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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