EXTENT OF ADHERENCE TO NATIONAL GUIDELINES IN PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV.

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ABSTRACT

Background

Mother-to-child transmission [MTCT] of HIV-virus contributes to over 90% of the paediatric HIV infections. Approximately 50% of this vertical transmission occurs during labour and delivery. The national guidelines for PMTCT make recommendations for specific interventions so as to reduce perinatal transmission. Data on adherence to the guidelines by caregivers and quality of PMTCT care is however limited.

Study objective

To evaluate the extent to which PMTCT care offered to HIV positive women admitted for delivery at KNH and PMH adheres to National Guidelines in order to reduce vertical transmission of HIV during labour and delivery.

Study design

Cross-sectional survey.

Study setting

The labour ward at Kenyatta National Hospital and Pumwani Maternity Hospital**.**

Study population

All consenting HIV positive women admitted to the labour wards at KNH and PMH and planned for delivery.

Study period

Mid January to mid April 2009

Materials and Methods

Data was obtained through observation of care given, direct interviews, and by perusal of clinical records. These information was entered into a structured questionnaire. Data was analysed using SPSS software.

Main outcome measures

Extent to which PMTCT interventions are offered and level of adherence to the National Guidelines.

Results

A total of 370 HIV-positive women were recruited into the study, of whom two hundred and sixty six were from Pumwani Maternity Hospital and one hundred and four were enrolled at Kenyatta National Hospital. Three hundred and fifty seven [96.4%] of them had been counselled on vertical transmission while two hundred and five [55.4%] of them had HIV disease staging by CD4 cell count. There were no significant differences between the two study sites in the extent of counselling on MTCT (p=0.398) and HIV disease staging by CD4 testing (p=0.28). Three hundred and forty nine [94.3%] of them were offered varied ARV regimens for PMTCT of whom 101[27.3%] were on HAART. A total of 94 women were given single dose nevirapine and use of efficacious combination prophylaxis was limited. Overall two hundred and sixty eight women [73%] had spontaneous vertex delivery. An episiotomy rate of 7% was observed and no vacuum delivery was recorded. A caesarean section rate of 27.6% was recorded with PMTCT as an indication in almost half of the cases. Significantly more women delivered at KNH were offered HAART (p<0.001) and elective caesarean delivery (p<0.001).

Conclusion

A great majority of HIV positive women admitted for delivery received counseling on vertical transmission. HIV disease staging was however not done routinely and use of HAART and efficacious combination ARV prophylaxis was limited. Although efforts to comply with the recommendation for modified intrapartum care were noted at both facilities, optimization of interventions for PMTCT is significantly more at KNH than at PMH.

Key words: National Guidelines, PMTCT care, HIV-positive.