



ST. CAMILLUS MISSION HOSPITAL KARUNGU

PMTCT PROJECT

Prevention of Mother To Child Transmission of HIV/AIDS

PERIOD COVERED APRIL 2010– MAY 2011

BACK GROUND

PMTCT services started in St. Camillus in the year 2003 April with the aim of prevention of mother to child transmission of HIV by 90%. When no interventions are done, transmission of the virus occurs in 25%-45% of cases.

Mode of transmission in children:

- During pregnancy
- During delivery
- Breastfeeding

The highest rate being during delivery and breastfeeding. Other factors that cause transmission of the virus include, mixed feeding, sore nipples/abscesses, mastitis or oral thrush.

INTRODUCTION

The PMTCT project takes place at the maternal child health clinic at St. Camillus Mission Hospital from Monday to Friday.



PILLARS OF PMTCT

1. Prevention of HIV infection to women and safe sex.
2. Prevention of unplanned pregnancies from HIV infected women
3. PMTCT
4. Care of HIV infected mother and baby i.e. initiation of ARVS, close follow up

GOALS

The main goals of PMTCT project are:

1. To offer comprehensive MCH services i.e. antenatal, postnatal, child health and cervical cancer screening to all women of reproductive age.
2. Encourage all pregnant mothers to know their HIV status through counselling and testing and refer appropriately to the CCC for further investigations and treatment.
3. To offer health education to pregnant mothers on importance of ANC attendance at least four visits for close monitoring of maternal health and that of unborn child.
4. Educate HIV mothers on importance of Hospital deliveries, modes of HIV transmission to the unborn, newborn and how the risks can be reduced, exclusive breastfeeding and other feeding options and drug adherence.

STAFFING

The maternal and child health clinic has 2 full time staff (a Midwife and an auxiliary nurse). They all counsel, test, refer and treat pregnant mothers. They also participate in mobile clinics and health education



CAPACITY BUILDING

MCH staff require on job training on PMTCT and supportive supervision in order to offer better services to the clients.

INTERVENTIONS

The main goal is to capture all the pregnant mothers for counseling and testing. For PMTCT to be successful the following are put into considerations:

- All pregnant mothers receive their results whether positive or negative.

- HIV positive mothers are referred to the C.C.C or ART clinic for other investigations, treatment initiation and monitoring.
- Exclusive breast feeding is advised for HIV positive mothers who cannot afford replacement feeding up to 6 months, but is also advised that they continue breastfeeding for as long as 2 years so long as the mothers have been on HAART. This mainly to prevent malnutrition in children.



- All pregnant mothers are advised to deliver in the hospital for safety of both mother and child. Positive mothers are issued with ARVS prophylaxis to reduce the risks of HIV transmission, babies are issued with free nevirapine prophylaxis until their PCR is established.
- PCR sample collection is done twice every month to the babies at 6 weeks or any contact thereafter and at 1 year to determine the baby's HIV status. If the baby turns out negative at 18 months, then the child is considered free from the virus.

ACTIVITIES

Trainings

1 doctor has been trained on paediatric ARVs and 2 nurses have been trained on PMTCT.

Mobilization

During the year 2009-2010 the clinic conducted monthly mobile clinic services to areas of Otati, Oreore and Okiro under MAE project. During mobile clinics, the MCH staff conducted weighing of both mothers and children, immunization, ANC and VCT. Milk and biscuits were also provided to mothers and children.

Health education

This is one of the most important activity done at the MCH clinic on a day to day basis depending on various issues and problems of the clients. A main talk is given on the PCR days and on Wednesday's morning which is also the main clinic day of the week.

Topics include

- Proper nutrition and its importance to the baby and mother.
- Importance of immunization for mother and baby.
- Maternal health
- NHIF registration

Laboratory services

Laboratory services are free to all pregnant mothers regardless of their status (HIV). They include haemoglobin, blood group, blood slide for MPS, urinalysis and VDRL. These services are sponsored by MAE project in Rome, in partnership with Pro.sa NGO based in Italy.

Ante-natal care

ANC activities include registration, weight taking, blood pressure monitoring, abdominal palpations, dispensing of drugs e.g. malaria prophylaxis, haematinics and a free mosquito net.

Free services

- All laboratory and ultra sound services are free to all pregnant mothers.
- Soft drinks, sugar and biscuits are given to the weaned children and mothers on PCR day.
- St. Camillus M. Hospital pays NHIF cards for the first 6 months for all the pregnant mothers coming to our MCH Clinic. After the six months, the mothers are then left to pay for the cards by themselves.



CHALLENGES

Despite efforts to prevent HIV transmission from mother to child, the project still faces many challenges.

- Poverty: since most MCH clients are poor with no money and resources, less priority is given to the hospital services /PMTCT services.
- Long distance and poor means of transport from home makes it difficult for the mothers to attend clinic.
- Some mothers still practice mixed feeding despite counseling on exclusive breast feeding.
- Stigma hence some clients refuse testing especially the men.
- Disclosure to partner still a major problem. Some mothers who are HIV positive may not disclose to their partners.
- Cultural beliefs where in – laws or grandparents force mothers either to breastfeed or not and also not to eat certain kinds of foods.
- PCR results are sometimes delayed or rejected at the laboratory in Kisumu thus making referral for positive cases a challenge.
- Inadequate PMTCT trained staffs interfering with the quality of services.

ACHIEVEMENTS:

The PMTCT project has done so much in preventing transmission of the HIV virus from mother to child. Most mothers who attend ANC clinic accept to be counseled and tested and most of the have registered with NHIF hence delivering in the hospital.

Post natal mothers have also accepted counseling, testing and cervical cancer screening.

PCR TEST PERFORMED FOR PMTCT

APRIL 2010 TO MAY 2011

MONTH	NO OF TESTS	NEGATIVE	POSITIVE	UNKNOWN
APRIL 10	28	0	0	28
MAY 10	18	15	3	0
JUNE 10	16	0	0	16
JULY 10	45	41	3	1
AUGUST 10	24	23	1	0
SEPTEMBER 10	34	31	3	0
OCTOBER 10	35	34	1	0
NOVEMBER 10	27	26	1	0
DECEMBER 10	10	10	0	0
JANUARY 11	13	12	1	0
FEBRUARY 11	11	0	0	11
MARCH 11	RESULTS WERE NOT RECEIVED FROM LABORATORY IN KISUMU			
APRIL 11	60	55	5	0
MAY 11	60	56	4	0
TOTAL	381	303	22	56

- **POSITIVE - 5.7%**
- **NEGATIVE - 79.5%**
- **UNKNOWN - 14.6%**

HIV TESTING & COUNSELLING FOR ANC CLIENTS

MONTH	ANC TOTAL VISITS	ANC 1ST VISIT	1ST VISIT COUNSELLED & TESTED	REVISITS COUNSELLED & TESTED	TOTAL WOMEN TESTING HIV +
MAY 10	132	42	41	3	4
JUNE 10	114	39	26	4	1
JULY 10	107	38	47	0	5
AUGUST 10	114	24	30	3	4
SEPTEMBER 10	134	32	31	2	4
OCTOBER 10	148	78	39	0	9
NOVEMBER 10	116	48	48	5	10
DECEMBER 10	137	50	72	22	6
JANUARY 11	104	29	24	5	7
FEBRUARY 11	136	34	27	6	6
MARCH 11	80	27	27	0	4
APRIL 11	81	31	31	0	2
TOTAL	1403	472	443	50	62

PERCENTAGE OF ANC FIRST VISIT COUNSELLED AND TESTED

$$443/472 \times 100\% = 93.8\%$$

ABBREVIATIONS:

ANC:	ANTE-NATAL CARE
ART:	ANTIRETROVIRAL THERAPY
ARV:	ANTIRETROVIRAL
CCC:	COMPREHENSIVE CARE CENTRE
CWC:	CHILDREN WELFARE CLINIC
HAART:	HIGHLY ACTIVE ANTI-RETROVIRAL THERAPY
HIV:	HUMAN IMMUNE VIRUS
MCH:	MATERNAL CHILD HEALTH
NGO:	NON-GOVERNMENTAL ORGANISATION
NHIF:	NATIONAL HOSPITAL INSURANCE FUND
PCR:	POLYMEROUS CHAIN REACTION
PMTCT:	PREVENTION MOTHER TO CHILD TRANSMISSION
VCT:	VOLUNTARY COUNSELLING & TESTING
VDRL:	VENEREAL DISEASE RESEARCH LABORATORY