

# Caring for Women with HIV and their Babies in the 4th Trimester

2020 National Ryan White Conference  
on HIV Care and Treatment

# Presenters

- Jeronia Blue
  - High Risk Obstetrical Nurse
  - Registered Nurse
  - Manager in Labor and Delivery for 25 years. Working with Women Living With HIV (WLWHIV) for 13 years.
- Lisa Curtin
  - Pediatric/Obstetric Medical Social Worker
  - Master Social Worker
  - Background in child welfare. Working with HIV+ young adults, pregnant women, and exposed and infected children for 6 years

# Disclosures

Neither Jeronia Blue, RN or Lisa Curtin, MSW have any real or perceived vested interests that relate to this presentation. We have no relationships with pharmaceutical companies, biomedical manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

# Learning Objectives

- Describe ways to eliminate barriers to postpartum women living with HIV to remaining in HIV care
- Explain the importance of the 4<sup>th</sup> trimester for women and their babies
- Explain the benefits of OB care and HIV care providers coordinating linkage to care activities

# Definitions

- Postpartum- The six week period following childbirth
- 4<sup>th</sup> trimester- 90 days after delivery (includes postpartum period, but extends further)
- High Risk Obstetrical Care- Clinic dedicated to specialized needs of pregnant women living with HIV/AIDS
- IDP or Ponce- terms used interchangeably to refer to Grady Health System's Infectious Disease Program at the Ponce de Leon Center

# Background

- Grady Memorial Hospital, located in Atlanta, Georgia, is the largest public hospital in the Southeast
- High risk OB clinic for women living with HIV established in 1987
- Treats approximately 60 women per year
- Majority of patients are established clients of Grady's Infectious Disease Program (located off-site)
- Funded by Ryan White Part D

# Pre-program

- Pre-program women were noted to be younger and had a more recent HIV diagnosis. All other demographic and clinical indicators were similar
- Pre-program participation in postpartum HIV visits within 90 days was 29%

# Importance of the 4<sup>th</sup> Trimester

- Multiple studies have shown a decrease in medication adherence and retention in care in the post-partum period
- Studies have consistently found poor adherence to postpartum OB visits for WLWHIV
- Strong engagement in prenatal care did not correlate to improved long-term retention in care or viral suppression



# Importance of the 4<sup>th</sup> Trimester (continued)

Early engagement in HIV care postpartum was the strongest predictor of retention in care

Meade CM, Badell M, Hackett S, et al. HIV Care Continuum among Postpartum Women Living with HIV in Atlanta. *Infect Dis Obstet Gynecol*. 2019;2019:8161495. Published 2019 Feb 14. doi:10.1155/2019/8161495

Momplaisir FM, Storm DS, Nkwihoreze H, Jayeola O, Jemmott JB. Improving postpartum retention in care for women living with HIV in the United States. *AIDS*. 2018;32(2):133-142. doi:10.1097/QAD.0000000000001707

# Importance of the 4<sup>th</sup> Trimester (continued)

- The OB nurse case manager follows up on all clients during labor and delivery, and on the mother/baby unit.
- The pediatric/obstetric social worker addresses psychosocial needs during pregnancy and during the 4<sup>th</sup> trimester.

# Importance of the 4<sup>th</sup> Trimester (continued)

The care of the mother and baby in the 4th trimester is critical to ensuring no break in HIV care for the mothers, initiation of care for the babies and provision of supportive services during the postpartum period when many women are dealing with physical and emotional challenges of motherhood.

# Intervention-

## Linkage of Mother/Baby Visits

- Obstetrical postpartum visit changed to 4 weeks instead of 6 weeks to allow for patient enrollment or resumption of care at IDP to coincide with the infant 6-week appointment
- Linking mother/baby visits
  - Mothers more likely to consistently care for infant than themselves
  - Initial as well as follow up visits
    - Same provider for mother and child when mother is establishing care
    - Resumption of care with existing maternal provider and initiating care of infant with a provider available on the same schedule
  - Allows women to access Medicaid transportation for their medical visit after losing pregnancy Medicaid

# Intervention-

## Streamlining Clinic Enrollment

- Updates patient information or allows them to be enrolled with minimal effort
- Allows for enrollment of infant to be completed prior to medical visit at one week of age
- Required Ryan White financial information collected by MSW prior to delivery
- Documents submitted to financial counselor at IDP upon delivery

# Intervention- Provider

- HIV providers from IDP began attending OB clinic visits monthly
- Providers in attendance alternated between a Women's Clinic provider and a Pediatric provider
- This allowed women to become familiar and comfortable with off-site medical staff and ease transition
- Found to improve provider-provider communication and led to implementation of multidisciplinary team meetings

# Intervention-

## Multidisciplinary Team Meetings

- Held monthly
- Comprised of clinicians, nurse case manager, pediatric/obstetric social worker
- Reviews all pregnant and postpartum OB patients
  - Special focus on WLWHIV with unsuppressed viral load and/or psychosocial issues
  - Efforts to engage women loosely participating in care

# Intervention- Mobile Health

In pre-implementation/planning phase:

A Mobile Integrated Health unit to do OB visits in the patient's home – will also include OB postpartum visits:

- Eliminates barrier of transportation for patient
- Allows for “eyes-on” assessment of psychosocial issues
- Eliminates difficulty of arranging childcare
- Supports social distancing



# Intervention- Addressing Barriers

Co-occurring mental health issues	Referral to Center for Well Being (located at IDP)
Substance use	Ongoing- remains an issue Social worker does refer to rehabilitation programs when client is ready for treatment
Lack of insurance	Georgia did not expand its Medicaid program Pregnant women in Georgia may qualify for Right from the Start Medicaid (RSM) if their monthly income does not exceed 200% of the Federal Poverty Level RSM pays for medical care for pregnant women, including labor and delivery, up to 60 days after they give birth Medicaid personnel onsite at main Grady- Ryan White and ADAP at IDP
Housing	Referral to centralized housing intake

# Intervention- Addressing Barriers (continued)

Transportation	Medicaid transportation Assistance with parking fees at the hospital Limited funds for Lyft
Lack of social support	Linkage to peer groups within the community
Poverty	Ongoing- remains an issue Many clients under-employed or unemployed. Assistance with daycare programs is extremely limited
Disclosure	Education and support surrounding disclosure
Difficulty scheduling appointment for infant	Social worker schedules infant appointment with pediatric HIV provider prior to discharge from the hospital with a predetermined provider (either same provider as mother or one available same day)

# Review of Results

	Pre-program	Post-program
<b>Attended HIV care visit within 90 days of delivery</b>	29%	79%
<b>Viral Suppression 6 months after delivery</b>	43%	59%
<b>Retention in care 12 months after delivery</b>	45%	55%
<b>Viral Suppression 12 months after delivery</b>	40%	53%

Stephanie Hackett, Martina L Badell, Christina M Meade, Jennifer M Davis, Jeronia Blue, Lisa Curtin, Andres Camacho-Gonzalez, Ann Chahrودي, Rana Chakraborty, Minh Ly T Nguyen, Melody P Palmore, Anandi N Sheth, Improved Perinatal and Postpartum Human Immunodeficiency Virus Outcomes After Use of a Perinatal Care Coordination Team, *Open Forum Infectious Diseases*, Volume 6, Issue 6, June 2019, ofz183, <https://doi.org/10.1093/ofid/ofz183>

# References

- Stephanie Hackett, Martina L Badell, Christina M Meade, Jennifer M Davis, Jeronia Blue, Lisa Curtin, Andres Camacho-Gonzalez, Ann Chahrودي, Rana Chakraborty, Minh Ly T Nguyen, Melody P Palmore, Anandi N Sheth, Improved Perinatal and Postpartum Human Immunodeficiency Virus Outcomes After Use of a Perinatal Care Coordination Team, *Open Forum Infectious Diseases*, Volume 6, Issue 6, June 2019, ofz183, <https://doi.org/10.1093/ofid/ofz183>
- Momplaisir FM, Storm DS, Nkwihoreze H, Jayeola O, Jemmott JB. Improving postpartum retention in care for women living with HIV in the United States. *AIDS*. 2018;32(2):133-142. doi:10.1097/QAD.0000000000001707
- Meade CM, Badell M, Hackett S, et al. HIV Care Continuum among Postpartum Women Living with HIV in Atlanta. *Infect Dis Obstet Gynecol*. 2019;2019:8161495. Published 2019 Feb 14. doi:10.1155/2019/8161495