

HIV Care Services Fundamentals Call
Role of Care Coordination of Post-Partum Women in HIV Care
August 25, 2020
1:00 p.m.

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Brief Presentation Overview – Care Coordination of Post-Partum Women in HIV Care

- Why post-partum women need support staying in care
- Theoretical models
- Effective strategies for retention
- Available research
- Tools and resources

Available data:

- Approximately 8,500 Women Living with HIV (WLWH) give birth
- 47% of WLWH in the Southern US are retained in care 1 year after delivery
- 34% of WLWH in the Southern US are retained in care after 2 years

Factors that influence retention in care for pregnant or post-partum WLWH:

- Age
- Education
- Poverty
- Stigma
- Mental health
- Substance Use
- Intimate partner violence
- Pregnancy Intention

What works to close the gap in the care continuum:

- Experts agree a multi-disciplinary (care coordinator, peer, clinician) & multi-level approach (see ecological model) has the best chance

What the research says can impact retention in care:

- Prompt transition to HIV care after delivery
- Care coordination & follow-up to support women transition from OB to HIV Care (MCM/Peer)
- Integration of HIV/Obstetrician care

- Address the common disengagement factors for all PLWHA
- Ensure co-morbid conditions are part of treatment plan
- Consistent relationship with peer/navigator with communication
- Peer or care coordinator attend HIV visit 90 days after delivery
- Strategize with client on how to deal with challenges/role play

For additional details on Brian's presentation please see attached slides.

Session Q & A:

What challenges are providers experiencing when working with pregnant or post-partum women?

- *Some clients will only take medication while pregnant and then stop after having their baby. It's difficult to engage them in care. Most clients say they are busy taking care of the kids, taking them to their appointments, working etc.*

What strategies do you use to keep pregnant or post-partum women in care?

- *We are using our patient navigators who are following the infants to also transition mothers to a medical home for HIV. We usually have 18-months of following baby to support linkage to care if needed.*
- *All of our pregnant clients have a medical case manager but I think we still lack resources and support.*

Do we know how many providers in Texas identify as providers who specialize in caring for women during pregnancy and postpartum/long-term HIV care?

- *DSHS is currently updating this resource. Once this is complete, it will be shared with participants.*