Negotiation difficulties
- Non-disclosure
- Spiritual/cultural concerns
- Inequality in relationship
- Fear or abuse
- Lack of female control methods



Integrated Women's HIV Care: *Global Campaign for Microbicides, Statistics*

Measure Evaluation. 1997–2002. <http://www.measuredhs.com>.



Integrated Women's HIV Care: *Reproductive Life Planning*

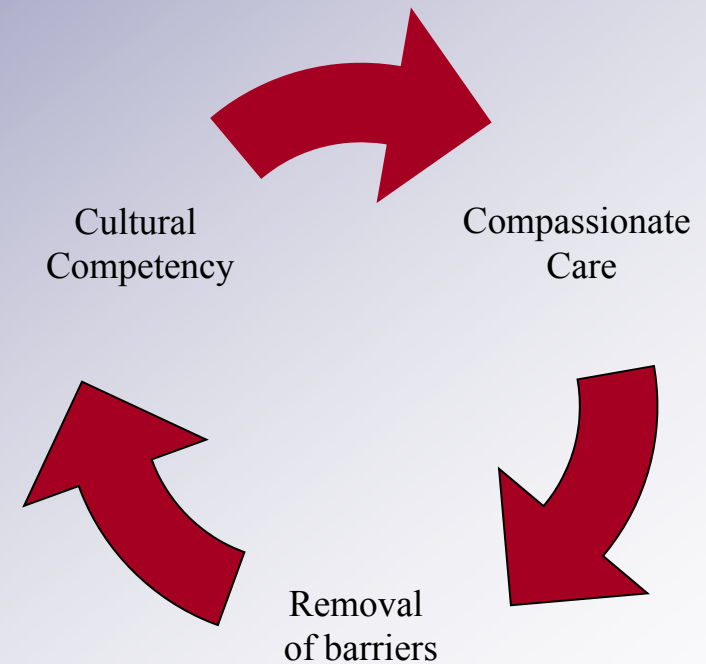


- Make “safe” patient’s decision to conceive or not conceive

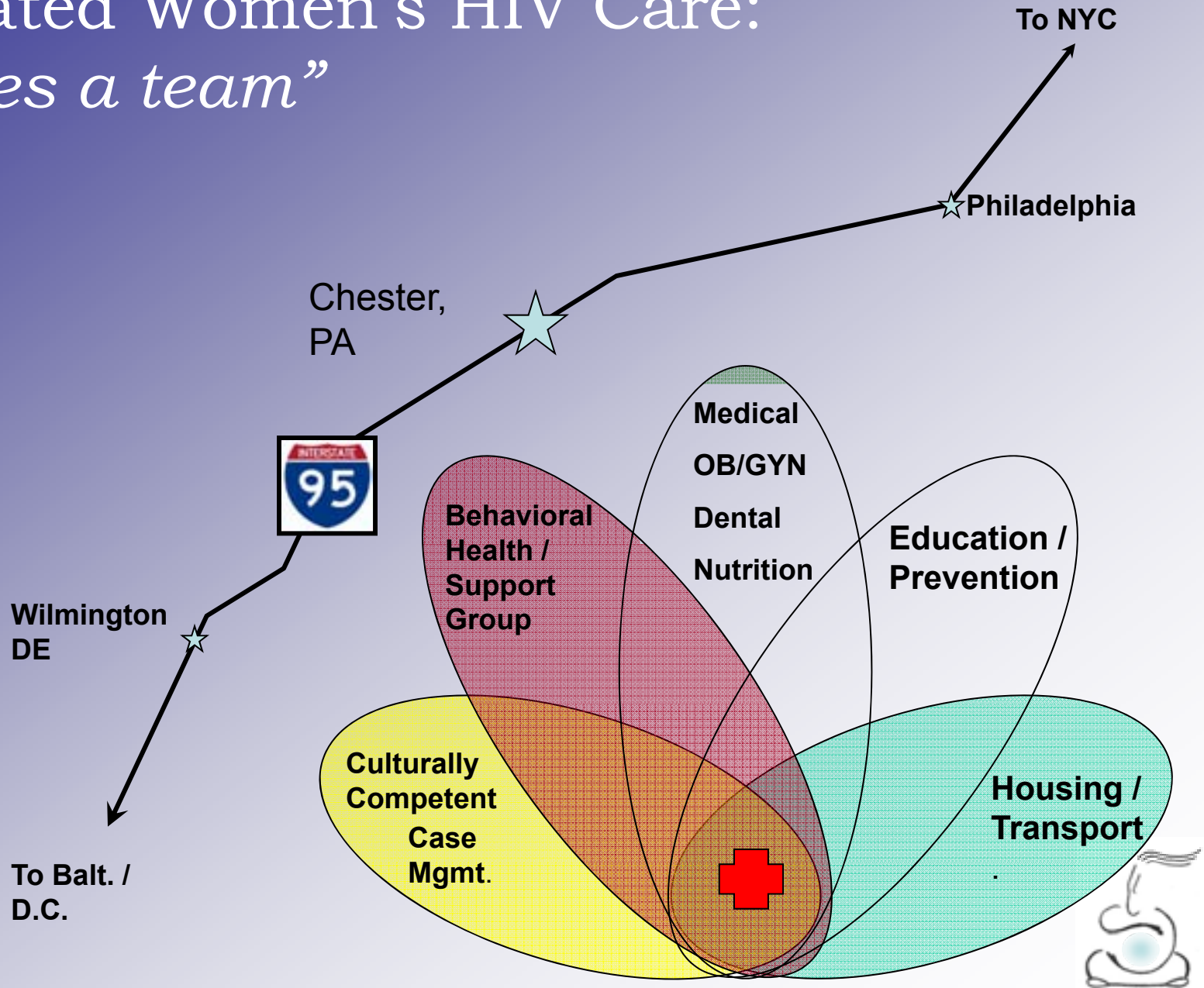


Integrated Women's HIV Care: *Program Mission*

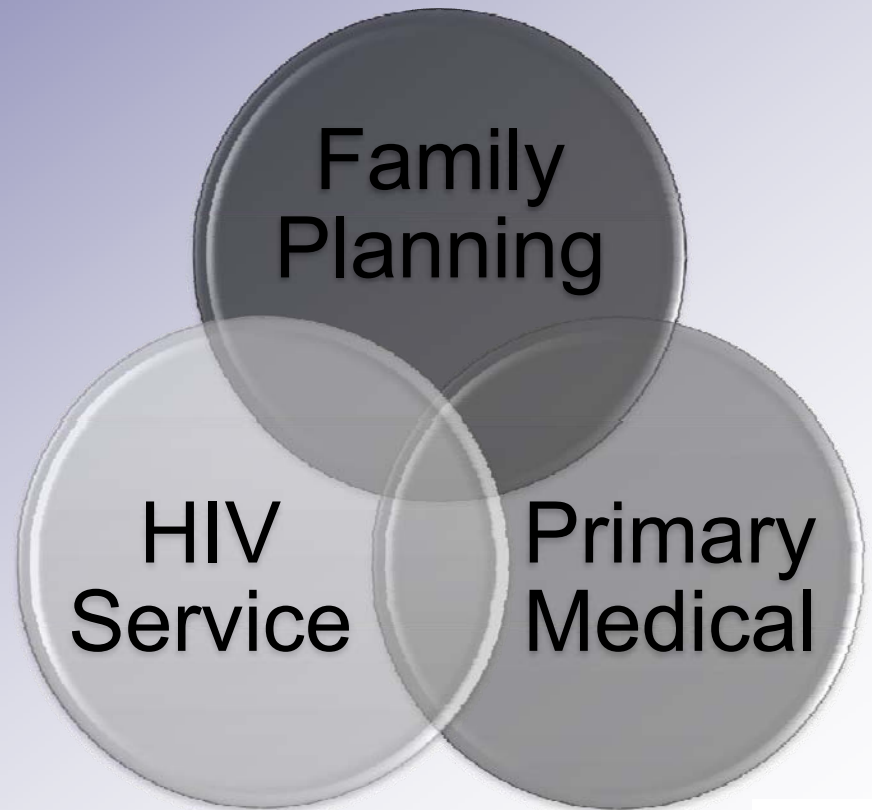
- “...to provide the highest quality and most cost effective HIV-related health and social services consistent with client needs.”
- Commitment to compassionate care allows for the removal of economic barriers.
- Culturally competent practice removes cultural barriers.



Integrated Women's HIV Care: *"It takes a team"*



Integrated Women's HIV Care: *Systems Approach*



Integrated Women's HIV Care: *Every Woman, Every Visit*

- Ask about pregnancy intentions **every woman, every visit**
- Provide family planning services integrated in HIV clinics. HIV services integrated into family planning clinics
- Provide HIV testing for all FP patients and their partners
- Have linkages with HIV services for HIV-infected FP patients
- Provide on-site or referrals for case management, peer educators, and psychological services



Integrated Women's HIV Care: *Family Centered Case Management*

- Service needs considered from family perspective
- Assess and screen for barriers to care
- Provision of Advocacy
- Linkage to “systems” of care
- Education and Prevention to pt/family



Integrated Women's HIV Care: *Importance of Linkages*

- Increased emphasis on testing in FP clinics means increased numbers of new HIV diagnosis.
- Critical need to provide family planning services in HIV care settings.
- Increasing number of women/families with HIV desire children.
- Documented successes in risk reduction behaviors through integration of services.



Integrated Women's HIV Care: Case Study # 1

- 19 y/o, female dx HIV 2006 – heterosexual contact/risk.
- Lives in home with male partner and daughter- 4 y/o, HIV negative. “dropped out” of high school.
- ARV naïve/CD4 @ 746 VL <3,000
- Long hx of non-disclosure to partner, using condoms, declining other contraception r/t desire for pregnancy.
- Reports marijuana use daily and social drinking.
- Denies other substance abuse for self or partner
- Initially requesting assist with disability application



Integrated Women's HIV Care: Case Study # 1

- Disclosure
- Prevention-HIV discordance
- Substance abuse
- Mental Health
- Family Planning/Reproductive Health
- Vocational/Educational Training



Integrated Women's HIV Care: Case Study # 2

- 17 y/o, AA, female dx HIV positive 2008 @ 26 wks gestation. Pt found pregnant during incarceration. Pt with hx of prostitution and living in homelessness. FOB with schizophrenic disorder
- Pt released and referred to OB/midwife practice. Pt referred by OB to HIV/RW Part D Program –Prim HIV Care/CM
- Pt/FOB CT positive-treated @ 29 wks
- CD4- 467/26%--VL-56,655—1/16/09
- ARV's initiated @ 29 4/7 wks – LPV/r, 3TC/ZDV
- CD4-834/37%-VL-3,329-2/20/09 @ 32 5/7 wks
- Admitted L/D @ 34 4/7wks for SROM, Labor induced, vaginal delivery.
- Pt reports missed ARV doses 1-2 doses per wk.
- Pt with multiple missed HIV/OB visits.



Integrated Women's HIV Care: Case Study # 2

- Adherence
- Substance Abuse
- MH issues-pt and FOB
- Lack of support in home
- Domestic violence/abuse
- Transportation



Integrated Women's HIV Care: Case Study # 3

- 25 y/o, Latino male, dx HIV positive 2006.
- HIV negative wife/partner, 2 children under age of 5yrs.
- Pt with hx of IVDU and Hep C
- Pt with <48 copies VL/excellent adherence
- Recently relocation from Puerto Rico, monolingual spanish speaking
- Pt and partner declines condom/risk reduction practice r/t “religious reasons”
- Wife consents to HIV testing every 6 months, remains negative to date.



Integrated Women's HIV Care: Case Study # 3

- HIV discordance
- Risk reduction/prevention
- Religion
- Culture “machismo”
- Language barriers
- Immigration/legal



Integrated Women's HIV Care: *Discussion & Conclusion*

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