

Factors associated with lost to follow up of HIV +ve pregnant women in KwaDukuza PHC

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INTRODUCTION

- In this study Lost to follow up (LTFU) was defined as a patient who had been seen at least once after ART initiation and had no contact with the clinic since their last recorded expected return date. Usually ART supplies is provided to last until the return date.
- There is evidence that interrupting ARTs leads to inferior clinical outcomes, higher risks of opportunistic complications, an increase in perinatal , maternal mortality.
- In 2018/19 at ILembe Health district, 23.3% were LTFU and KwaDukuza Sub district was a major contributor.

BACKGROUND

- HIV is a public health challenge worldwide. South Africa has 7,97 million people in 2019 living with HIV which is the highest in the world.
- In RSA HIV programme is funded by conditional grant and supported by PEPFAR partners. The country then overtook to evaluate the HIV programme because there were pockets that were not achieving the targets.
- The objectives of this study was to determine the incidence of, and factors associated with LTFU in pregnant women enrolled in 9 antenatal clinic high volume sites in Ilembe Health District, South Africa.

METHODOLOGY

- We visited the 9 high volume sites where TIER.NET reports were drawn.
- The TIER.NET software tracks a number of HAST indicators.
- The indicator that I was mostly interested in as a specialist midwife was the lost to follow up of HIV +ve pregnant women.
- It gave me the specific details of each client that has missed their return date.
- Tier.net report had 173 LTFU pregnant women
- All clinical charts of clients that were on the list were retrieved.
- I then viewed the clinical chart to confirm if each client did not come for their follow up visit.
- Clients that were telephonically contacted were the ones that had evidence that they missed their appointments.
- The next of kin was alternatively called for those not reached.
- Those that were not contactable were traced by the CHW's.

FINDINGS

- Using telephone and physical addresses, 9.8% (17) were not reached. Reasons being inadequate/non specific physical details, phones on voicemail and some relatives didn't know the pregnant women.
- There were 129 that were not true LTFU as their visit had not been captured to Tier.net
- There were 12 who were collecting their treatment at other facilities without transfer and 1 death
- Some (7) women changed their telephone numbers and 2 were never reached.
 - CHWs reported that some had relocated and others were not known in the area.
- There were 5 using their relative's and neighbor's medication.
- Some of the women did not understand the importance ARTs.

DISCUSSION

- Are our clients given enough information about ARTs?
- What are the reasons why our clinics are not accessible?
- Why was inadequate recording on the clinical chart?
- Why capturing on TIER.NET not done on time?
- In spite of CHWs linkage system , why still lost to follow up?

LESSONS LEARNT

- Revive literacy classes
- Importance of specific physical addresses i.e street name, clients to use landmarks like nearby school or church.
- Repeat the telephone number back to the client to confirm if it is correct.
- We need to improve on the client and health worker relationship.
- We need to discuss appointment dates with our clients , not to prescribe to them.
- To strengthen the linkage system to CHWs
- Proper recording and capturing at every visit
- Telephonic transfer to preferred facilities
- Operation Siyabalanda: Extended hours, special preferences

CONTINUED.....

- As a midwife specialist I have learnt that whenever I do a support visit, I need to request for a TIER.NET report because it improves on capturing and see if all clients are retained to care.

CONCLUSION

The strength of the team is in each member.

You don't get harmony when everybody sings the same note.

