

Adherence to national guidelines in prevention of mother to child transmission of HIV.

Abstract:

Mother-to-child transmission (MTCT) of Human Immunodeficiency Virus (HIV) contributes to over 90% of the paediatric HIV infections. The national PMTCT guidelines make recommendations for specific interventions to reduce perinatal transmission. Data on adherence to the guidelines by caregivers and quality of PMTCT care is however limited. To evaluate the extent to which PMTCT care offered to HIV positive women admitted for delivery at Kenyatta National Hospital (KNH) and Pumwani Maternity Hospital (PMH) adheres to National Guidelines in order to reduce vertical transmission of HIV during labour and delivery. A cross-sectional study. Kenyatta National Hospital and Pumwani Maternity Hospital from January to April 2009. All consenting HIV positive women admitted to the labour wards at the two facilities and planned for delivery. A total of 370 women were enrolled, 266 at Pumwani Maternity Hospital and 104 at Kenyatta National Hospital. Among the enrolled women 357 (96.4%) had been counselled on vertical transmission and 205 (55.4%) had HIV disease staging by CD4 cell count. There were no significant differences between the two study sites in the proportion of women counselled on MTCT ($p = 0.398$) and receiving HIV disease staging by CD4 testing ($p = 0.28$). Three hundred and forty nine (94.3%) women were offered varied ARV regimens for PMTCT. 101(27.3%) received HAART, 94 (26.9%) were given single dose nevirapine and 130 (37%) received AZT+NVP combination prophylaxis. Twenty one women received no ARV prophylaxis. Overall, 268 women (72.5%) had spontaneous vertex delivery. An episiotomy rate of 7% was observed and no vacuum delivery was recorded. A Caesarean section rate of 27.5% was recorded with PMTCT as an indication in almost half of the cases. Women delivered at KNH were more likely to receive HAART ($p < 0.001$) and to be delivered by elective caesarean ($p < 0.001$). A great majority of HIV positive women admitted for delivery received counseling on vertical transmission and were offered ARVs for PMTCT. Many women did not get CD4 measurement and clinical staging as recommended in the National guidelines.