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Impact of state-wide Perinatal HIV Hotline on antepartum care linkage and subsequent specialized prenatal care

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ABSTRACT

Objective: The earlier HIV positive pregnant women are identified, the greater the chance of preventing perinatal HIV transmission. For this reason, The Illinois Perinatal HIV Hotline was created to find/report HIV positive pregnant women and link them to appropriate care. The ability of the Hotline to accomplish these goals was ascertained.

Study design: A review of the Illinois Perinatal HIV Hotline Database maintained by The Perinatal Rapid Testing Initiative in Illinois was conducted. Data was analyzed from the time of initiation of the Hotline and the subsequent 2 years. We analyzed the proportion of calls in the antepartum versus intrapartum or postpartum period. All patients were linked to care unless it was refused. The proportion of antepartum calls and the proportion of HIV positive women linked to prenatal care were compared for the years 2005 through 2007.

Results: In 2005, 2006 and 2007 there were 52, 77, and 74 Hotline calls respectively (Table 1). From 2005 to 2007 the proportion of calls for patients in the antepartum period increased from 26.9% to 48.6% (P < 0.05). This led to an increase in the proportion of patients the linked to specialized prenatal care (19.4% to 36.2%, P < 0.05).

Conclusion: Implementation of a state wide Perinatal HIV Hotline led to an increase in the proportion of patients referred in the antepartum versus intrapartum or postpartum period. Consequently, there was an increase in the proportion of patients linked to specialized prenatal care.



• The Illinois Perinatal HIV Hotline was created to find/report HIV positive pregnant women, identified through these mandates, and link them to appropriate care. The services offered by the Hotline are:

- Real-time medical consultation about the most up-to-date treatment for HIV-positive mothers and their babies
- Linkage of HIV-positive women and their infants to an ongoing network of specialty care during and after pregnancy
- Social service consultation and access to enhanced perinatal HIV case management for the highest risk women.
- Post-test counseling and support for mothers and babies with positive rapid HIV tests
- The reporting mechanism for preliminary positive rapid HIV tests as mandated by the Illinois Perinatal Prevention Act

OBJECTIVE

To ascertain the ability of the Hotline to identify HIV positive women in the antepartum versus the intrapartum/postpartum period and link them to the appropriate care.

METHODS

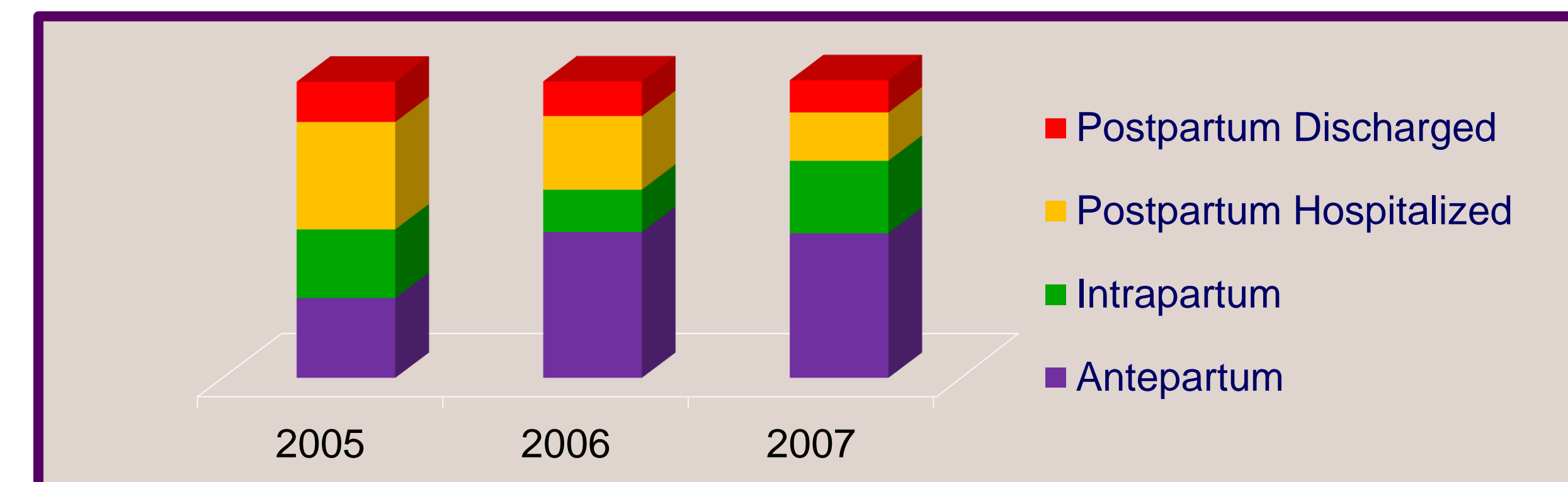
- This was a retrospective study that reviewed the Illinois Perinatal HIV Hotline Database
- Data were analyzed for the three years following the initiation of the Hotline (2005-2007)
- All patients were linked to care unless it was refused
- We analyzed the proportion of calls in the antepartum period versus the intrapartum/postpartum period, as well as the proportion of patients who were successfully linked to prenatal care at a center with HIV-in-pregnancy expertise
- Comparisons were made using Chi-squared analysis

RESULTS

- 2005, 2006 and 2007 there were 52, 77, and 74 Hotline calls, respectively (Table1)
- From 2005 to 2007 the proportion of calls for patients in the antepartum period increased from 26.9% to 48.6% (P < 0.05)
- This led to an increase in the proportion of patients who were linked to specialized prenatal care (19.4% to 36.2%, P < 0.05)

Table 1. Categorization of Hotline calls for 2005 – 2007

	2005	2006	2007
Antepartum	14 (26.9%)	38 (49.0%)	36 (48.6%)
Intrapartum	12 (23.0%)	11 (14.2%)	18 (24.3%)
Postpartum Hospitalized	19 (36.5%)	19 (24.7%)	12 (16.2%)
Postpartum Discharged	7 (13.5%)	9 (11.6%)	8 (10.8%)
Total number of calls	52	77	74



CONCLUSIONS

- Implementation and promotion of a state wide Perinatal HIV Hotline led to an increase in the proportion of patients referred in the antepartum versus intrapartum or postpartum period. Consequently, there was an increase in the proportion of pregnant HIV positive patients linked to specialized prenatal care.
- A statewide 24/7 Hotline is a valuable resource for connecting HIV positive pregnant women to specialized prenatal care which minimizes missed opportunities for prevention of perinatal HIV transmission.

*Research for this project was done while the author was a National Research Service Award postdoctoral fellow at the Institute for Healthcare Studies under an institutional award from the Agency for Healthcare Research and Quality (T-32 HS 000078-11)

BACKGROUND

- Great strides have been made in reducing perinatal HIV transmission.
 - Appropriate antepartum, intrapartum, and neonatal therapy has reduced the risk of transmission to 1-2%
- Despite these medical advances, missed opportunities for prevention of vertical transmission remain.
 - Effective therapy requires that pregnant women infected with HIV are identified and linked to appropriate care in a timely manner.
- To maximize the chances of identifying HIV positive pregnant women, the state of Illinois passed the Illinois Perinatal HIV Prevention Act mandating that:
 - Prenatal care providers counsel and offer HIV tests to all pregnant women as early in pregnancy as possible
 - Maternal HIV status be documented in the maternal labor and delivery and newborn pediatric chart
 - Rapid testing must be offered to all laboring women and newborns with undocumented HIV status