

Title: Retention of Mother Baby Pairs in Care at PMTCT Sites in Zimbabwe, April to December 2014

Track: E91

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Background: The Zimbabwe Ministry of Health and Child Care (MOHCC) and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) jointly introduced an electronic database (EDB) to capture longitudinal patient-level data for prevention of mother-to-child transmission (PMTCT) in 2011.

Methods: Secondary data analysis was conducted. Data were collected from 36 purposively selected sites in five pilot districts. We analyzed electronic patient level data to describe demographic characteristics of mothers, to determine retention of mother-baby pairs in care, the proportion of HIV-exposed babies with dried blood spot (DBS) specimen taken and results received and retention among rural- and urban-based mother-baby pairs for the period of April to December 2014. A cohort of 457 HIV positive mothers who booked between April and June 2014 along with 36 babies who were born to this cohort were longitudinally tracked through December 2014.

Results: Median age at booking in ANC was 29 years (Q₁=26yrs; Q₃=34yrs), median parity was 2 (Q₁ = 1; Q₃ = 3), and median gestational age at booking was 22 weeks (Q₁=17; Q₃=27weeks). Only 5.2% of HIV positive pregnant women booked before 12 weeks. Antiretroviral treatment (ART) drug pick-up rate declined from 90% at three months after ART initiation to 55% at six months. There was no difference in 6 months ART retention between rural and urban women. DBS specimen were collected from 47% (n=36) of HIV exposed babies and 35% had received results after 6 months, with one being HIV positive.

Conclusion: The PMTCT program has challenges in getting pregnant women to book early for ANC, DBS collection and retention in ART care. The low percentage of exposed infants who received their results may imply challenges with tracking and tracing mother baby pairs.