



DSD models for pregnant and breastfeeding women in mobile populations in country and outside of country

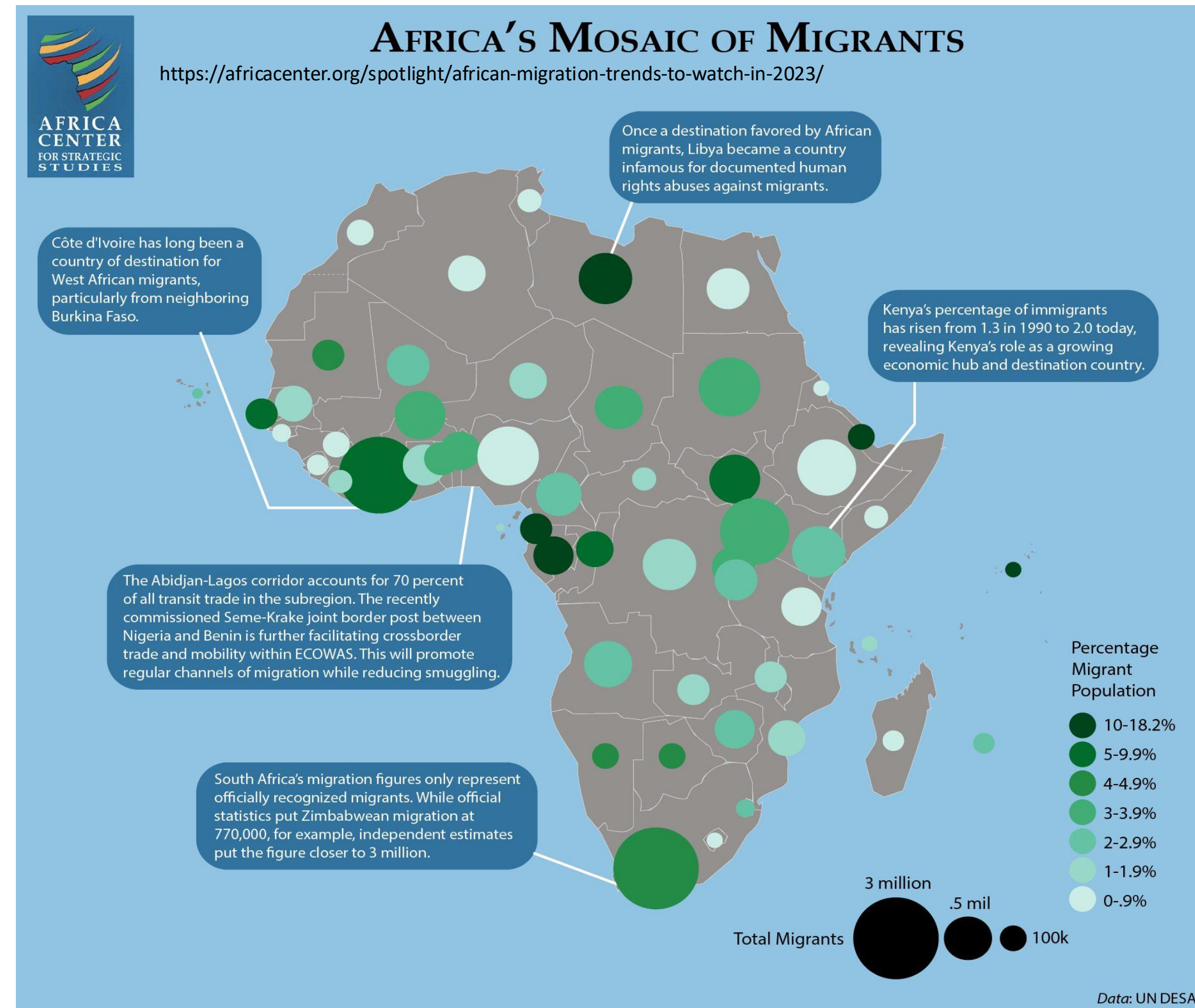
Date: 04-06 November 2024

Natasha Davies

PATA 2024 SUMMIT

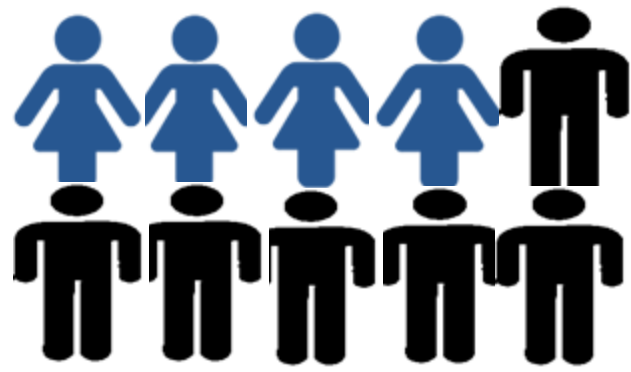
Introduction

- Internal and cross-country migration is common across Africa
- Key drivers: economics, climate change, conflict
- Up to 15% of African migrants are undocumented = high vulnerability⁴
- **South Africa:**
 - Destination for 60% of SADC migrants²
 - Migrants = 5% (± 3 million) of population
 - Come from: Zimbabwe, Mozambique, Malawi, Lesotho, Swaziland, Nigeria, Angola
 - *Central Johannesburg*: internal/cross border migrants = 47% of population¹

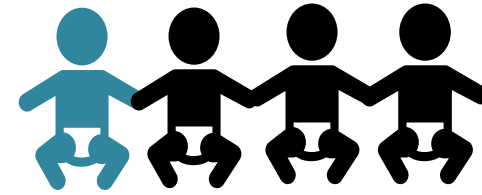


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¹Machiwenyika & Munatswa 2020 ²Africa centre, 2023 report ³van Rensburg, 2021 ⁴Makandwa & Veary 2017



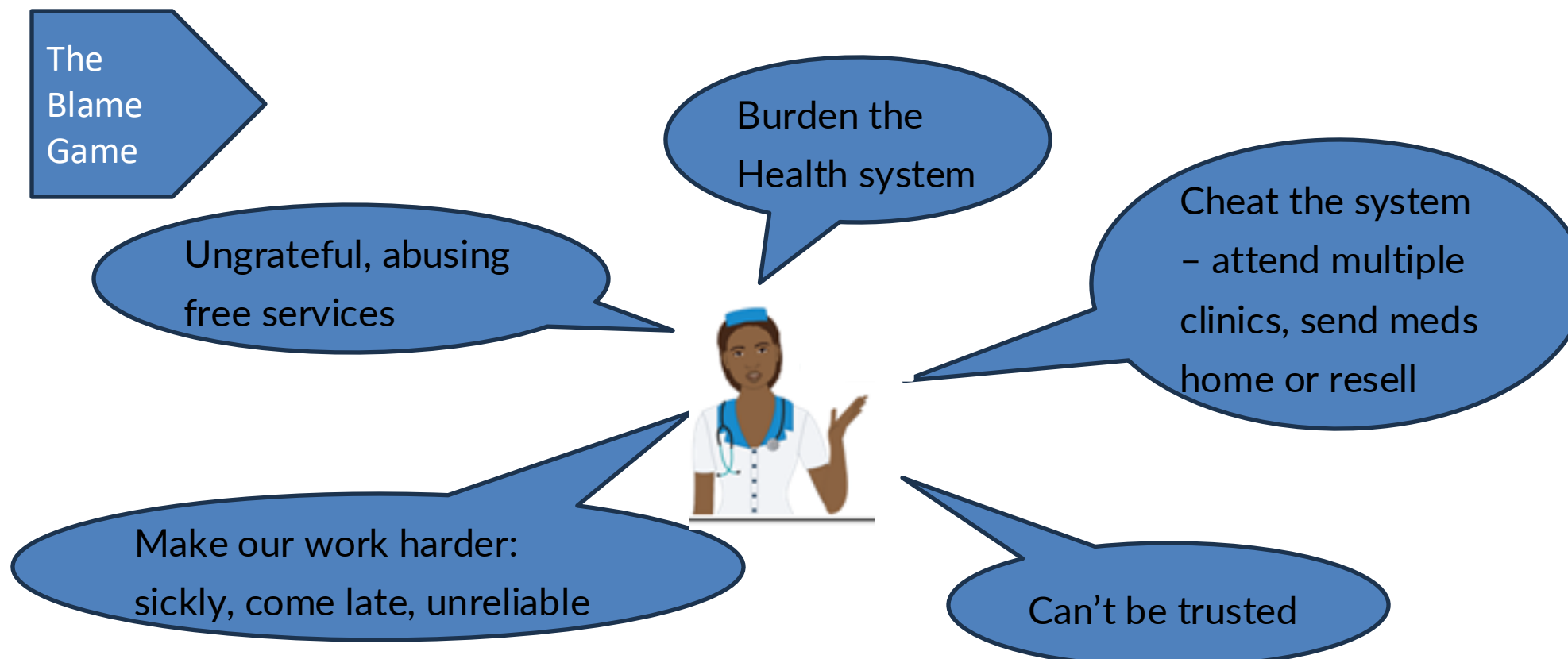
40% of African migrants are women⁴



25% of neonates in some areas are born to migrant women³

- PBFW migrate for usual reasons but also to **access healthcare**
- SA constitution & National Health Act: **free healthcare for all PBFW, regardless of documentation status**
 - **BUT** reality does not reflect policies¹
- Migrant PBFW living with HIV experience **multiple health systems barriers**:
 - highly vulnerable: viral non-suppression, vertical transmission, advanced HIV, pregnancy related complications, maternal mortality, teen pregnancy¹
- Attention PBF migrant women's needs remains limited across the region¹

Health care provider attitudes towards migrants^{1,4}



Experiences of migrant PBFW in Johannesburg^{1,4}

- 'Street level bureaucrats'
 - Delayed/denied care
 - Negative attitudes/verbal abuse
 - Forced to access multiple facilities
 - Required to provide legal identity documents
- Language barriers
- Low literacy
- Financial stressors, low/no income
- Poor/unstable living, working conditions
- Food insecurity
- Isolation and mental health issues
- Fear = late booking, poorer health

One Zimbabwean Lady's Story



www.unmultimedia.org/photo/

THIS IS THE ORIGINAL COPY AND STAYS IN MATERNITY CASE RECORD

130824

Booked at 7+ months pregnant

GESTATIONAL AGE 07/01/24

ESTIMATED DATE OF DELIVERY 12/10/24

EXAMINATION
 BP 128/78 mmHg Urine **MAN**
 Height 170 cm Weight 74.6 kg
 MSAAC 27.9 cm BMI 28 kg/m²
 Thyroid **MAN** Breasts **SAFE**
 Heart **MAN** MURMURS
 Lungs **Clear**
 Abdomen **pregnant**
 SF Measurement at booking 29 cm

VAGINAL EXAMINATION
 Examination explained and permission obtained **yes**
 Vulva and vagina **quarts asores**
 Cervix
 Uterus
 Pap smear done Date

INVESTIGATIONS
 Syphilis test Repeat syphilis test Pos Neg
 Treatment: 1st 2nd 3rd
 Rhesus Antibodies Yes No
 HIV 7.8 **2/d** Tetox 1st 15/11/20 2nd 02/10/24
 Urine MCS: Date Result
 Screening for gestational diabetes 28w
 HIV status at booking
 HIV test at booking
 HIV re-test
 HIV re-test
 ART initiated on 01/09/21
 Viral load: Date Result
 Viral load: Date Result
 Viral load: Date Result
 Other: Hep B sAg creat 36

MEDICAL AND GENERAL HISTORY
 Hypertension Diabetes Cardiac Asthma TB
 Epilepsy Mental health HIV Other
 Family history TB Diabetes TB Congenital
 Medication **ART**
 Operations
 Allergies **MAN** **known**
 TB symptom screen Use of herbal medicine
 Tobacco Alcohol Substances Use of OTC drugs
 Psychosocial risk factors

Known on ART but no VL done at booking

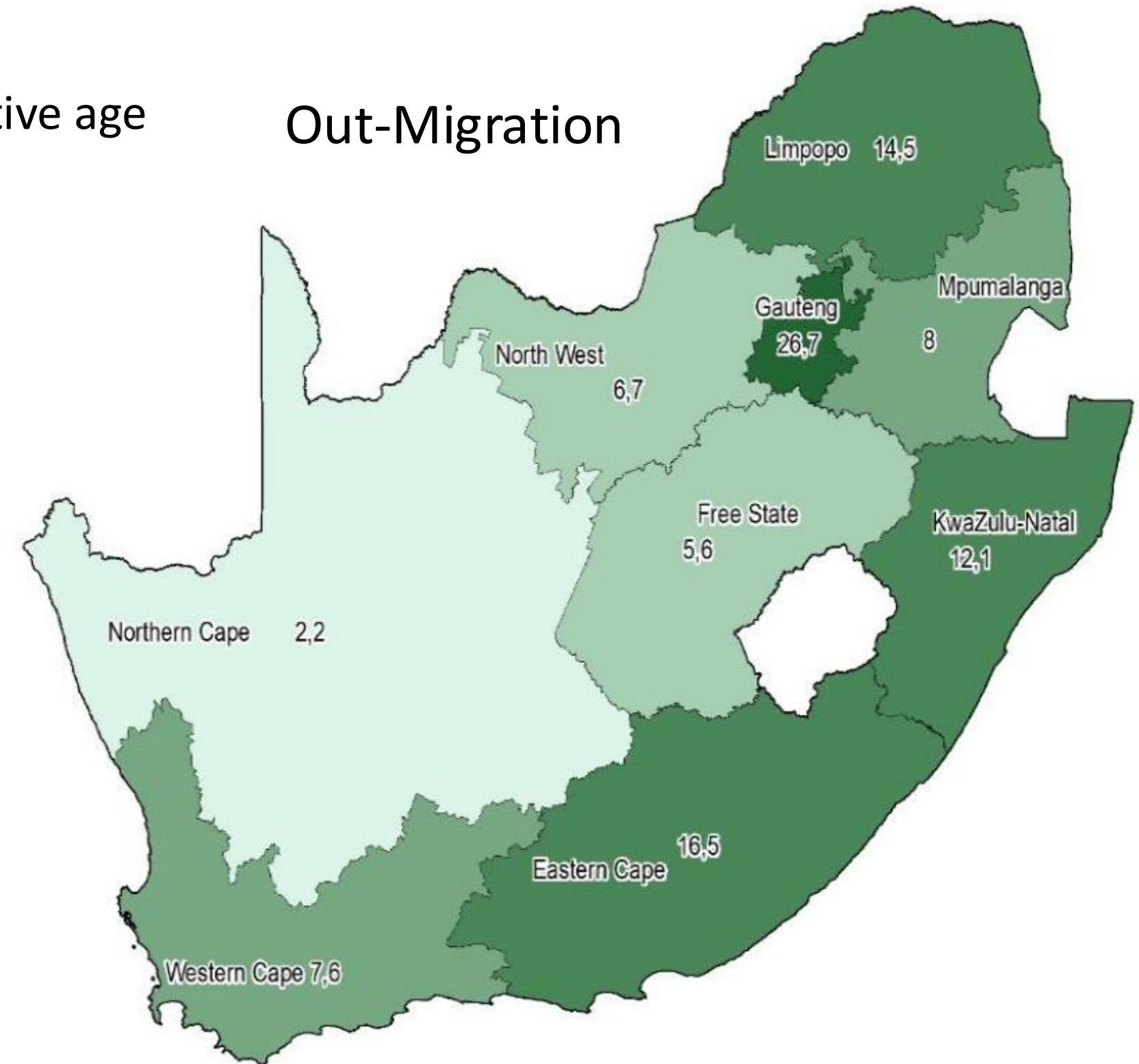
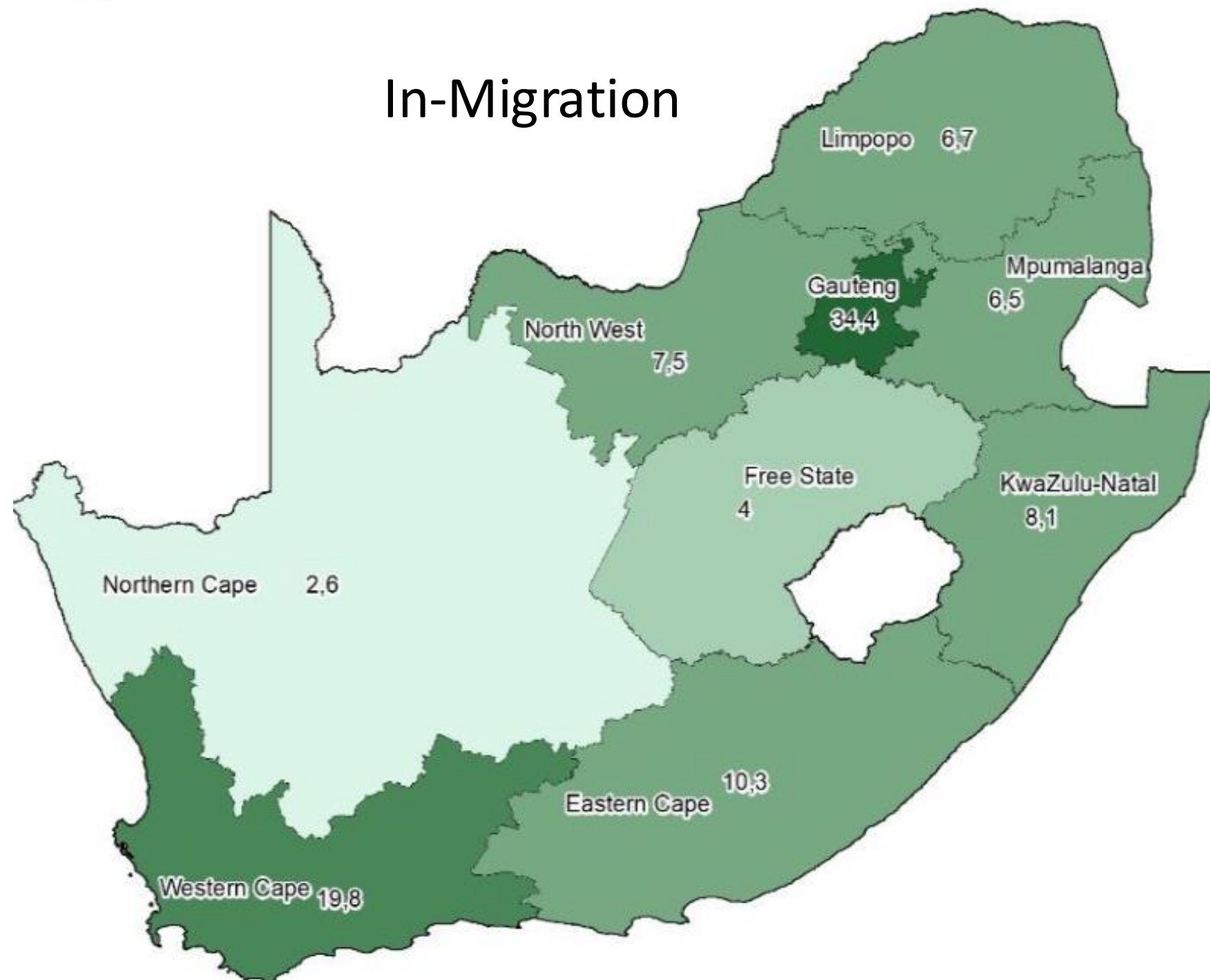
AHD and anaemia, No managed correctly

- Diagnosed in South Africa, 2021, during last pregnancy, started TLD
- Post-natal: undocumented, no transfer letter, scared because sister had negative story – did not link to clinic
- Went to Zim for a few months, then moved back to SA
- Relied on ART being sent every 2 months: frequently came late, repeated interruptions (twice whilst pregnant)
- 3 years with no blood monitoring, VL done 6 weeks after booking: 48286 (1 week back on treatment), advanced HIV disease, anaemia
- Seen at 38⁺⁶ weeks pregnant, incorrect management/monitoring: no OI prophylaxis given, long monitoring delays
- VL reduced to 9350 in October but then had another treatment interruption

HOSPITAAL No.	INDEXING CLASSIFICATION	DEUR WIE BY WHO	DATUM DATE	PLEASE ENSURE THAT YOU RECEIVE A RECEIPT FROM THE CASHIER FOR ALL PAYMENTS MADE
[REDACTED]				
VAN SURNAME				
VOORNAME FIRST NAMES				
NAS. IDENTITEITS NR (BROODWENNER)				
NAT. IDENTITEITS NO. (BREAD WINNER)				
DATUM DATE	TYD TIME	DOKTER DOCTOR	I.D. PATIENT	AREA
59			159	ANC
FOREIGN PATIENT				
GESINSTAL No. IN FAMILY				
GESINS-INKOMSTE FAMILY INCOME R				
MED. FONDS MEDICAL AID FUND				
NUMMER NUMBER				
3	04/10/2024		159	MUTICT
8	11/10/2024		159	DR DANIES
PENSIOEN No. PENSION No.				
62	16/10/2024		159	ANC

Internal Migrants⁶

- 1.2 million South African migrate internally every year
- Peak migration for men and women ages 20-34 i.e. reproductive age
- Majority move to seek jobs or to be closer to partner/family



Major Barrier to Continuity of Care: ART Transfer Letter

NATIONAL COMPREHENSIVE HIV AND AIDS PROGRAMME
TRANSFER OF ART PATIENT TO OTHER ART SERVICE POINT

Transfer to: ART Service Point: _____
 District/Metro: _____
 DC No.: _____ Province: _____
 Tel: _____ Fax: _____
 Patient's contact details: _____

Transfer from: Public sector
 NCOFF/BOCBO GP Other non-public
 Facility Name: _____
 District/Metro: _____
 DC No.: _____ Province: _____
 Tel: _____ Fax: _____
 Mail address: _____

PATIENT IDENTIFIER
 First Name: _____ Surname: _____ Date of birth: _____
 Sex: M F Tel: _____ Current file No: _____ ID: _____
 Parent/guardian: First Name: _____ Surname: _____ Tel: _____

PATIENT HISTORY

Baseline ART
 ART start date: _____
 Regimen 1a Any child regimen
 Regimen 1b *(if above is 1a or 1b)*
 Specify baseline ART regimen if not 1a or 1b: _____

Baseline Lab (at start of ART)
 CD4: _____ % CD4: _____
 Weight (kg): _____
 Height (cm): _____
 WHO Clinical Stage Adult: _____
 WHO Clinical Stage Child: _____
 WHO Performance Scale: _____

Current ART
 Current regimen since: _____
 Regimen 1a Regimen 2
 Regimen 1b Any child regimen
 Specify current ART regimen if not 1a or 2: _____

Most recent Lab
 CD4: _____ % CD4: _____
 VL: _____
 ALT: _____ U/L Ery: _____
 Hb: _____ g/dl HCT: _____
 Leuc: _____ /mm³ Lymph: _____ %
 Neut: _____ % Platelet: _____
 Gluc: _____ mg/dl Cholest: _____

Current clinical status
 Weight (kg): _____
 WHO Clinical Stage Adult: _____
 WHO Clinical Stage Child: _____
 WHO Performance Scale: _____
 Current prophylaxis:
 Cotrimoxazole: No Yes
 Flucanazole: No Yes
 Prophylaxis issued will last until: _____

ART drugs issued will last until: _____

REASON FOR TRANSFER / other relevant details: _____

Transfer date: _____ First appointment made at receiving service point: No Yes Appointment date: _____
 Clinician's name: _____ Signature: _____ Tel: _____ Fax: _____

ACKNOWLEDGEMENT OF TRANSFER (to be completed by receiving ART service point)
 We have received the transfer notice. Received date: _____
 Please fax mail to us: ART Assessment and Baseline form
 ART Patient Follow Up form/details
 Fastened back copy of whole form to transferring ART service point immediately after receiving it.
 Clinician's name: _____ Tel: _____ Fax: _____
 Patient has attended his/her first visit at our ART service point: _____
 Date of visit: _____
 Fastened back copy of whole form to transferring ART service point immediately after first visit.
 Clinician's name: _____

Guideline for Vertical Transmission Prevention of Communicable Infections
 South African National Department of Health
 August 2023

! Do not turn away an ART client who reports to have run out of treatment and presents without a transfer letter!

2023 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy and Breastfeeding, Adolescents, Children, Infants and Neonates
 April 2023
 Republic of South Africa National Department of Health

! If a patient comes from a different facility, it is critical that the patient be provided with treatment on the day of presentation to limit any further treatment interruption and its impact on viral suppression. While referral letters are helpful, a patient cannot be required to leave the facility without treatment to first obtain a referral/transfer letter.

South Africa: Maternity Case Record



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Maternity Case Records

This record must always accompany the woman when transferred to another health facility.
This record must be filed at the facility discharging the woman after birth.

Failure to create and maintain a record or to remove a record is an offence in terms of section 17(2) of the National Health Act (61 of 2003).
This record book is valid for the duration of the pregnancy and puerperium and includes all patient encounters. The relevant ward/clinic subsection must clearly print (stamp) the name of the section and the date the service was rendered.

Level of care	
Antenatal clinic:	Delivery site:
Transport when in labour:	

Name of patient or place logo patient sticker here

Name: _____ Surname: _____ MomConnect: Yes No

Address: _____ Date registered: ____/____/____

Next to School/Shop: _____

Woman's name: _____ Employed Unemployed

ID Number: _____ Religion: _____

Institution file number: _____ Record book number: Original Duplicate

Consent for blood products: Agree to the use of blood products if needed Disagree to the use of blood products

Name of birth companion: _____ Contact number of birth companion: _____

Community health worker name: _____

Contact detail of mandate: _____
Name of person mandated to consent on behalf of woman when appropriate

Contact telephone number of mandate: _____

Should I be unable to consent myself, I mandate the above in terms of the National Health Act to do so on my behalf.

Signed: _____ Date: _____ Witness: _____

MEDICAL AND GENERAL HISTORY

Hypertension	Diabetes	Cardiac	Asthma	TB
Epilepsy	Mental health	HIV	Other	

HIV status at booking: Unknown Pos On ART Y N

HIV test at booking: Pos Neg Declined

HIV re-test: Pos Neg Declined

HIV re-test: Pos Neg Declined

CD 4 _____ ART initiated on

Viral load: Date _____ Result _____

Viral load: Date _____ Result _____

Viral load: Date _____ Result _____

Other: _____

Patient Sticker	<h2 style="margin: 0;">PMTCT Checklist</h2> <p style="font-size: small; margin: 0;">This is a checklist ONLY and does not replace official patient records.</p>																																								
<h3 style="margin: 0;">HIV TESTING</h3> <p>HIV status unknown or previously negative</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Tested when pregnancy was confirmed</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> <tr> <td><input type="checkbox"/> Retested at 20 weeks</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> <tr> <td><input type="checkbox"/> Retested at 26 weeks</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> <tr> <td><input type="checkbox"/> Retested at 30 weeks</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> <tr> <td><input type="checkbox"/> Retested at 34 weeks</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> <tr> <td><input type="checkbox"/> Retested at 36 weeks</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> <tr> <td><input type="checkbox"/> Retested at 38 weeks</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> <tr> <td><input type="checkbox"/> Retested at 40 weeks</td> <td>Date: __/__/__</td> <td><input type="checkbox"/> Pos</td> <td><input type="checkbox"/> Neg</td> <td>(if previous negative/unknown)</td> </tr> </table>		<input type="checkbox"/> Tested when pregnancy was confirmed	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)	<input type="checkbox"/> Retested at 20 weeks	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)	<input type="checkbox"/> Retested at 26 weeks	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)	<input type="checkbox"/> Retested at 30 weeks	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)	<input type="checkbox"/> Retested at 34 weeks	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)	<input type="checkbox"/> Retested at 36 weeks	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)	<input type="checkbox"/> Retested at 38 weeks	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)	<input type="checkbox"/> Retested at 40 weeks	Date: __/__/__	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	(if previous negative/unknown)
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<h3 style="margin: 0;">ANTENATAL CARE</h3> <p>Known HIV not on ART / New HIV during pregnancy</p> <p><input type="checkbox"/> Started ART on the day of diagnosis Date: __/__/__ (integrated antenatal and ART services)</p> <p><input type="checkbox"/> Started AZT and referred for urgent ART Date: __/__/__ (antenatal and ART services not yet integrated)</p> <p>Gestation at ART start: _____</p> <p>Regimen: _____</p> <p>CD4 at booking: _____ Creatinine _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> </table> <p>Known HIV on ART</p> <p>Regimen: _____</p> <p>Last ART visit: Date: __/__/__ Facility: _____</p> <p>Site where ART will be accessed during pregnancy: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> <tr> <td>VL: _____</td> <td>Date: __/__/__</td> <td>Gestation: _____</td> </tr> </table>		VL: _____	Date: __/__/__	Gestation: _____	VL: _____	Date: __/__/__	Gestation: _____	VL: _____	Date: __/__/__	Gestation: _____	VL: _____	Date: __/__/__	Gestation: _____	VL: _____	Date: __/__/__	Gestation: _____	VL: _____	Date: __/__/__	Gestation: _____	VL: _____	Date: __/__/__	Gestation: _____	VL: _____	Date: __/__/__	Gestation: _____																
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<h3 style="margin: 0;">LABOUR & DELIVERY</h3> <p>VL: _____ Date: __/__/__ Gestation: _____</p> <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 20px;"></div> </div> <p style="font-size: x-small; margin: 0;">DATE TIME</p> <p>Client on ART</p> <p><input type="checkbox"/> Continue ART Regimen: _____ Time taken: _____</p> <p>Client not on ART [e.g. unbooked, on AZT prophylaxis, HIV diagnosis in labour, defaulted prior to delivery (≥1 week)]</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Stat NVP</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td rowspan="4" style="border: 1px solid black; padding: 5px;"> Mother's response to diagnosis: •Accepted and managing well <input type="checkbox"/> •Struggling with diagnosis <input type="checkbox"/> Help needed with disclosure issues: yes/no Support needed: yes/no Referred to counsellor: yes/no </td> </tr> <tr> <td>Stat TDF, 3TC and DTG</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Stat NVP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's response to diagnosis: •Accepted and managing well <input type="checkbox"/> •Struggling with diagnosis <input type="checkbox"/> Help needed with disclosure issues: yes/no Support needed: yes/no Referred to counsellor: yes/no	Stat TDF, 3TC and DTG	<input type="checkbox"/> Yes <input type="checkbox"/> No																																			
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<h2 style="margin: 0;">Maternal and Infant PMTCT Discharge Letter</h2> <p style="font-size: x-small; margin: 0;">Complete on carbon copy, this page remain in folder</p>	HPRN: _____ Mom Name & Surname: _____ Mom Date of Birth: _____																																																																																																																																				
<p>Dear Colleague</p> <p>Infant Name & Surname: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Infant HPRN: _____ Infant Date of Birth: _____</p> <p>Has been discharged from: _____ (facility name) on _____ (date)</p> <p>Discharging nurse: _____ Date: __/__/__</p> <p>Follow-up Date: __/__/__ Follow-up Site: _____ Sign: _____</p>																																																																																																																																					
<h3 style="margin: 0;">Maternal Discharge Status and Postnatal Follow Up</h3> <p>ART</p> <p><input type="checkbox"/> Mother started on ART: <input type="checkbox"/> less than 12 weeks prior to delivery <input type="checkbox"/> at or after delivery <input type="checkbox"/> VL done at delivery</p> <p><input type="checkbox"/> Mother on ART since before pregnancy or more than 12 weeks prior to delivery</p> <p>Mother ART regime: _____</p> <p>Feeding Method at Discharge (tick appropriate option)</p> <p><input type="checkbox"/> Exclusively breastfeeding <input type="checkbox"/> Formula feeding <input type="checkbox"/> Heat-treated own milk</p> <p>Contraception at Discharge</p> <p><input type="checkbox"/> IUCD <input type="checkbox"/> Implant <input type="checkbox"/> Oral contraception <input type="checkbox"/> Injectable hormones <input type="checkbox"/> Sterilization</p>	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">LABORATORY BARCODE</div>																																																																																																																																				
<h3 style="margin: 0;">Infant Discharge Status and Postnatal Follow Up</h3> <p>HIV Test (Discharge)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> PCR test done</td> <td style="width: 20%; text-align: center;">LABORATORY BARCODE</td> <td style="width: 30%;">PCR test result received</td> </tr> <tr> <td>Date of PCR test: _____</td> <td></td> <td><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Awaited</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Mother informed of test result</td> </tr> </table> <p>Discharge Post Exposure Prophylaxis (PEP)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;"> Low risk (mom's VL at delivery < 1000c/ml) <input type="checkbox"/> NVP for 6 weeks once daily </td> <td style="width: 50%; border: 1px solid black; padding: 5px;"> High risk (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml) <input type="checkbox"/> NVP once daily for 12 weeks if mom is breastfeeding and if needed until mom's VL < 1000c/ml or until 1 week after cessation of all breastfeeding <input type="checkbox"/> weeks irrespective of feeding choice <input type="checkbox"/> NVP once daily for 6 weeks if formula fed </td> </tr> </table>		<input type="checkbox"/> PCR test done	LABORATORY BARCODE	PCR test result received	Date of PCR test: _____		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Awaited			<input type="checkbox"/> Mother informed of test result	Low risk (mom's VL at delivery < 1000c/ml) <input type="checkbox"/> NVP for 6 weeks once daily	High risk (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml) <input type="checkbox"/> NVP once daily for 12 weeks if mom is breastfeeding and if needed until mom's VL < 1000c/ml or until 1 week after cessation of all breastfeeding <input type="checkbox"/> weeks irrespective of feeding choice <input type="checkbox"/> NVP once daily for 6 weeks if formula fed																																																																																																																									
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<h3 style="margin: 0;">Postnatal Follow-up and Baby Wellness Visits</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">3-6 days</th> <th style="width: 15%;">6 weeks</th> <th style="width: 15%;">10 weeks</th> <th style="width: 15%;">6 months</th> <th style="width: 15%;">18 months</th> <th style="width: 15%;">Any other test</th> </tr> </thead> <tbody> <tr> <td>Visit Date:</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">Mother</td> <td colspan="6"> <input type="checkbox"/> If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> If not, start TEE (TDF, FTC and EFV) </td> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);">ART</td> <td colspan="6"> <input type="checkbox"/> Check ART adherence </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Check ART adherence </td> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; 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Benefits

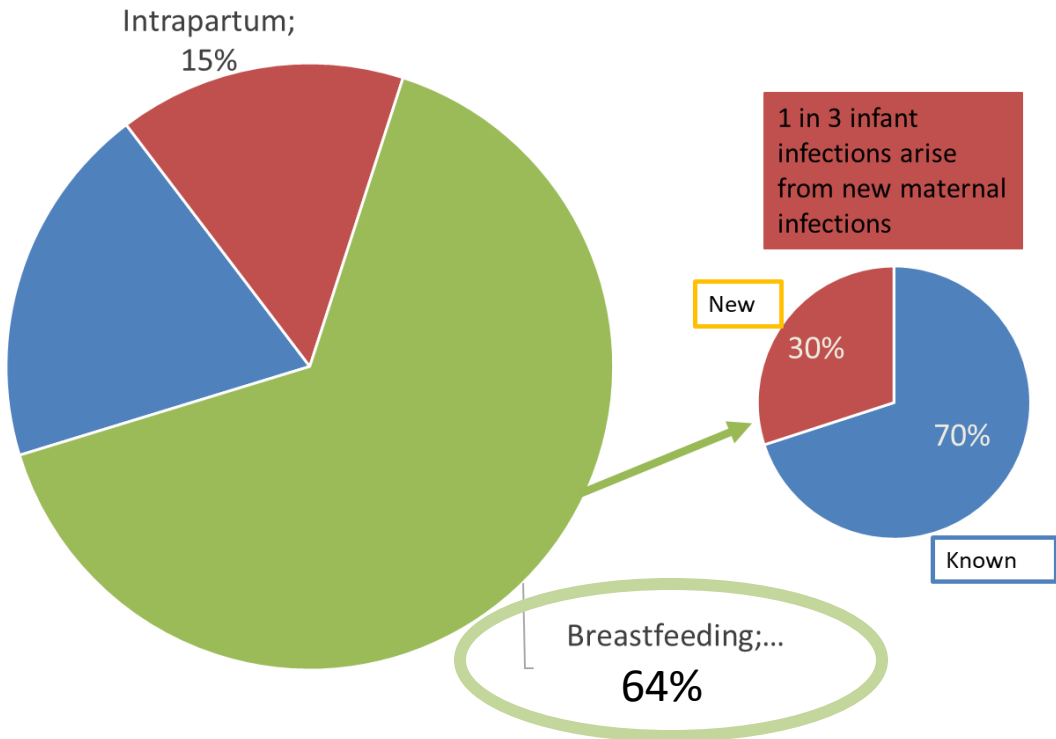
- Comprehensive
- Handheld
- Clear HIV management components
- Nationally implemented

Challenges

- Poor completion, particularly of HIV components
- Overwhelming capturing required by busy ANC staff
- Retained at delivery for maternal audits = no post-partum continuity
- I have yet to see a woman with a completed 'PMTCT' discharge letter

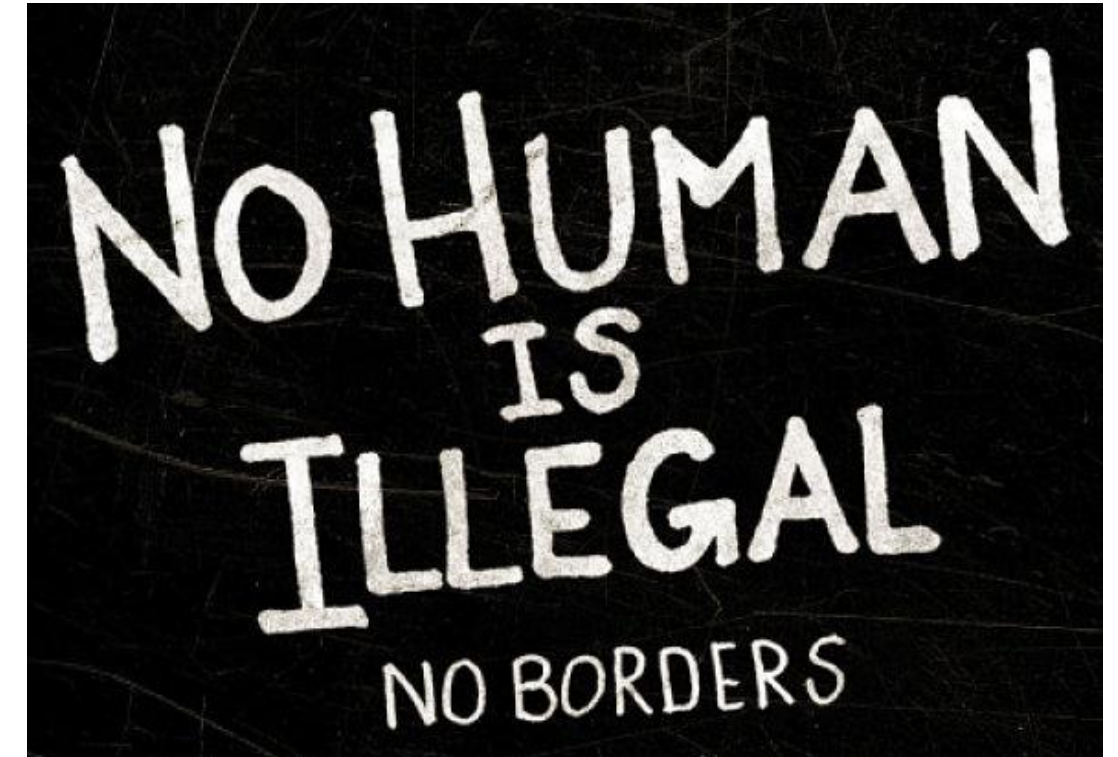
Maintaining continuity from antenatal to postnatal care

The Broken Chain



How can we do better?

- **Healthcare worker sensitization:** address xenophobia
- **Clarify policies:** free care for PFW and infants
- **Post-natal maternal care record:** mirror antenatal maternity case record, support post-natal continuity
- **Expand post-natal club model:**
 - Post-natal care stability
 - Support group structure; reduce isolation
 - Enhance early missed appointment tracking
 - Provide transfer information if mother must move
- **Telephonic translation service:** language barriers undermine quality of care/clinical outcomes
- **Multi-lingual patient education materials:** include advice to manage during mobility
- **Engage stakeholders:** communities, civil society, religious organisations to improve social safety nets



Lingala Hausa Shona
Kitonga English
Afrikaans Tshivenda Igbo
Arabic Chichewa Oromo
Hindi Pedi french Yoruba
Tswana Portuguese
Fulani isiZulu SeSotho
Ndebele isiXhosa
Swahili Amharic

Thank you

Contact

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