

ST. CAMILLUS MISSION HOSPITAL KARUNGU



PMTCT PROJECT

Prevention of Mother To Child Transmission of HIV/AIDS

Period covered:

Annual report January 2013 – December 2013

BACKGROUND

With the HIV/AIDS pandemic deeply affecting our community, innocent children remain one of the most vulnerable populations. Currently 90% of HIV infections in children are due to mother-to-child transmission (MTCT). When no intervention is done during pregnancy, labour, and breastfeeding, transmission of the virus occurs in 25-45% of the cases (5% occurs intrauterine, 10-20% occurs during delivery, and 10-20% occurs through breastfeeding). However, research shows that MTCT can be reduced to only 2% in settings where women have access to a range of high-impact interventions like enrollment in antiretroviral treatment (ART).

Many factors influence the likelihood of Mother-to-Child Transmission (MTCT). One main factor is the disease status of the mother. The baby has a higher risk of becoming infected if the mother has advanced HIV disease (marked by a low CD4 count and/or a high viral load), if she acquires HIV during pregnancy or lactation, or if she has other vaginal infections. Labour is another important factor in MTCT. MTCT is more likely if the labour is premature, prolonged, or difficult, the duration of the membrane rupture is greater than four hours, or invasive monitoring and delivery procedures are used. Infant feeding is another mode of transmission of the virus. Prolonged breast feeding, mixed feeding, sore nipples/abscesses/mastitis, or oral thrush in breast fed infant also increase the likelihood of MTCT.



Mode of transmission in children;

- During pregnancy
- During delivery
- During breast feeding period

INTRODUCTION

The St. Camillus Mission Hospital Prevention of Mother to Child Transmission (PMTCT) program started in April 2003 and has taken several actions to expand and strengthen PMTCT services.



PILLARS OF PMTCT

1. Prevention of HIV infection to children, women and advocating for safe sex
2. Counseling on family planning to prevent unplanned pregnancies from HIV infected women
3. Care of the HIV infected mother and her baby which is done through early initiation of ARVs and close monitoring
4. Interventions to reduce transmission from HIV infected pregnant and lactating women to their children i.e infant feeding and prophylaxis.

GOALS OF PMTCT

- To increase child health and survival
- To decrease number of HIV infected children
- Decrease risk behaviours for HIV/AIDS women
- Ensure all pregnant mothers receive PMTCT services
- To care and give support to women and children infected and affected by HIV/AIDS

STAFFING

The MCH clinic consists of a KRCHN and an auxiliary nurse. They work together in offering several services like child welfare clinic, PMTCT services, post natal services, cervical cancer screening and health education. They also offer counselling and testing services and initiated integrated services in collaboration with the ART project at St. Camillus M. Hospital in the month of July 2013.

ANTENATAL CARE

The prenatal mother are done for various laboratory tests before they start the clinic. The tests include;

- Haemoglobin
- Blood group
- Blood slide for mps
- Urinalysis
- VDRL

***NB;** The known HIV positive pregnant mothers who are on care at our ART project are given free services through the sponsorship of the Kenya AIDS Relief Programme (KARP). This sponsorship covers the first ANC visit and the mothers have to pay Kes 50 for the subsequent visits.*

ANC SERVICES

Vital observations i.e. blood pressure, pulse, respiration and physical examination which includes abdominal palpation.

FREE SERVICES OFFERED

- Free insecticide treated Mosquito nets
- Free testing and counseling (HIV/AIDS)

CHALLENGES

- As much as the PMTCT project is trying to reach the targets, challenges are still many:
- Mothers delivering at home assisted by Traditional Birth Attendants
- Clients are not ready to accept their results and start ARVs
- Religion and cultural beliefs – some religions advice their members not to use drugs.
- Stigma and discrimination leads to low turn out
- Referral of cervical cancer positive clients miss treatments

Table 1. PCR Tests Performed for PMTCT January 2013 – December 2013					
MONTHS	1st ANC	REVISIT	TOTAL	HIV +	INFANT PCR
January	21	45	66	0	6
February	18	32	50	4	13
March	16	35	51	2	6
April	13	33	46	0	21
May	16	30	46	3	10
June	10	31	41	0	15
July	14	30	44	0	14
August	8	43	51	0	13
September	14	39	53	0	13
October	6	38	44	1	16
November	8	40	48	2	7
December	7	22	29	1	10
Total	151	418	569	13	144

Month	ANC First Visits	Re-visits Counseled and Tested	ANC Total Visits	Total Women Testing HIV Positive
January	15	30	45	1
February	18	32	50	2
March	16	35	51	2
April	13	33	46	0
May	16	30	46	3
June	10	31	41	0
July	14	30	44	0
August	8	43	51	0
September	14	39	53	0
October	6	38	44	1
November	10	42	52	2
December	7	22	29	1
Total				

CERVICAL CANCER SCREENING

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Posivite	6	2	6	15	7	6	6	1	1	6	0	2
Total negative	27	28	28	47	65	56	54	16	19	8	17	7
Total	33	30	34	62	72	62	60	17	20	14	17	9

Compiled by Janeth Kerubo MCH I/C