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Postpartum mobility and transfer of care among HIV+ women on ART in South Africa

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Background

- Women initiating antiretroviral therapy (ART) in pregnancy commonly require transfer of care postpartum. Transfer and mobility are potential challenges to long-term retention but there are few insights from sub-Saharan Africa in this population.

Methods

- We used electronic health data (HIV-related laboratory tests, ART dispensing and clinic visits from the National Health Laboratory Services and Western Cape Department of Health) to assess HIV care access and mobility in women who initiated ART in an integrated antenatal-ART clinic in Cape Town, March 2013-June 2014.
- Transfer out of the integrated clinic was required by all women postpartum. We investigated any linkage to care after leaving the integrated clinic and calculated the number of new clinics attended after up to 30 months (m) on ART.
- Among women who linked to HIV care, we used Poisson regression (presented as adjusted risk ratios [aRR] with 95% confidence intervals [CI]) to explore predictors of (i) retention: accessing care at least once at both 12m (6-18) and 24m (18-30) on ART and (ii) viral suppression (VS): HIV viral load ≤1000 copies/ml (>12m on ART).

Results

- **Among 617 women** (mean age 29 years), 21% never linked to care after leaving the integrated antenatal-ART clinic.
- Among those who linked (n=485), 21% attended ≥2 (max 3) clinics.
  - Younger (≤25 years, aRR 1.10 95% CI 1.02-1.18) and unemployed (aRR 1.06 95% CI 0.99-1.12) women were more likely to attend ≥2 clinics.
- **Among 485 women who ever linked**, 90% and 82% had evidence of accessing care at 12m and 24m on ART, respectively
- 363 women were retained in both the 12m and 24m windows (75% of 485 who linked; 59% of all 617 women).
  - Younger age (aRR 0.87 95% CI 0.76-0.99) and unplanned pregnancy (aRR 0.86 95% CI 0.78-0.95) reduced the chance of staying retained at both 12m and 24m.
- **Among 338 retained women with viral load** available after 12m on ART, 87% were VS.
  - Younger age, unemployment and being unmarried increased the risk of viraemia.
  - Attending ≥2 clinics and distance moved after transfer were not associated with VS.

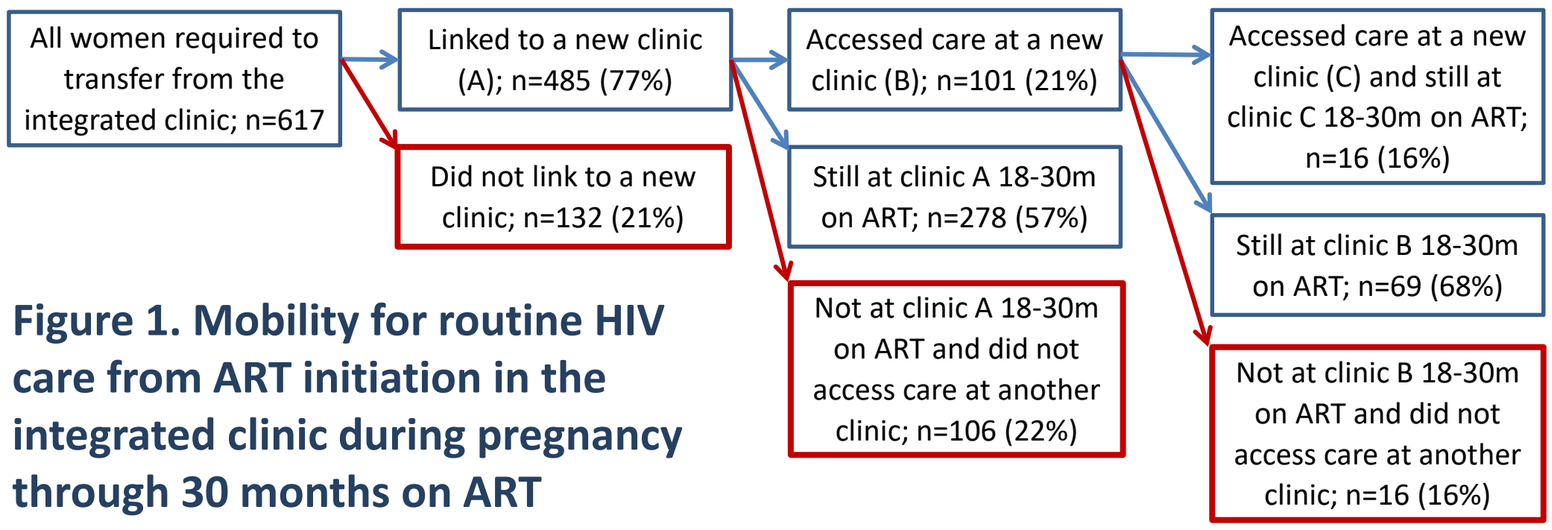
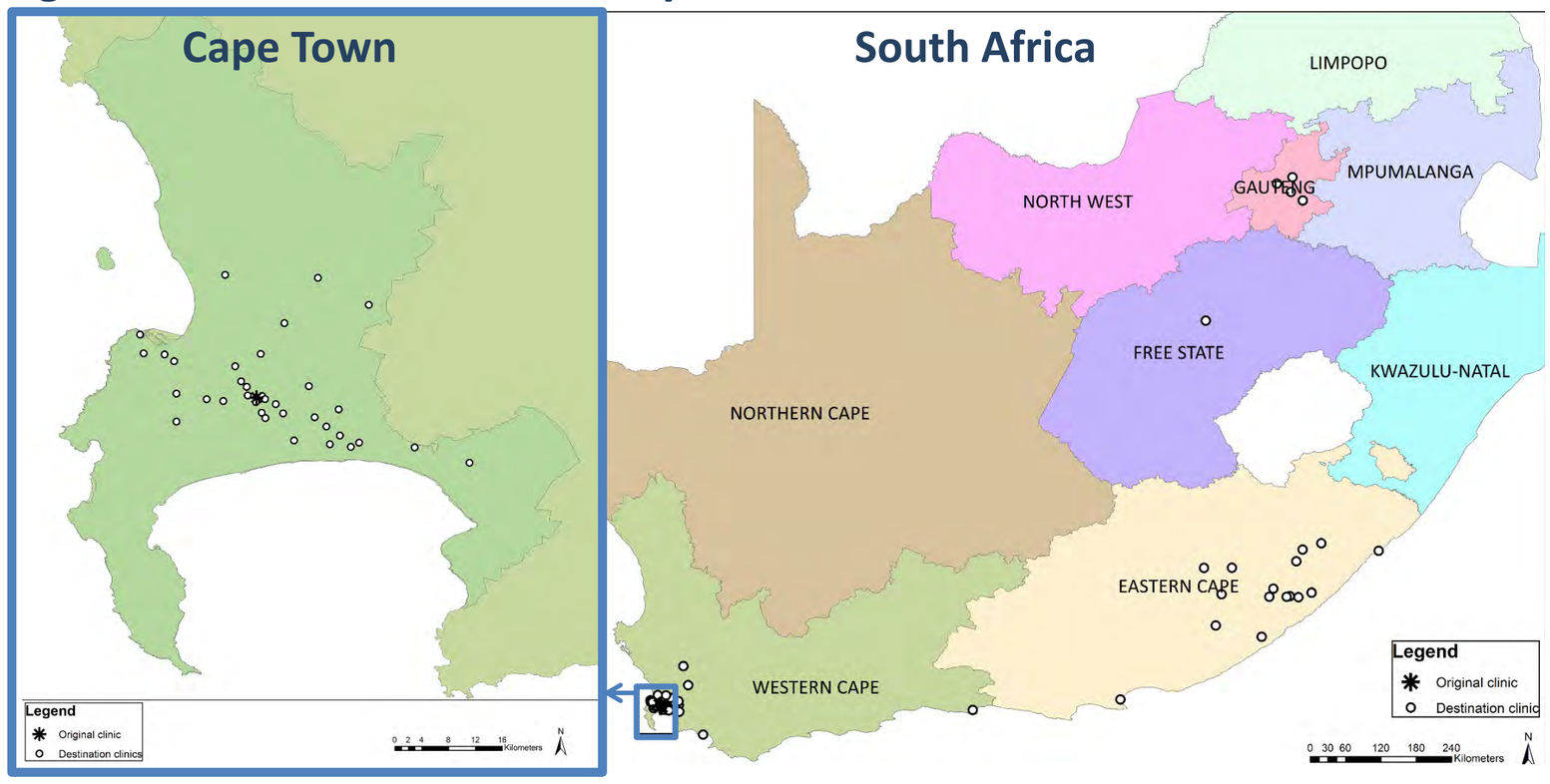


Figure 1. Mobility for routine HIV care from ART initiation in the integrated clinic during pregnancy through 30 months on ART

Figure 2. HIV care was accessed by 485 women at 98 different facilities



Conclusion

- Only 59% of women were retained in both the 12 and 24 month windows with losses at both initial transfer and after linking.
- Those who linked to care spread to a large number of different facilities; this has implications for patient monitoring and highlights that HIV programmes must facilitate movement between health facilities when needed.
- Younger age and unemployment were shared risk factors at multiple steps and interventions extending outside of health facilities are urgently required, particularly to support young and unemployed postpartum women.

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