

Preventing Vertical Transmission & Care for the Pregnant Woman with HIV Module 4 Zoom Activities



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#1: Fishbone activity

Objective: Illustrate factors leading to low EID rates using a fishbone diagram (QI)



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Review

Preventing mother-to-child transmission (PMTCT) is an integrated approach to service delivery to:

- Prevent pregnant women who are HIV-positive from acquiring HIV during pregnancy or breastfeeding
- Ensure pregnant women with HIV are maintained on effective ART from pregnancy through delivery and breastfeeding
- Minimize the risk of transmission at delivery through various obstetric approaches
- Ensure HIV-exposed newborns receive appropriate prophylactic ART

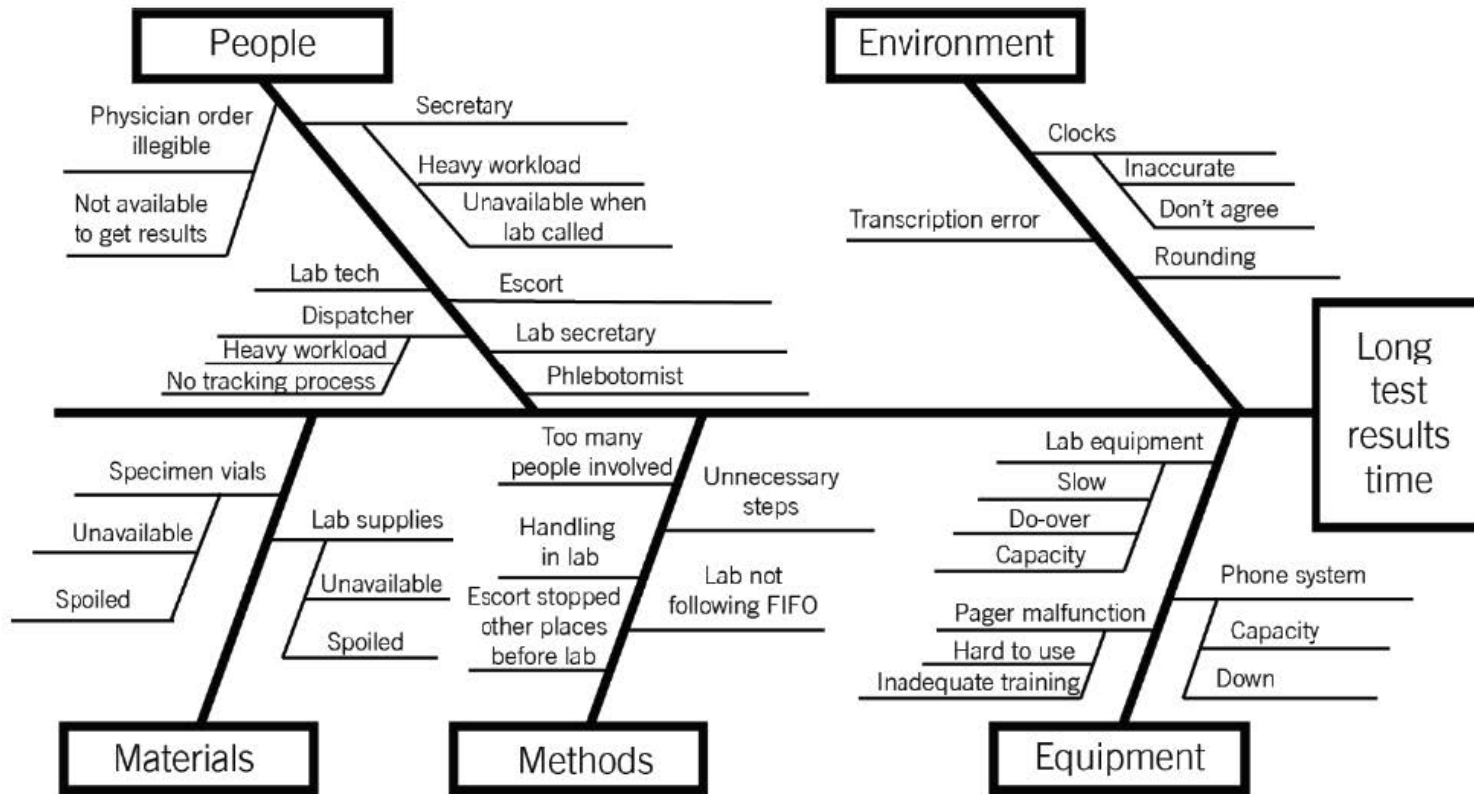
Early infant diagnosis (EID) is critical to early initiation of lifesaving treatment, and all healthcare providers can play a role in encouraging mothers to have their babies tested.

- WHO recommends infants born to mothers with HIV should be tested for HIV-1 DNA between 4 and 6 weeks of age.
- Children should have a repeat HIV DNA test at 18 months and/or when breastfeeding ends, whichever one is later, to provide the final infant diagnosis.

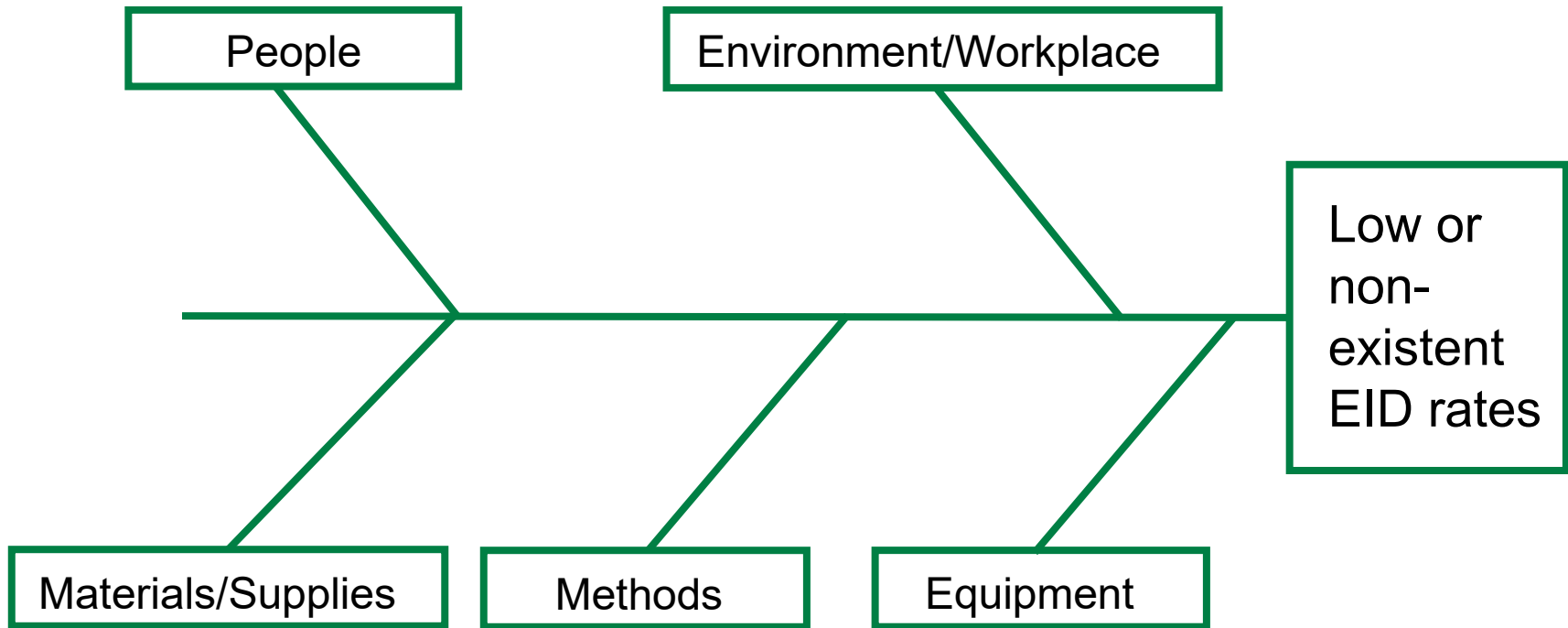
Fishbone Diagram practice

- A Fishbone Diagram “graphically displays the relationship of the causes to the effect and to each other, helping teams identify areas for improvement”¹
- In your group, you will fill out a fishbone diagram to ascertain reasons why EID rates in your clinical setting are low or nonexistent.

Example of a Fishbone Diagram



Fishbone Diagram



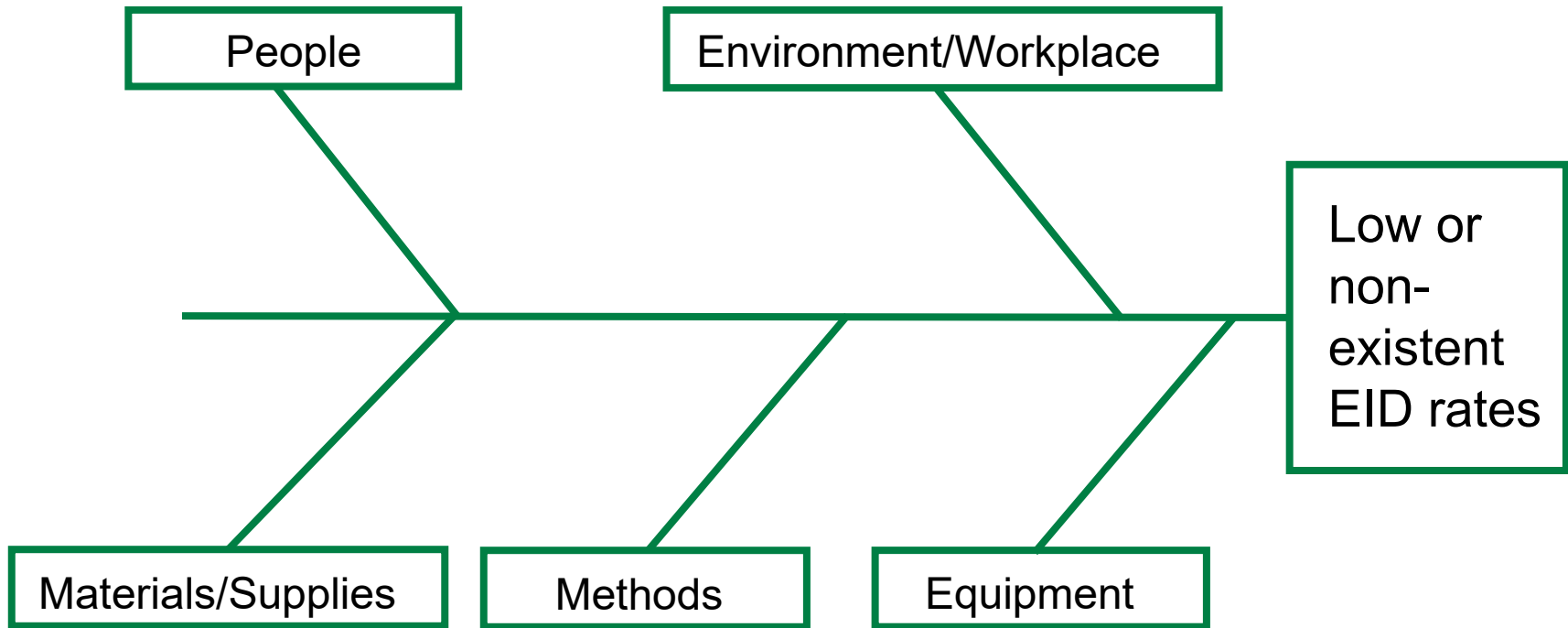
Breakout rooms

15 minutes



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What causes did you discuss?



→ *What might the solutions be?*

Possible causes

People

- Parent/caregiver lack of information/not aware of EID
- Parent/caregiver avoiding EID due to concerns about stigma
- Inability to reach parent post-partum
- Provider lack of knowledge of EID
- Provider not offering/recommending EID
- Health professional, phlebotomist or lab technician may not be present to either obtain sample or run the test

Environment/workplace

- HIV stigma/discrimination in communities
- Transportation network is disrupted
- Difficult for parent/caregiver to come for EID
- Difficult for laboratory to send sample or obtain materials/supplies
- Laboratory is closed

Material/supplies

- Point-of-care (POC) EID not available or not on site
- Reagents not available or expired
- Blood draw supplies not available or expired
- DBS cards not available

Methods

- High costs
- Providers may not be aware of protocol
- Information system slow for return of results or lengthy turnaround time
- Protocol for EID has not been standardized at your institution
- Protocol for indeterminate results does not exist

Equipment

- Lab machine to test this is not operational
- Lab machine to run this test is not available at clinical setting
- No Gene Xpert at this facility
- HIV DNA PCR technology outdated

#2: Multidisciplinary discussion

Objective: Discuss the unique needs of mothers and newborns related to HIV



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Multidisciplinary discussion questions

1. Describing the challenges that women with a new infant and new diagnosis may face
2. Explaining possible solutions to these challenges that you can contribute from the standpoint of your own health profession
3. Identifying community resources that may also help address these challenges

Breakout rooms

10 minutes



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Reflection