

Using the FIMR/HIV Methodology to
Assess Missed Opportunities for
Preventing Perinatal HIV Transmission in
an Urban Community

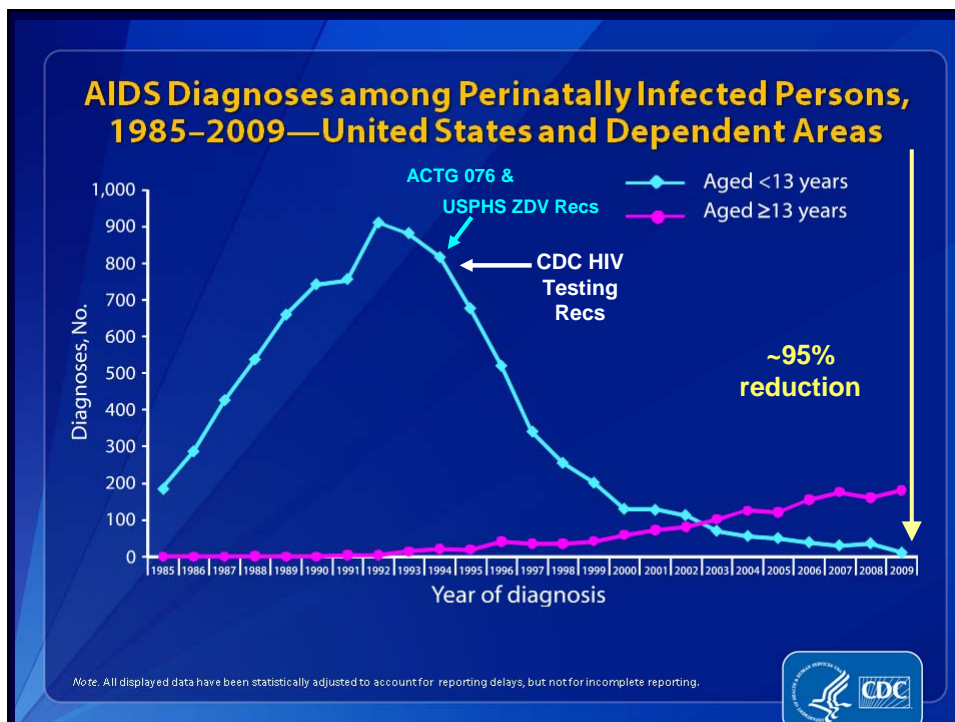
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National Resource Center

The findings and conclusions in this presentation are those of the authors
and do not necessarily represent the views of the New Jersey
Department of Health and Senior Services.



HIV in Women in New Jersey

- 35% of those living with HIV/AIDS are women
- 63% of women living with HIV/AIDS are currently 20-49 years old
- Heterosexual contact is risk factor for 64% (30% of males)
- IDU is risk for 25% (38% of males)
- 12,312 women living with HIV/AIDS

NEW JERSEY HIV/AIDS REPORT
NJDHSS, 12/31/2009

Chain of Events Leading to an HIV-infected Child (IOM, 1998)

The proportion of women . . .

- Who are HIV-infected
- Who become pregnant
 - Who do not seek prenatal care
 - Who are not offered HIV testing
 - Who refuse testing
 - Who are not offered ARV prophylaxis
 - Who refuse ARV prophylaxis
 - Who do not complete ARV prophylaxis
 - Whose child is infected despite treatment

Steps to Reducing Perinatal HIV Transmission

- ★ Primary HIV prevention in women
- Prevention of unwanted pregnancy in HIV+ women
- Accessible, affordable, welcoming prenatal care
- ✓ ■ Universal prenatal HIV testing
- ✓ ■ Re-offering testing to those who initially decline
- ✓ ■ Offer ARV prophylaxis to all eligible
- ✓ ■ Adherence support for ARVs
- ✓ ■ Rapid test for women with undocumented HIV status
 - ✓ ■ ARV prophylaxis for women identified in labor
 - ✓ ■ ARV prophylaxis of exposed NB whose mother was not treated
- ✓ ■ Comprehensive services for mother and infant

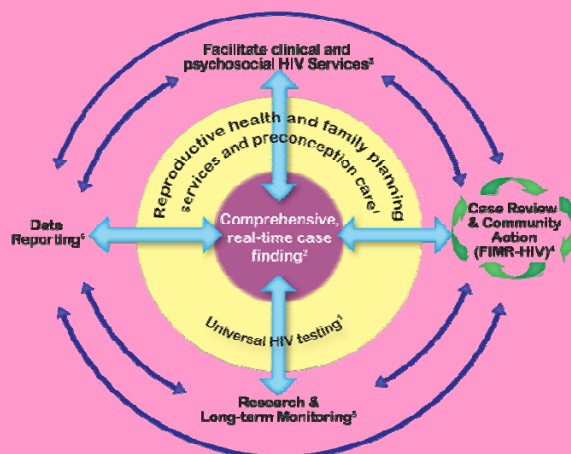
We're working on it!

FXB Center UMDNJ, 2002, 2009

Is it really possible to eliminate perinatal HIV transmission?

- Elimination is feasible
 - We know how
 - We have the tools
 - It's the right thing to do
- Missed opportunities account for most remaining transmissions
 - Lack of universal testing of pregnant women in prenatal, L&D, and newborn settings
 - Inadequate prenatal care
 - Limited outreach to hardest to reach women

Strategy to Eliminate Mother-to-Child Transmission of HIV (EMCT)



¹Reproductive health and family planning services, preconception care, and universal HIV testing are essential components of EMCT and facilitate ²comprehensive real-time case finding of all HIV-infected pregnant women. Real-time case finding enables: ³comprehensive clinical care and social services for women and infants; detailed review of select cases to identify and address missed prevention opportunities and local systems issues through continuous quality improvement⁴; research and long-term follow-up to develop and ensure safe, efficacious interventions for EMCT⁵; thorough data reporting for HIV surveillance and EMCT evaluation⁶.

New Jersey and the Elimination of Perinatal HIV Transmission

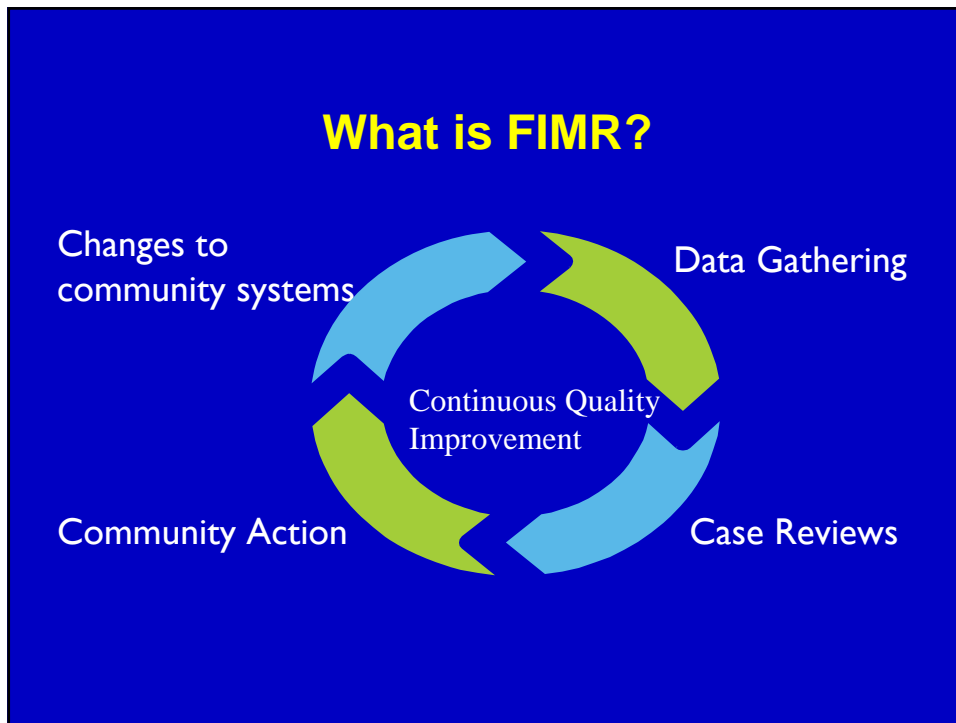
- Components in place
 - Real time case finding
 - Data and surveillance
- Strengths
 - Comprehensive case management –medical and psychosocial
 - Follow-up of infected infants
- Areas for growth
 - Case review and community action – FIMR/HIV Project

NJ Statewide Family Centered HIV Care Network,

NJ Department of Health & Senior Services

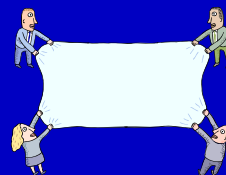
- FXB Center/UMDNJ, Newark
- Jersey City Medical Center, Jersey City
- Jersey Shore University Medical Center, Neptune
- St. Joseph's Hospital, Paterson
- Newark Beth Israel Medical Center, Newark
- Robert Wood Johnson Medical School, New Brunswick
- Cooper University Hospital, Camden





Overview of FIMR/HIV Process

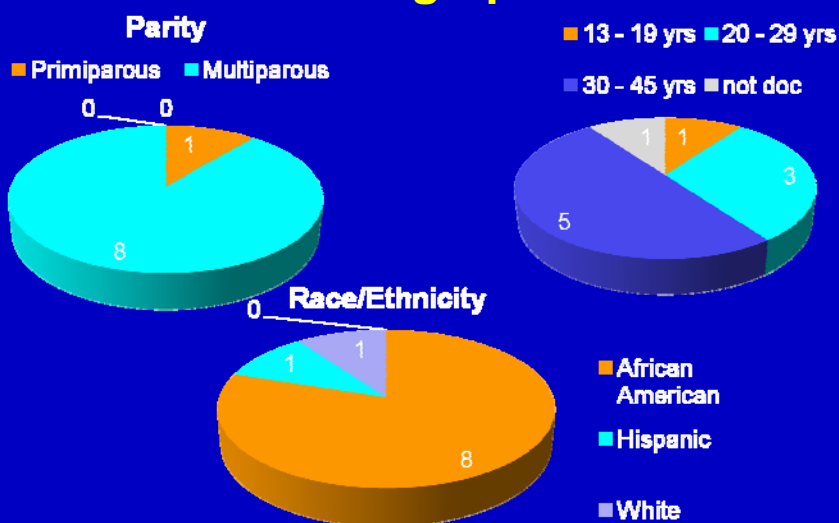
- Community Action Team recommends community-based solutions
- Linkages to RW Part D and MCH services statewide
- How can the systems be improved in order to strengthen the safety net?



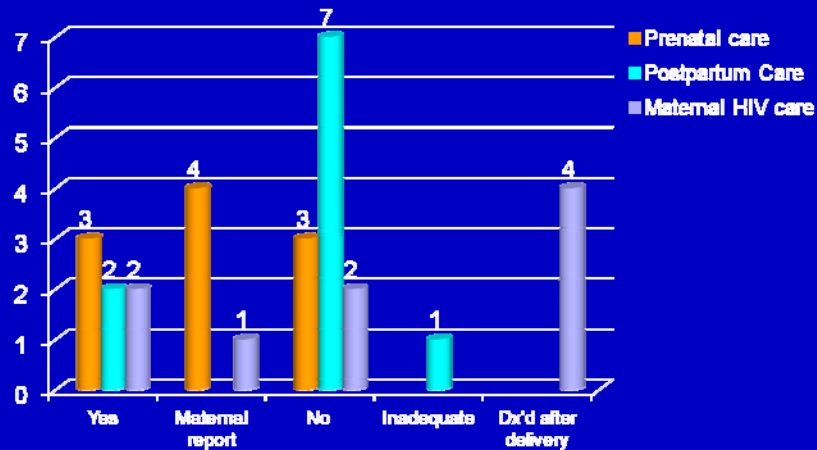
FIMR/HIV Newark 2011 Findings

- Ten charts abstracted
- Four maternal interviews.
 - Six mothers not interviewed
 - 1 declined
 - 1 deceased
 - 4 unable to contact
 - 2 potential father interviews

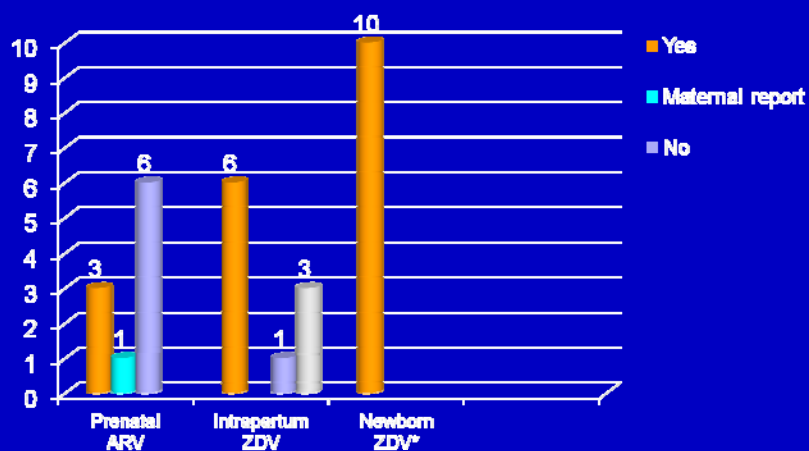
FIMR/HIV Newark 2011 Findings: Demographics



FIMR/HIV Newark 2011 Findings: Healthcare Services



FIMR/HIV Newark 2011 Findings: Perinatal Prevention Interventions



FIMR/HIV Newark 2011 Findings: Substance Abuse and Mental Health Issues

- 6 mothers abusing substances by toxicology screen or self-report
- 6 mothers with documented mental health diagnoses
 - 4 also abusing substances

Infant HIV Status

- 5 HIV-infected
- 3 HIV-negative
- 2 HIV indeterminate and lost to follow-up

Discharge status from hospital

- 4 infants – Home with mother
- 6 infants – Foster care
- 1 infant – Residential care

Issues Identified by Case Review Team

- Unmet health needs of pregnant women with HIV
 - Inadequate prenatal care
 - Inconsistent HIV care
 - Absent postpartum care
 - Serious chronic illnesses not well managed

What do we need to do as a system to attract and keep women with HIV in care?

Issues Identified by Case Review Team

- Missed opportunity to engage women in care
 - Women discharged with their HIV-exposed infant are linked to family-centered care
 - Women whose infants are placed in foster care are lost to follow-up
- Subsequent healthcare encounters
 - Emergency room visits
 - Future pregnancies

How can we improve linkage to HIV and postpartum care?

Issues Identified by Case Review Team

- Maternal substance abuse is a barrier to care
 - Women avoid care because of stigma
 - Services for pregnant women are scarce
- Mental health diagnoses complicate care
 - Little evidence of services during pregnancy
 - Linkage to care postpartum is rarely documented
- Dual diagnosis is common (4/6 mothers with MH diagnosis were also using substances)

How do we assure MH and drug treatment services for pregnant women?

What the cascade tells us . . .

- ★ Primary HIV prevention in women
 - Prevention of unwanted pregnancy in HIV+ women
 - Accessible, affordable, welcoming prenatal care

The final barriers in perinatal HIV transmission elimination are maternal child health challenges to serving under-served pregnant women whatever their HIV status.

Other Challenges Ahead

- Sustaining the case identification and CRT process
- Recognizing interplay of system and individual dynamics
- Expanding FIMR/HIV within the state
- Mobilizing the Community Action Team

Other Challenges Ahead

- Coordinating with Surveillance
- Integrating preconception care into primary HIV care and women's wellness
- Synchronizing HIV perinatal prevention and MCH services for pregnant women
- Choosing "our battles"

Lessons Learned

- Opportunities are missed even in effective systems
- The last cases may be the hardest to solve
- A systematic approach to reviewing sentinel cases reveals unforeseen issues
- The right people in the room make a difference

Elimination of Perinatal HIV Transmission in New Jersey



We can do it!