



CityMatCH's involvement with Perinatal HIV Prevention

Preventing Perinatal Transmission of HIV in U.S. Cities - 1999-2002

CityMatCH developed a product series entitled MAPS (Mapping Action Prevention Strategies). MAPS exercises were conducted during on-site meetings and were designed to build team integration and action for systems-level prevention within communities.

Ten MAPS exercises were developed. The first six exercises focused on how HIV transmission occurs locally for communities, allowed a community to analyze prevention strengths and weaknesses, helped a community develop a plan for impact and addressed how to reach local hard-to-reach populations. The final four MAPS exercises helped community teams to address important aspects of mother-to-child transmission prevention, including topics reflecting local and national policy, data, and prevention priorities and sustainability.

Eliminating Perinatal HIV Transmission: An Urban Strategy - 2002-2005

CityMatCH, in cooperation with the CDC, disseminated information on the epidemiology, new science, and best practices of prevention of mother-to-child HIV transmission (PMCT) to urban MCH and HIV leaders and their local partners. This was done through CityMatCH publications, periodic mailings, and presentations at national meetings.

Communities identified as having the highest rates of mother-to-child HIV transmission were invited to become involved in an Urban Learning Network (ULN), fostering collaborative, cross-city learning among the participants. The members of the ULN received city-specific HIV/AIDS surveillance data, participated in a cross-city networking peer exchange and attended workshops and skills building sessions at the annual CityMatCH Urban Maternal and Child Health Leadership Conferences.

An enhancement to the ULN, the Urban Prevention Collaborative (UPC), was launched in 2003 to further strengthen capacity, foster team-based shared leadership and promote greater systems integration between MCH and HIV. Based on the experiences of the ULC and the UPC, a Promising Practices document was developed at the end of the project.

Eliminating Perinatal HIV: Addressing Missed Opportunities for Prevention (FIMR/HIV Pilot) - 2005-2008

CityMatCH in collaboration with CDC, the American College of Obstetricians and Gynecologists, and the National Fetal-Infant Mortality Review Program, developed, implemented, and evaluated a modified Fetal and Infant Mortality Review (FIMR) program to investigate

The FIMR/HIV Prevention Methodology addresses the recommendation to review all mother-to-child HIV infections as sentinel events. By collecting comprehensive quantitative and qualitative data via medical record abstraction and maternal interview, this methodology provides an in-depth look at the system failures that can result in transmission. This examination allows communities to identify missed opportunities for prevention and implement improvements to systems of care for women who are HIV-positive.

Eliminating Perinatal HIV: Continuous Quality Improvement (First Round of Funding for FIMR/HIV) - 2008-2011

Building on the success of the pilot project, CityMatCH, along with CDC, the American College of Obstetricians and Gynecologists, and the National Fetal-Infant Mortality Review Program, worked to disseminate and promote the FIMR/HIV Prevention Methodology (FHPM) to the national public health community. This included targeted outreach to MCH and HIV professionals and establishing a National Learning and Resource Center for the FIMR/HIV Prevention Methodology.

Over the course of the project, the FIMR/HIV Pilot Project developed into an established FIMR/HIV Prevention Methodology (FHPM). A National Steering Committee was convened to help guide work on the Methodology and the FIMR/HIV National Learning and Resource Center. Requests for applications were distributed and sites were chosen to participate to implement FHPM. An online resource center was developed and launched to provide additional technical assistance to sites and those interested in FHPM. In-person trainings and monthly training calls were conducted for sites to orient them to FHPM and to provide time for collaboration. Finally, individualized technical assistance for the sites was provided throughout the duration of the project. At the conclusion of the project, nine sites were successfully utilizing FHPM.

Ten sites across the United States were chosen to participate in this project:

- Baltimore, MD
- Broward County, FL
- Chester, PA
- Illinois
- Indianapolis, IN
- Michigan
- Newark, NJ
- New Orleans, LA
- Philadelphia, PA
- Washington D.C.

FIMR-HIV Prevention Methodology Expansion Project (Maintaining Support for the Sites)- 2011-2012

The FIMR-HIV Prevention Methodology (FHPM) Expansion Project supported and expanded the development and implementation of the methodology throughout the United States. By the end of this one year project, awareness of FHPM in the United States increased and plans were made to begin implementing the methodology in new jurisdictions across the country.

2011-2012 sites implementing FHPM:

- Baltimore, MD
- Chester, PA
- Illinois
- Indianapolis, IN
- Michigan
- Newark, NJ
- New Orleans, LA
- Philadelphia, PA
- Washington D.C.

With the inclusion of FHPM as a required activity in the CDC's HIV Prevention FOA (PS12-1210), a number of new sites expressed interest and took the initial steps to begin implementing FHPM in their communities.

FIMR/HIV Prevention Methodology (Resource Center) 2012-2017

CityMatCH current FIMR/HIV Prevention Methodology project continues to collaborate with the CDC and other national partners to work toward the goal of elimination of mother-to-child HIV transmission. This project will work to broadly disseminate the methodology to up to 60 health departments across the country.

Goals of the project include:

- Broad dissemination of information about the methodology
- Establishing a large learning network of implementing sites
- Creating tailored tools and technical assistance for implementation

Please check the FIMR/HIV Prevention Methodology National Resource Center for the most up to date information about this project and the resources available to begin implementation.

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