Loss to follow up among newly diagnosed HIV positive pregnant women in the option B+ program in Malawi.

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Background

• Option B+ program offers immediate antiretroviral therapy (ART) to all pregnant women diagnosed with HIV.

• Expectation is that the women will be on lifelong treatment for improved maternal health.

• Although Option B+ has expanded treatment access in HIV infected pregnant women, retention in the program remains a challenge.

• We therefore, evaluated factors associated with loss to follow-up in the program.
METHODS

• 299 newly diagnosed HIV infected pregnant women were enrolled into a prospective observational Cohort study from May 2015-Nov 2016.

• We defined loss to follow up (LTFU) as missing after 90 days from the last documented visit, excluding those known to have died.

• We used Cox Proportional regression model to estimate hazard ratios of LTFU and identify the predictors of LTFU.
RESULTS

• 35/299 women (12%) were LTFU; 
  - 9/35 (24%) of the LTFU before delivery.

• Overall incidence of LTFU per month was 1%.

• Married women had a lower hazard of LTFU (HR = 0.40, 95% C.I = 0.18 -0.88)

• staying longer in a relationship (HR = 0.43, 95% C.I =0.22 -0.84) was associated with lower hazard of LTFU.
CONCLUSION

• LTFU will affect the success of implementation of the Option B+ program.

• The risk factors for LTFU include pregnancies of newer relationships and pregnancies to unmarried mothers, however this is not exhaustive.

• There is need to identify women facing socio-economic as well as treatment related risk factors for LTFU and develop mechanisms to ensure that all women are retained on ART during pregnancy and beyond.
THANK YOU!!