

Pregnant and pushed out: Premature transition of pregnant adolescents living with HIV to adult HIV services

Daniella Mark, Agnes Ronan, Tammy Burdock, Lynn Papier and Luann Hatane

Paediatric-Adolescent Treatment Africa (PATA)



DISCLOSURES – Dr Daniella Mark

No (potential) conflicts of interests

Relations possibly relevant to this meeting:

None

Sponsoring & Research grants:

The ELMA Foundation, MAC AIDS Fund, Positive Action for Children Fund, Robert Carr Fund, Netherlands Ministry of Foreign Affairs, ViiV Healthcare

Honoraria or consultation fees:

None

Stock shareholder:

None

Other support:

None





Living with a chronic health condition

Stigma and discrimination

Elevated risk of psychosocial distress

Lifelong ART

Feelings of shame

Challenges with disclosure

Fear of rejection by partners

Increased incidence of psychiatric illness

Possible societal responses such as loss of home, employment, family and community, and even violence



Living with a chronic health condition

Stigma and discrimination

Elevated risk of psychosocial distress

Lifelong ART

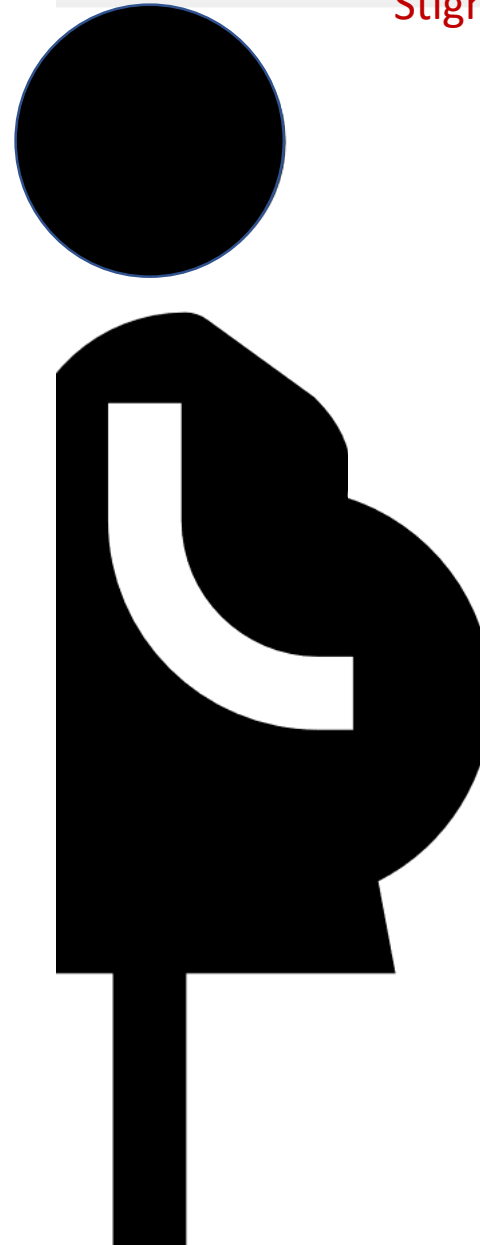
Feelings of shame

Challenges with disclosure

Fear of rejection by partners

Increased incidence of psychiatric illness

Possible societal responses such as loss of home, employment, family and community, and even violence



Living with a chronic health condition

Stigma and discrimination

Elevated risk of psychosocial distress

Lifelong ART

Feelings of shame

Challenges with disclosure

Fear of rejection by partners

Increased incidence of psychiatric illness

Possible societal responses such as loss of home, employment, family and community, and even violence

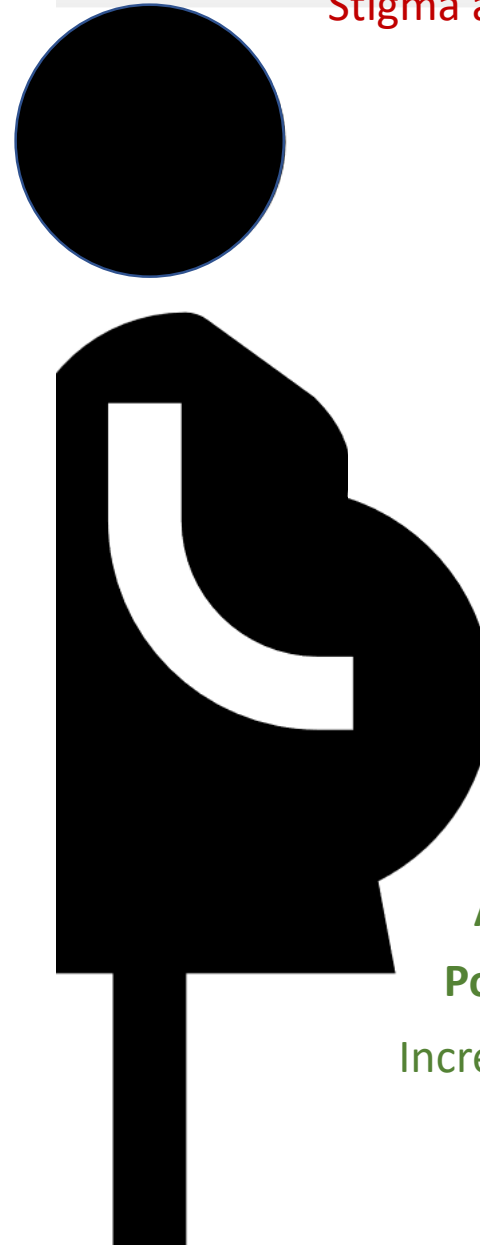
Hormonal fluctuations

Pregnancy complications

Antenatal depression

Postnatal depression

Increased anxiety



Living with a chronic health condition

Stigma and discrimination

Elevated risk of psychosocial distress

Lifelong ART

Feelings of shame

Challenges with disclosure

Fear of rejection by partners

Increased incidence of psychiatric illness

Possible societal responses such as loss of home, employment, family and community, and even violence

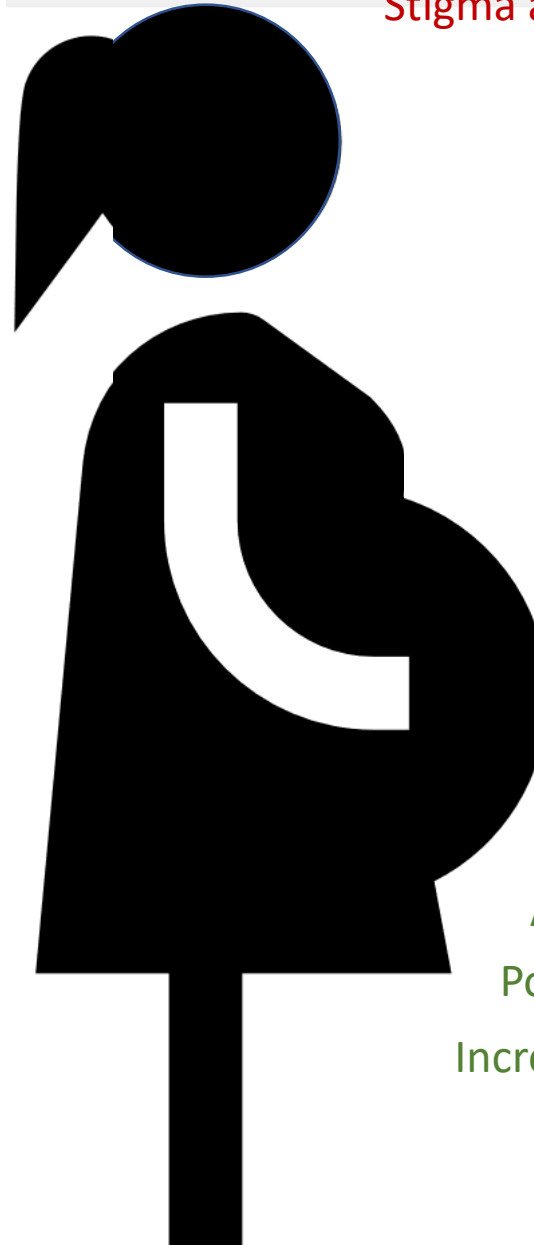
Hormonal fluctuations

Pregnancy complications

Antenatal depression

Postnatal depression

Increased anxiety



Worse access to antenatal & postnatal healthcare

Living with a chronic health condition

Higher rate of maternal mortality

Stigma and discrimination

Higher risk of preterm birth

Elevated risk of psychosocial distress

Lower birth rate in infants

School drop out



Lifelong ART

Poorer physical and mental health outcomes

Feelings of shame

Increased stillbirth

Challenges with disclosure

Reduced career prospects

Fear of rejection by partners

Desire to fit in

Increased incidence of psychiatric illness

Sexual and drug experimentation

Possible societal responses such as loss of home, employment, family and community, and even violence

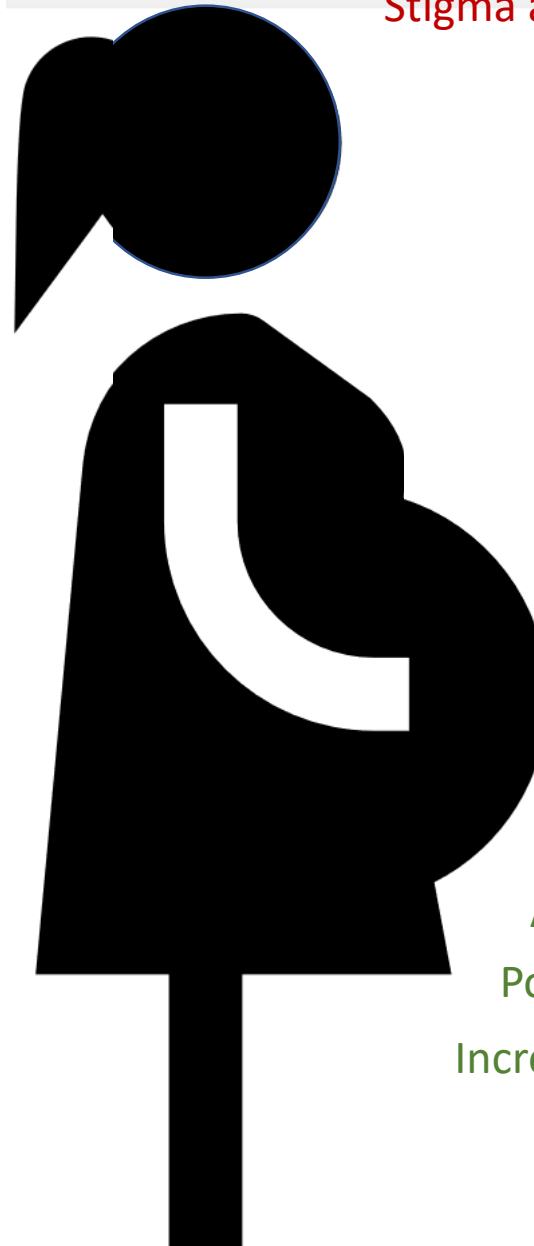
Hormonal fluctuations

Pregnancy complications

Antenatal depression

Postnatal depression

Increased anxiety



Worse access to antenatal & postnatal healthcare

Living with a chronic health condition

Higher rate of maternal mortality

Stigma and discrimination

Higher risk of preterm birth

Elevated risk of psychosocial distress

Lower birth rate in infants

School drop out

Lifelong ART

Feelings of shame

Poorer physical and mental health outcomes

Increased stillbirth

Reduced career prospects

Desire to fit in

Challenges with disclosure

Fear of rejection by partners

Sexual and drug experimentation

Increased incidence of psychiatric illness

Poor social, economic & health outcomes

Possible societal responses such as loss of home, employment, family and community, and even violence

Higher rate of onward vertical HIV transmission

Hormonal fluctuations

Pregnancy complications

Greater risk of viral failure

Antenatal depression

Postnatal depression

More likely to be lost to follow-up

Increased anxiety

High rate of mortality

Worse adherence rates

Possible neurocognitive delays

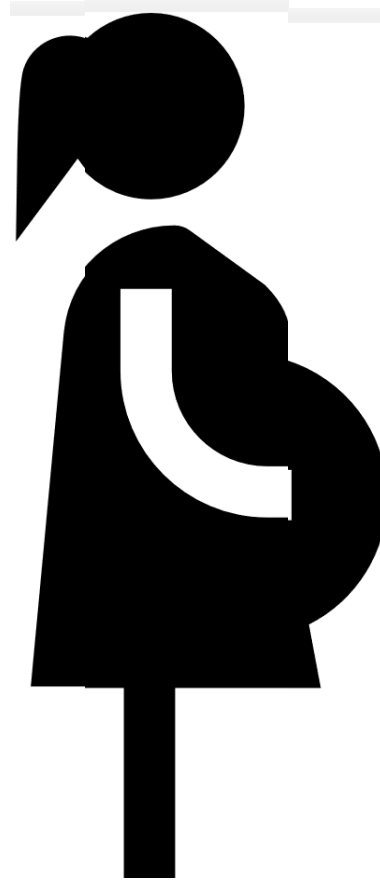
Physical and mental health challenges



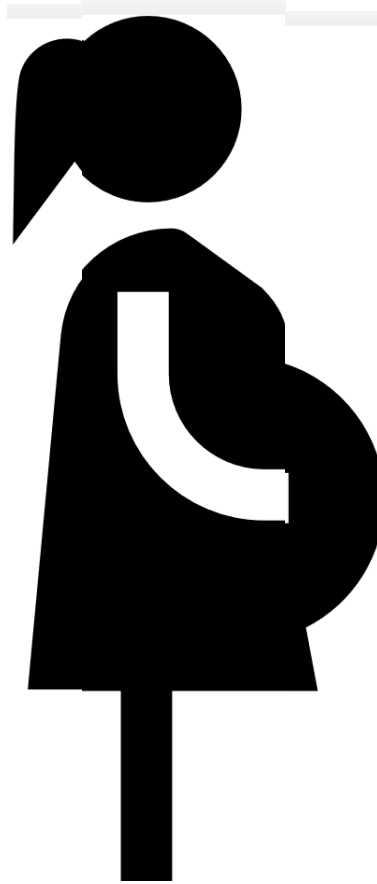
Methods

- PATA network of frontline health providers
- 2017 situational analysis of routine facility-level service provision and aggregate patient outcomes
- Cross-sectional survey (Rapid Assessment)
 - n=115 health facilities
 - 15 countries
 - 3 sub-regions

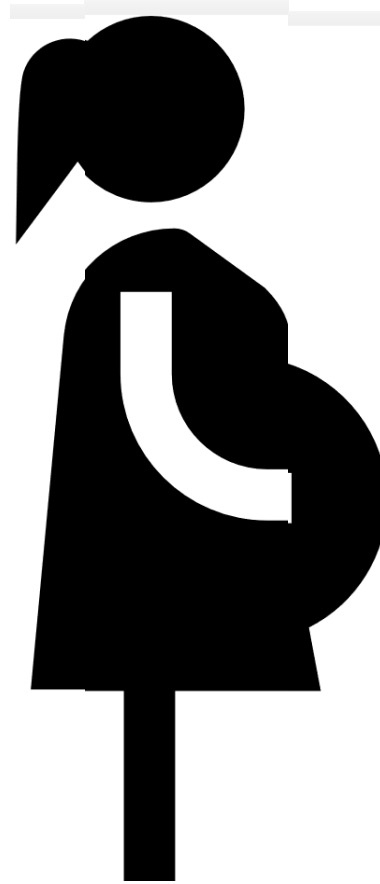
Results



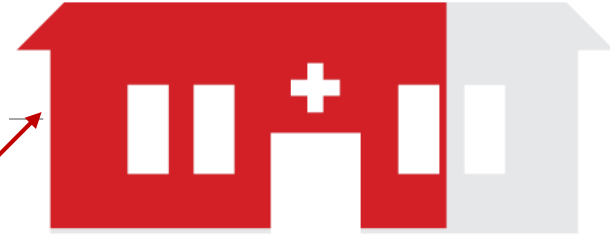
Results



Results



38% - routine early transition



68% - ≥ 1 early transition in past 12 mo

Worse access to antenatal & postnatal healthcare

Living with a chronic health condition

Higher rate of maternal mortality

Stigma and discrimination

Higher risk of preterm birth

Elevated risk of psychosocial distress

Lower birth rate in infants

School drop out

Poorer physical and mental health outcomes

Increased stillbirth

Reduced career prospects

Desire to fit in

Sexual and drug experimentation

Poor social, economic & health outcomes

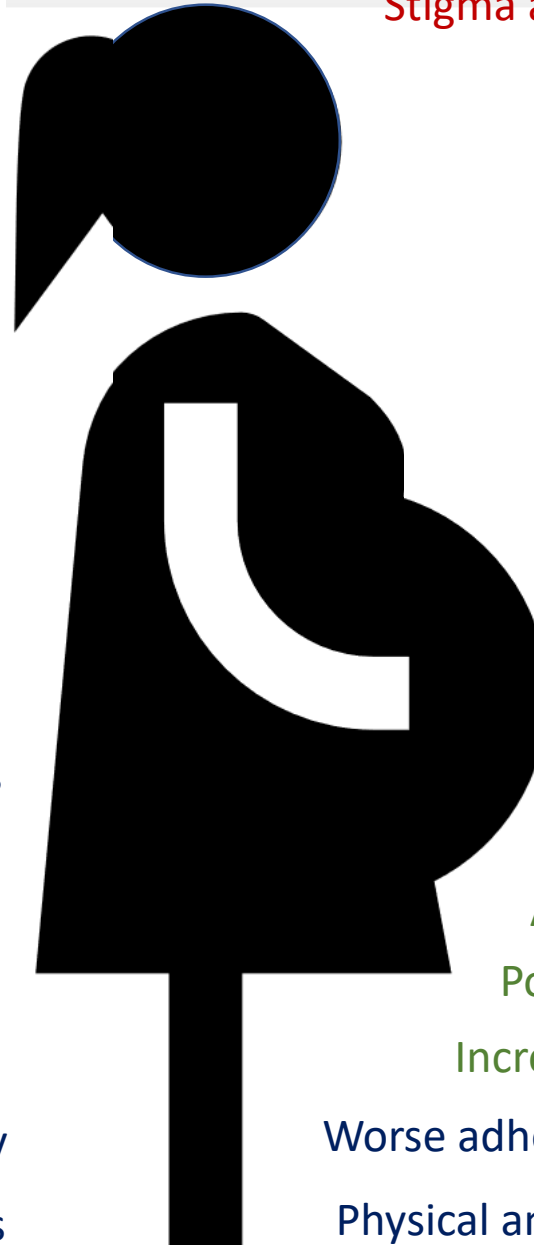
Higher rate of onward vertical HIV transmission

Greater risk of viral failure

More likely to be lost to follow-up

High rate of mortality

Possible neurocognitive delays



Lifelong ART

Feelings of shame

Challenges with disclosure

Fear of rejection by partners

Increased incidence of psychiatric illness

Possible societal responses such as loss of home, employment, family and community, and even violence

Hormonal fluctuations

Pregnancy complications

Antenatal depression

Postnatal depression

Increased anxiety in pregnancy

Worse adherence rates

Physical and mental health challenges

Adolescent-friendly health service package

Peer support groups

Peer counselling

Dedicated clinic time

Odd hour services/fast-track wait times

Trained health providers

Disclosure support

Family visit harmonization & counselling

Caregiver engagement

Income generation activities

Camps, sport, creative, recreation

Transition planning

Adolescent-friendly health service package

Peer support groups

Peer counselling

Dedicated clinic time

Odd hour services/fast-track wait times

Trained health providers

Disclosure support

Family visit harmonization & counselling

Caregiver engagement

Income generation activities

Camps, sport, creative, recreation

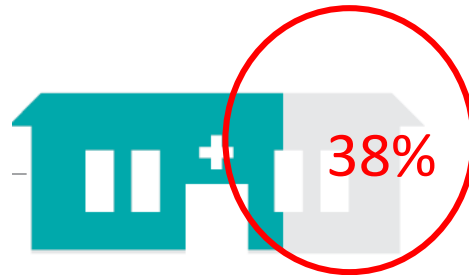
Transition planning

Those who remain

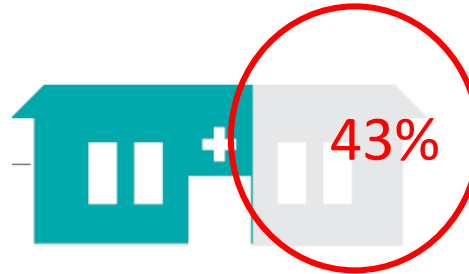


→ HIV & PMTCT services not integrated

Those who remain

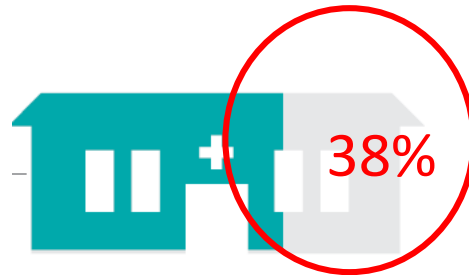


→ HIV & PMTCT services not integrated

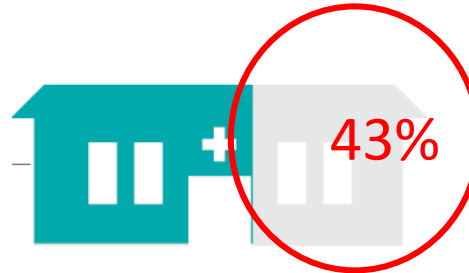


→ HIV & ANC services not integrated

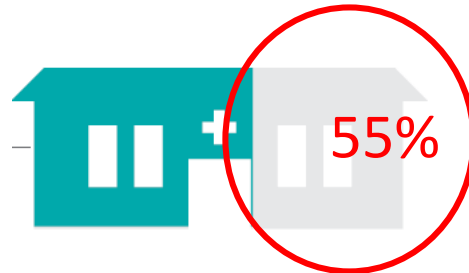
Those who remain



→ HIV & PMTCT services not integrated

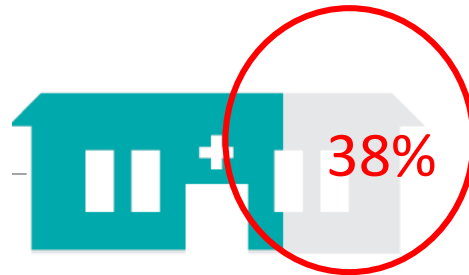


→ HIV & ANC services not integrated



→ No support groups for HIV+ teen moms

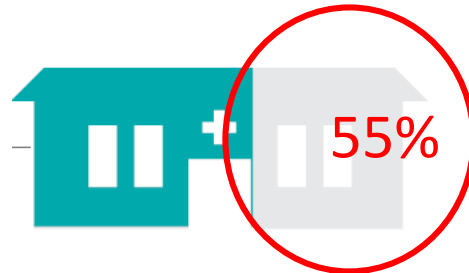
Those who remain



→ HIV & PMTCT services not integrated



→ HIV & ANC services not integrated



→ No support groups for HIV+ teen moms



→ No social service access

Key messages

- Poor integration of PMTCT & ANC into adolescent HIV services
- Absence of a targeted and enhanced approach for this vulnerable subgroup
- Pregnant ALHIV require full package of services responsive to their unique needs

1. Adolescent-friendly
2. Integrated HIV, PMTCT and ANC services
3. Augmented psychosocial and retention support

Thanks

- Agnes Ronan, Tammy Burdock, Lynn Papier and Luann Hatane
- Health providers and peer supporters across the PATA network

For more information & resources



www.teampata.org

info@teampata.org

