

# Promoting Perinatal HIV Service Coordination: Inside your program and beyond, Session 4041 (Part B)

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Highlight gaps in the perinatal HIV prevention cascade, including post-partum retention in care.
2. Discuss individualized care coordination and treatment strategies for HIV-infected pregnant woman and their infants.
3. Illustrate the role of perinatal HIV service coordination within Ryan White Networks with the goal of elimination of perinatal HIV transmission among Ryan White Part B, C and D and public health partners.



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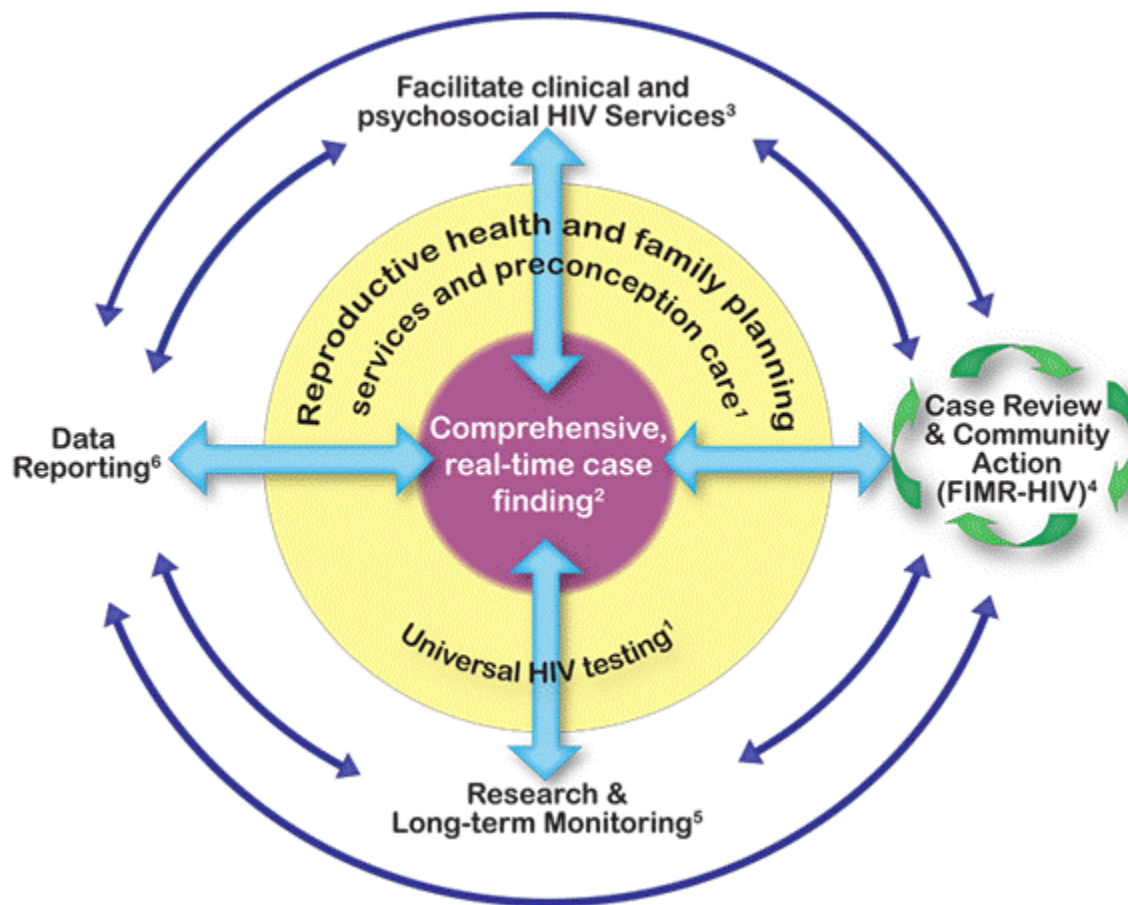
# Introduction

Although we have made great strides towards reducing perinatal HIV in the U.S., there are still many missed opportunities in the perinatal HIV prevention cascade and ongoing U.S. transmissions, especially in minorities.

Eliminating perinatal HIV in the U.S. will require sustained collaboration across clinical and public health programs in high, medium, and low incidence settings.

Ryan White programs and providers play a key role in this effort and need to continue to be leaders in [perinatal HIV service coordination](#).

# CDC Framework for Elimination of Perinatal HIV Transmission



# Perinatal HIV Service Coordination

- HIV care
- OB care
- Primary care and gynecologic care
- Community supports
- State and local public health



Closing gaps in the HIV care continuum for pregnant women and eliminating perinatal HIV transmission

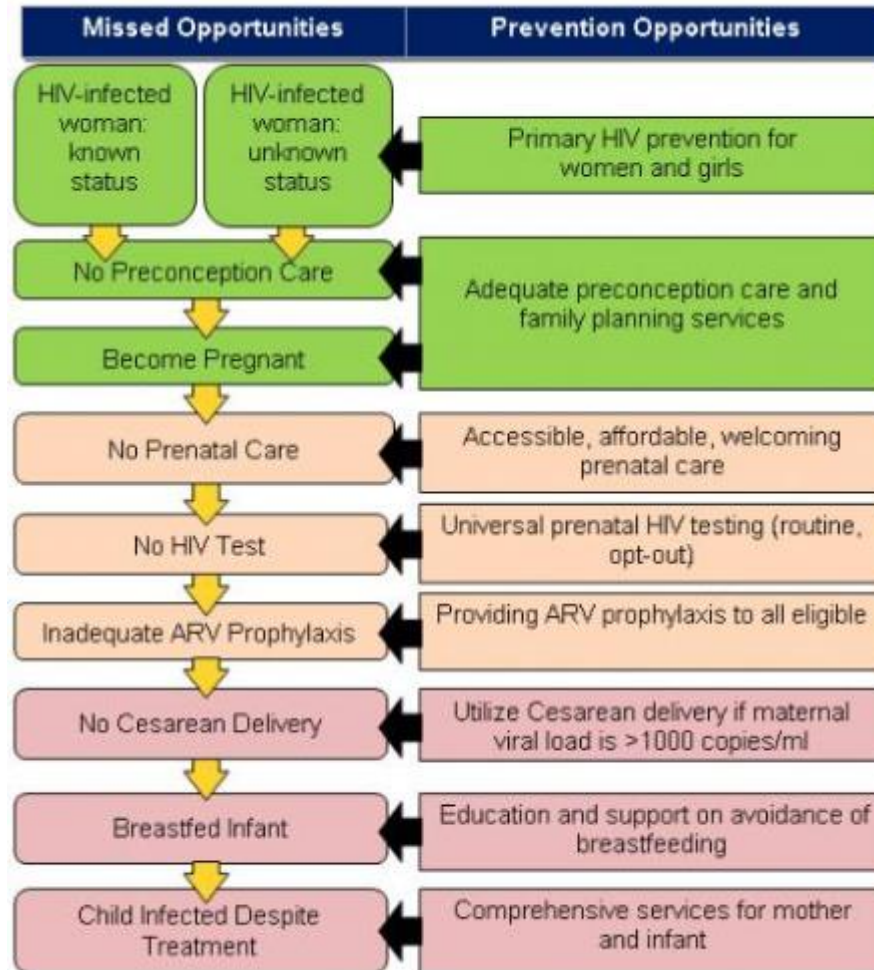


EMCT Stakeholders Comprehensive Care Working Group

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# Perinatal HIV Prevention Cascade

## Missed Opportunities and Prevention Opportunities







# PROGRESS AT RISK?

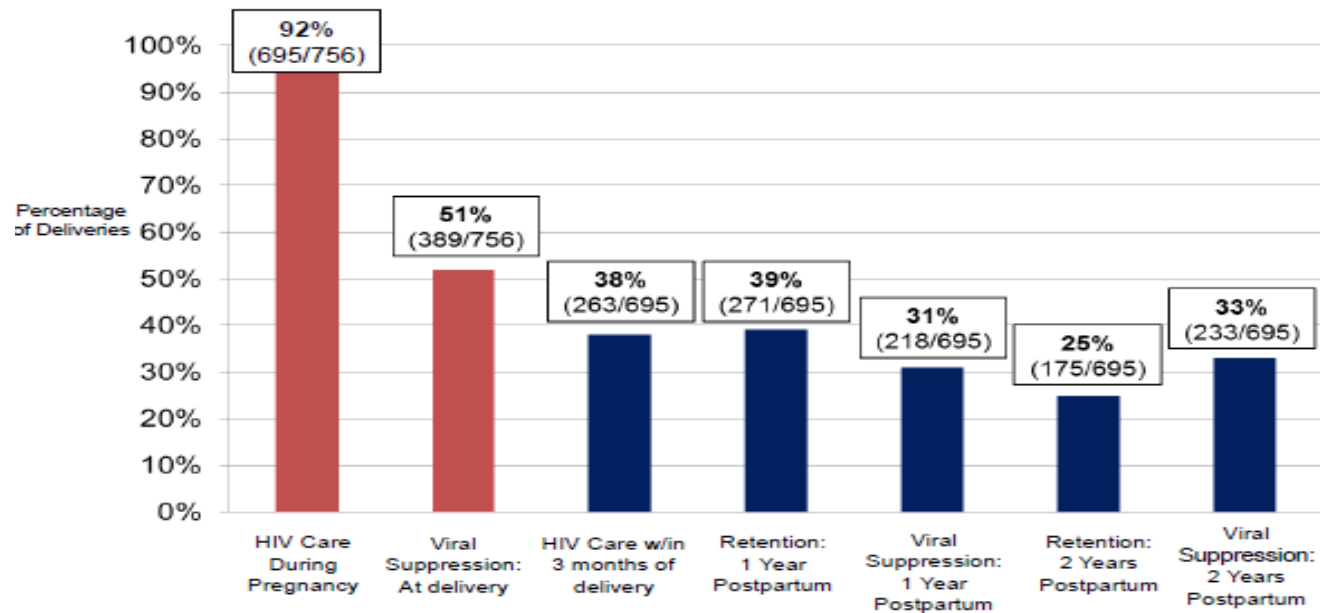


# Weak Points in the HIV Care Continuum for Pregnant Women

- **DIAGNOSIS**
  - **LINKAGE AND RETENTION**
  - **ANTIRETROVIRAL TREATMENT**
  - **VIRAL SUPPRESSION**
  - **POSTPARTUM CARE**
- Only ~75% receive prenatal HIV test
  - Uptake of 3<sup>rd</sup> trimester repeat HIV testing has been mixed
  - Detectable viral load at delivery is more common in women who initiate combination antiretrovirals late in pregnancy, who have adherence difficulties, and who lack prenatal care.
  - Challenges with linking and retaining HIV+ women in care postpartum
  - Gaps in HIV-exposed infant testing
  - Breastfeeding happening, despite provider recommendations

# HIV Care Continuum for Postpartum Women in Philadelphia

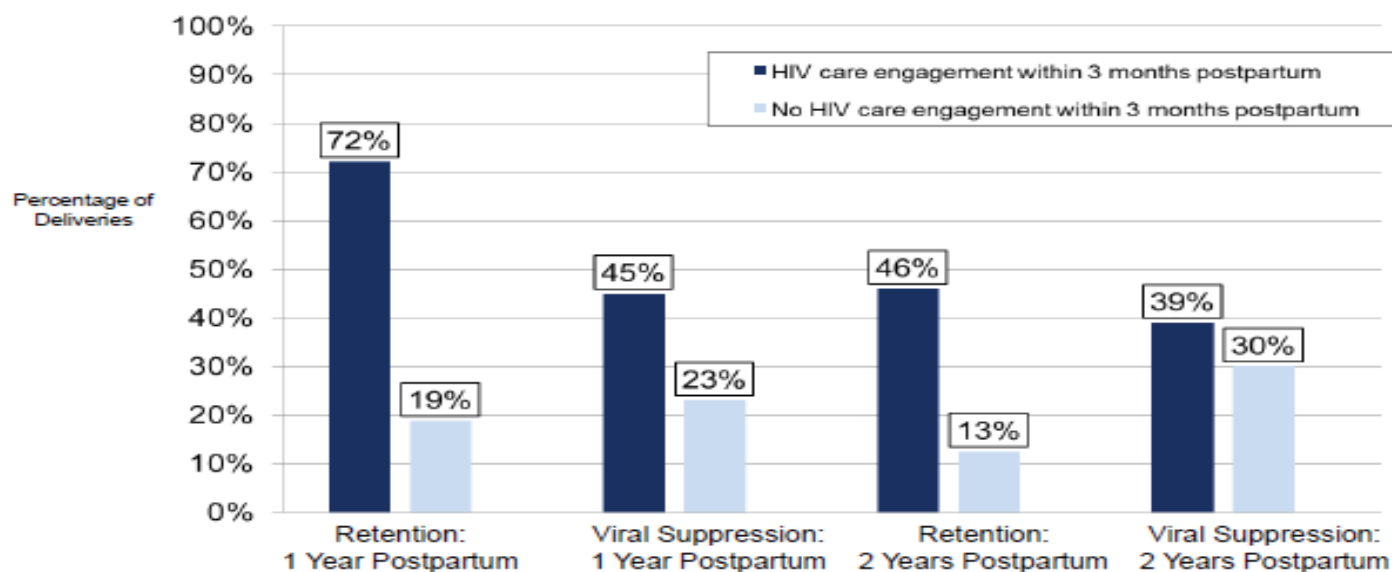
Figure 1. HIV care engagement during pregnancy and for two years postpartum for 598 HIV-infected women (n=756 deliveries), Philadelphia 2005-2011.



Source: Enhanced Perinatal Surveillance System (EPS) and HIV/AIDS Reporting System (eHARS)  
AIDS Activities Coordinating Office, Philadelphia Department of Public Health

# HIV Care Continuum by Care Engagement within 3 Months Postpartum

Figure 2. HIV care continuum by HIV care engagement within 3 months postpartum for 556 HIV-infected women (n=695 deliveries) for two years postpartum, Philadelphia 2005-2011.



Source: Enhanced Perinatal Surveillance System (EPS) and HIV/AIDS Reporting System (eHARS)  
AIDS Activities Coordinating Office, Philadelphia Department of Public Health



# System Barriers in Elimination of Perinatal HIV Transmission

## DATA GAPS

- # HIV+ pregnant women

## FUNDING GAPS

- Perinatal HIV exposure surveillance, RWHAP Part C and D, strategic plans for perinatal HIV prevention

## RANGE IN EXPERIENCE, RESOURCES, AND INFRASTRUCTURE

- State/jurisdictions vary widely, perinatal service coordination may not be a priority

## LOW PROFILE

- Success in reducing perinatal transmission

# Functions of Perinatal HIV Service Coordination

DEFINE

DETECT

SUPPORT

LINK

PERFORM

COLLECT

- Goals of reducing perinatal HIV transmission **AND** closing gaps in the HIV care continuum
- HIV prior to or early in pregnancy
- Integration of pre-conception care and enhanced postpartum care into HIV services
- To comprehensive medical and psychosocial care
- Case reviews to address local systems issues
- Data to inform resource planning and utilization

# Individual Patient Benefits of Perinatal HIV Service Coordination

- Personalized pregnancy care plan from experienced HIV providers
- Integration of medical and support services
- Longitudinal follow-up through delivery and exposed infant testing
- Expanded, “whole woman” approach to HIV care including well woman, preconception, postpartum, interconception

# Public Health Goals of Perinatal HIV Service Coordination

- Better define the epidemic
  - Where is the nexus of your perinatal HIV epidemic?
- Identify gaps in services & payment for services
  - Who lacks access to perinatal or HIV-exposed infant services supported by HRSA or CMS?
- Understand and generalize best practices
  - How to disseminate lessons learned from the HIV Fetal and Infant Mortality Review Process?
  - Can HHS and HRSA regional offices facilitate?
  - What urban centers already work with rural sites?



# Perinatal HIV Service Coordination Summary

- HIV care
- OB care
- Primary care and gynecologic care
- Community supports
- State and local public health



- Perinatal HIV Service Coordination
  - Leadership
  - Clinical, public health, and community-based
- Creating a circle of success
  - Closing gaps in the HIV care continuum for pregnant women
  - Elimination of perinatal HIV infection

# PHSC within RW networks:

Panel discussion:

- Successful models
- Novel models
- Common barrier and opportunities

# Community and Public Health Examples of Perinatal HIV Service Coordination

- Single point of contact to access perinatal HIV services in state or jurisdiction
  - Key feature of perinatal HIV service coordination
- Perinatal HIV-specific Internet presence
  - Portal to comprehensive services care and care coordination
  - Can summarize local epidemiologic data and trends
- Real time linkages to HIV care while pregnant
  - Hot lines, case managers
- Postpartum linkages to care; Integrated care

# Community and Public Health Examples of Perinatal HIV Service Coordination

- Case review process
  - Quality improvement and systems development
- Focus on at risk or underserved populations
  - Important for developing targeted services
- Mechanism for major stakeholder to convene or plan
  - Identify barriers, set improvement targets
- Strategic Plan for elimination of perinatal HIV infection

# Resources for Action

## What are your next steps?

- Identify best practices as well as existing needs or gaps in your state or jurisdiction
- Explore online resources, e.g.,
  - [AACOG](#)
  - [National Clinician's Consultation Center](#)
  - [CityMatCH: The National Organization of Urban MCH leaders](#)
  - [Pediatric AIDS Prevention Chicago](#)
  - [HIVE a hub of positive reproductive and sexual health](#)

# Resources for Action

## What are your next steps?

- Health departments can make a technical assistance request, e.g.,
  - <http://www.citymatch.org/>
  - High impact HIV prevention capacity building assistance for health departments [www.getsfcba.org](http://www.getsfcba.org)
- Share your resources and best practices; send to [hillma@sn.rutgers.edu](mailto:hillma@sn.rutgers.edu)
  - Working on toolkit with examples and links to facilitate access
- Description of Perinatal HIV Service Coordination