Accelerated HIV testing for PMTCT in maternity and labour wards is vital to capture mothers at a critical point in the programme at district level in Malawi.

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Introduction

Thyolo District

- *Mainly rural population: >570.000*
- *Prevalence HIV at ANC: approx. 22%*
- *No. living with HIV/AIDS: 50.000+*
- *No. with advanced HIV/AIDS: 8-11.000*
- *No. of estimated deliveries per year: 20-25.000*
- *No. Orphans – 40.000*

Thyolo District Hospital
Thyolo, Malawi

- Mother to Child transmission (MCT) accounts for almost 1 million newly infected children in Sub Saharan Africa annually.
- Missed opportunities for HIV testing in the prenatal maternity and labour wards were previously documented at 63% in our hospital in 2002-3 (1). *(March 2002 - September 2003)*
- Many HIV+ mothers give birth in health facilities without having had a previous HIV test, thereby missing an opportunity for prevention of transmission of infection to her infant and also care for her own health.
- In 2005 an audit of maternal deaths in Thyolo also found that infection related deaths accounted for 59% of all maternal mortality 2005.
- While only a small number of mothers who died were tested, HIV was positive in all those who were tested.
- The objective of our study was to examine the impact of accelerated HIV testing in the maternity and delivery wards in Thyolo District Hospital. A prevention of mother to child transmission programme (PMTCT) had been implemented since beginning of 2002. Previously most of the testing was done at the antenatal clinic (ANC). (prevalence of 20%)

Methods

- A programme revision was conducted in 2005. Following this a number of changes were made.
- From June 2005 – January 2006 the PMTCT programme targeted women who attended for any inpatient care, including high-risk pregnancies, malaria, early labour or pregnancies for caesarean section.
- All admissions were offered ***Opt-out testing*** and counselling. Women who tested HIV positive were offered nevirapine (NVP) prophylaxis intrapartum. Their babies received a single dose of NVP within 72 hours after delivery (2 mg/kg).
- We adopted a ***One Stop Approach*** to our antenatal and maternity services (this meant that all prevention and care services were integrated in the same clinic). CD4 test and clinical staging were also introduced in August 2005.
- The ***One Stop Approach*** was further accelerated in January 2006.
- A retrospective review of birth registers from June 2005 until January 2006 was done.

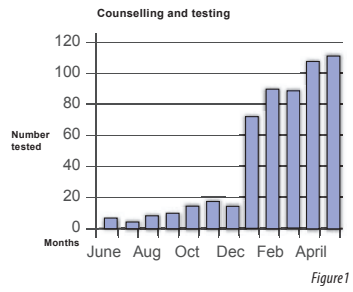

Figure1

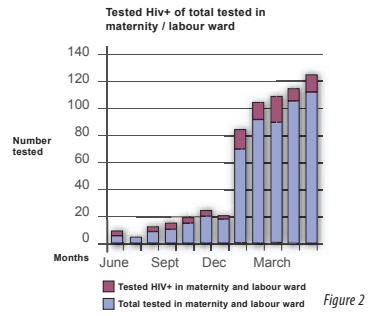

Figure 2

Results

- During the study period 1941 women delivered of whom 212 were previously identified as HIV positive (prevalence of 11%). *(Fig. 1, 2)*
- An additional 30 (12.4%) tested HIV positive in the maternity / labour ward.
- With an overall annual hospital based HIV prevalence of 20% a total of 388 HIV deliveries were expected and 146 (37%) were missed compared with 63% in 2003. In the final month of study a 24 hour testing service was implemented which resulted in an additional 73 women tested of whom 17 (24%) were HIV positive.
- From February till May 2006, 918 hospital deliveries were reported. With an overall prevalence rate of 22% (revised since Jan 2006) a total of 202 HIV + deliveries were expected. A reported 163 (81%) HIV deliveries took place in the hospital. Reduction from 63% to 19% missed opportunities for HIV testing. *(Fig. 3, 4, 5)*

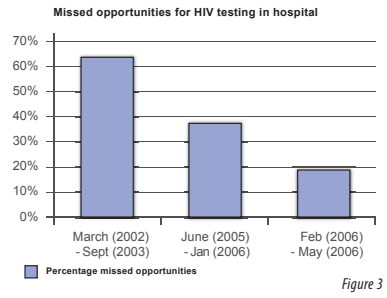

Figure 3

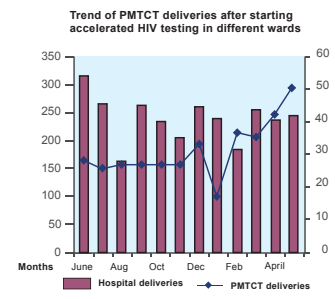

Figure 4

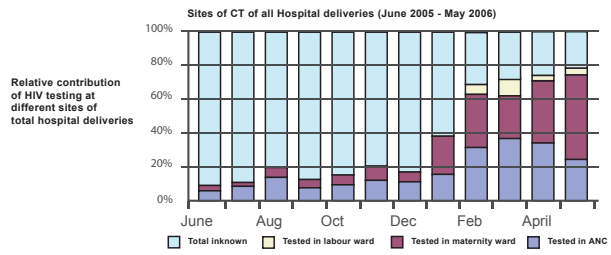

Figure 5

Conclusions

- This additional PMTCT testing was well accepted by both staff and patients in the hospital. Round the clock, 24 x 7 days HIV testing is vital to maintain a high PMTCT coverage for women delivering in district health facilities.
- Acceleration in HIV testing in maternity and labour ward 24 x 7, could benefit patients by knowing the HIV status in advance and will make early intervention possible, with hopefully a reduction of maternal deaths. This needs further research.

Literature

1 *High acceptability of voluntary counselling and HIV-testing but unacceptable loss to follow up in a prevention of mother-child HIV transmission programme in rural Malawi: scaling- up requires a different way of acting.* M Manzi, R Zachariah, et al. In: *Tropical Medicine and International Health* 2005. 10, no 12, 1242-1250

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