

Role of PPTCT outreach programme in follow up of HIV positive pregnant women at tertiary care center

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Abstract

In developing countries HIV poses a major health problem. PPTCT Outreach Programme manages to organize the management and follow up of all the aspects of HIV positive pregnant women and their neonates in an efficient way. Beginning with screening it proceeds through diagnosis and treatment of HIV positive pregnant women, intrapartum management and delivery, screening and preventive therapy for neonate and treatment of positive neonates. Hence the role of PPTCT outreach programme is invaluable in management of HIV positive pregnant women in developing nations.

Key Words: PPTCT (Prevention of Parent to Child Transmission) Outreach Programme.

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INTRODUCTION

PPTCT outreach programme was started in 2002. With effect from 1st January 2014, triple drug lifelong ART has been given to all positive pregnant women irrespective of their CD4 count and WHO clinical stage. Through its meticulous protocols of pre visit, field visit and collection and consolidation of data. Apart from management of HIV it also provides treatment for coexisting STI/RTI, screening and management of coexisting/concurrent Tuberculosis and management of associated opportunistic infections. Three drug ART in HIV positive women includes 3TC+EFV+TDF. Nevirapine prophylaxis is given to newborn for six weeks to prevent transmission irrespective of status of newborn along with exclusive

breast feeding. Early testing is done at 6 weeks, 6 months and 12 months. Final testing is done at 18 months of age with triple tests. The risk of mother to child transmission can be reduced substantially through PPTCT Programme^{1,2,3,4,5,6,7}. Apart from screening and management, psychological aspects have been looked into. Regular counseling services have been provided. Home visits form an integral part of the programme to sustain the continuity of follow up services.

MATERIALS AND METHODS

Inclusion Criteria: All the HIV positive pregnant women registered at PPTCT center at Gandhi Hospital

Method of Study

Study design: retrospective study

Study period: November 2012 to October 2013

Study area: Department of Obstetrics and Gynaecology, Gandhi Hospital. PPTCT Center Gandhi Hospital

Study Sample: 4509

OBSERVATION

Out of 4509 cases attending the antenatal OPD at Gandhi Hospital, Secunderabad for routine antenatal checkup, 3805 cases were subjected to HIV screening.

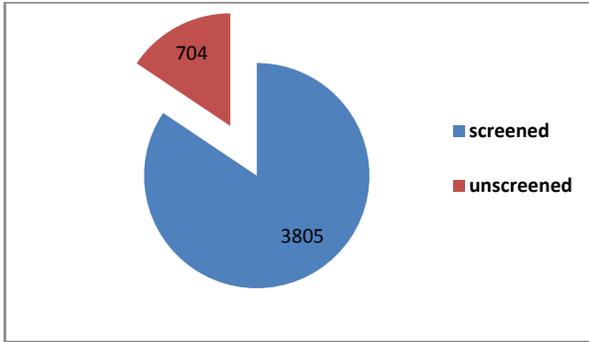


Figure 1: Screening ratio

50 cases were found positive for HIV after confirmatory tests. All the HIV positive pregnant cases were followed up with PPTCT and were put on treatment based on CD4 counts. 39 spouses out of the 50 women who tested positive underwent testing, out of which 28 were found positive. HIV risk behavior and risk behavioural change were dramatically improved in the couples where both were aware of their HIV status.^{8,9}

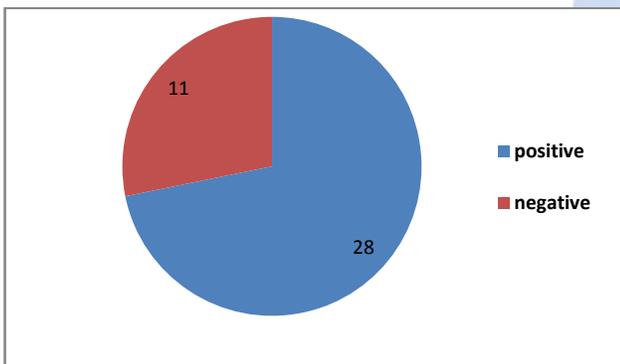


Figure 2: Spouse positivity ratio

HIV positive women delivered at Gandhi Hospital were 61 which included 11 positive pregnant women diagnosed at other centers. 2 maternal deaths are reported.

1. Primi with term gestation with preeclampsia with military tuberculosis
2. P1 L1 with second postnatal day with post partum cardiomyopathy

All the babies were put on treatment with nevirapine drops which was continued for six weeks. 45 babies were on exclusive breast feeding. 83 babies were followed up and subjected to testing at 6 weeks out of which 1 was found to be positive. number of neonatal deaths reported were 2. 44 babies were followed up and subjected to testing at 6 months out of which 1 was found to be positive. 33 babies were followed up and subjected to testing at 12 months out of which 1 was found to be positive. 39 babies were followed up and subjected to testing at 18 months out of which 2 were found to be positive.

CONCLUSION

PPTCT programme plays an outstanding role to educate, screen and treat HIV infected women emphasizing the importance of antenatal detection. Effective counseling plays a vital role in the follow up and treatment of HIV positive pregnant women and their babies. Counselling component is the key to success of this programme.^{11,12} Couple counseling is the key to mens involvement and provides an opportunity for understanding issues pertaining to HIV and RTIs.¹³ By implementing Universal safety precautions for HIV during delivery the mother to child transmission was very much reduced which in this study was found to be 2.51 percent.

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