



VIRTUAL
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Postpartum Linkage and Retention

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National Background and Significance



- Postpartum Women Living with HIV (WLWH)
- 24%-63% are lost to follow up during first postpartum year
- Only 29.7%-44% of WLWH are found to be virally suppressed during first postpartum year

(Anderson et al. 2017; Rana et al. 2010; Siddiqui et al 2014; Swain et al.2016)

Review of Local Problem



- Retrospective chart review of postpartum WLWH who were referred from the UMMC perinatal HIV program to the adult HIV program following delivery
- Reviewed 2014-2016 charts
- Collected data on race, age at diagnosis, age at delivery, if diagnosis was received during current pregnancy, history of mental health or substance abuse disorder, if not diagnosed during pregnancy was the patient in care prior to pregnancy

Clinic Specific Retention and Suppression Rates



Postpartum WLWH 1 January 2014 to 31 December 2016	
Referred to ASCC	n=30
Linked to Care at ASCC	27 (90%)
Retained in Care at 6 Months	22 (73.3%)
Virally Suppressed at 6 Months	15 (50%)
Retained in Care at 12 Months	19 (63.3%)
Virally Suppressed at 12 Months	14 (46.7%)
Retained in Care at 18 Months	16 (53.3%)
Virally Suppressed at 18 Months	7 (23.3%)
Retained in Care at 24 Months	16 (53.3%)
Virally Suppressed at 18 Months	8 (26.7%)

Barriers to Care

- Competing priorities
- Lack of childcare
- Lack of transportation
- Lack of social support
- Loss of insurance coverage

Facilitators to Care

- Multipronged interventions
- Coordination of care between perinatal and continuity programs
- Health literacy
- Strengthening patient and provider relationships

Identified Program Barriers



- Lack of transitional case management
- Lack of follow up by clinical staff at ASCC
- Loss of insurance coverage
- Lack of flexibility in clinic scheduling

- Increase retention in care
- Increase viral suppression rates
- Improve long term health outcomes of WLWH

Post QI Initiative



Postpartum WLWH 1 January 2017 to 31 December 2018

Referred to ASCC	n=24
Linked to Care at ASCC	22 (91.7%)
Retained in Care at 6 Months	22 (91.7%)
Virally Suppressed at 6 Months	21 (87.5%)
Retained in Care at 12 Months	22 (91.7%)
Virally Suppressed at 12 Months	21 (87.5%)
Retained in Care at 18 Months	21 (87.5%)
Virally Suppressed at 18 Months	21 (87.5%)

Demographics of Pre and Post QI Initiative Postpartum WLWH



Characteristic	N 54 ^a		P Value ^b
	Pre QI n=30	Post QI n=24	
African American/Black Race	93%	79%	
Age at Delivery, mean (SD), y	29 (5.1)	31 (5.2)	.07
Age at Diagnosis, mean (SD), y	20 (7.5)	21 (8.1)	.34
Substance Abuse Disorder	33%	38%	
Mental Illness Diagnosis	40%	50%	
Diagnosis Received during Pregnancy	13%	8%	
In Care Prior to Pregnancy	73%	54%	

Abbreviations: WLWH, Women Living with HIV; HIV, human immunodeficiency virus

^aIncludes total population of WLWH referred from the University of Mississippi Medical Center's Perinatal HIV program to outpatient HIV care at Adult Special Care Clinic

^bSignificant at $P < .05$

Components of QI Intervention



- Active referrals for women already in care who became pregnant
- Proactive monitoring of women who were receiving care through the Perinatal HIV program
- Establishing trusting relationships
- Determining possible barriers after delivery
- Preparing for identified barriers

Barriers Noted



- Barriers found to be very important to the cohort of postpartum WLWH included
- Need for flexibility
- Access to payer source for medication and services
- Mental Health
- Food insecurity
- Housing instability
- Supportive relationships

Addressing Identified Barriers



- Prepared for loss of Medicaid coverage prior to delivery
- Enrollment in Part B program, prepared for transition to financial assistance program through UMMC, prepared for ADAP medication coverage
- Leniency with HIV follow up visits and lab work
- Referrals to an LCSW for counseling
- Creation of an individualized support group for young, African American/Black women

Lessons Learned



- Postpartum WLWH need to be known
- They experience the same barriers that postpartum women without HIV struggle with-only amplified
- Special attention should be given to the mother, emphasizing her needs, otherwise not only is mother impacted but also the child

Looking Forward



- Integration of Part D with Part C program for peripartum women
- Dedicated LCSW to work with peripartum WLWH

References



Hickman A, Backus KV, Burns P, Brock JB (2020) Evaluation of a postpartum linkage and retention quality improvement initiative for women living with HIV in the deep south. Journal of Public Health: From Theory to Practice. <https://doi.org/10.1007/s10389-020-01355-3>.