

# WHY DO WOMEN WITH HIV DROP OUT OF CARE AFTER THEY HAVE THEIR BABIES?

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# Why We Did This Study

- Our prenatal care team takes care of HIV+ women while they are pregnant and then transfers them to a regular primary care HIV physician or nurse practitioner after they deliver their babies.
- One-third of the HIV+ women we see for prenatal care find out they have HIV just because they are tested in pregnancy and have not had an HIV primary care provider before.
- Two-thirds of the women we see had a regular “primary care” HIV doctor or nurse practitioner before they got pregnant.

# Why We Did This Study

- Recommendations for HIV “primary care” include visits every 3 months (up to 6 months in those with stable HIV).
- During pregnancy, women with HIV commonly attend visits monthly, every 2 weeks, and weekly depending on closeness to their due date; however, after delivery, many do not continue to see a doctor.
- We wanted to see:
  - How often our women drop out of care after having a baby, and
  - Whether we could identify which women were most likely to drop out

# What We Did

- Our program for HIV+ pregnant women in the Harris Health System cares for 60-70 women per year.
- We reviewed the charts of women seen between 2006 and 2011.
- We defined “optimal care” as 1 visit to an HIV primary care provider (PCP) every 6 months within the first year after delivery, and “loss to follow-up” or dropping out as no visits within the first year after having a baby.

# What We Found

- **The drop out rate was 39% in the first year after delivery.**
  - **36% had optimal follow-up (at least 2 visits in 12 months)**
  - **25% had less than optimal follow-up (one visit in 12 months)**
  - **39% had no visits in year after delivery**
- **Associated factors:**
  - younger age
  - black race
  - late entry to prenatal care
  - **no plans for contraception**

# What Our Results Mean and Why this Matters

- We thought we were addressing the importance of staying in care with our women but realized we were not achieving our goal 😞.
- We need to stress adequate follow-up in care especially to the population of HIV-infected women who are younger, black, present late for prenatal care, and who express little interest in postpartum contraception.
- What we are doing: We have adopted CenteringPregnancy, a group prenatal care model, with 10 two-hour sessions per pregnancy, three of which focus on why “staying in care” is important.

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