The Development of Standards of Care for the Reduction of Perinatal HIV Transmission in San Diego County; a Collaborative Partnership

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Perinatal Health  
Prenatal care

Improving Access to Care for Urban Children & Families  
Overcoming cultural barriers

Strengthening Urban Public Health Systems for MCH  
Building coalitions & partnerships

For other organizations/cities/states that may want to replicate this practice, the approximate annual budget was: $

What resources did you use to cover these costs? (Please check all that apply)

☐ City/County/Local government funds  
☐ General state funds  
☐ MCH block grant funds  
☐ SPRANS funds  
☐ 330 funds  
☐ Other Federal funds  
☐ Third party reimbursement (Medicaid, insurance)  
☐ Other: Please specify: This was difficult to determine. Writing editing, publication and distribution costs were spread across multiple existing projects.

BACKGROUND/OBJECTIVES:

Please describe the specific problem(s)/issue(s) that your “Promising Practice” is designed to address.  
What are the objectives (specific, measurable) of this “Promising Practice?”  
What were the results you expected to achieve with implementing this “Promising Practice?”

With advances in treatment, Mother to Child HIV transmission has been greatly reduced in San Diego. A specialized perinatal HIV program is available at UCSD Medical Center and the majority of HIV positive pregnant women patients are referred there for comprehensive prenatal HIV care. Continued efforts are needed to ensure that all pregnant women are offered HIV testing and appropriate HIV care within fifteen hospitals offering labor and delivery services. A roundtable of community, clinicians, public health and HIV specialists from UCSD medical center met to discuss perinatal HIV and methods to ensure continued reduction of transmission. A review of five cases of perinatal HIV transmission born 1998-2001, indicated that the greatest risks for transmission were among women with no prenatal care, late prenatal care or among women who fail to disclose HIV status to health care providers. The group defined the need for guidelines for prenatal HIV testing, rapid HIV testing and obstetric management for patients who have not tested or who are HIV positive, not in care and present in labor.

Objectives:  
Develop Standards of CARE to Reduce Perinatal HIV Transmission for San Diego County, that can serve as guidelines to educate providers, promote more perinatal HIV testing, improve access to rapid testing and ensure that intra-partum care is available within all labor and delivery programs.  
Disseminate Standards of Care to Reduce Perinatal HIV Transmission to prenatal care providers and hospitals.

San Diego, CA
Expected Results:
Clinicians can utilize Standards of Care to guide HIV testing and care.
Improved rates of HIV testing among prenatal patients.
Increased access to antepartum and intrapartum perinatal HIV transmission risk reduction strategies.
Reduction in perinatal HIV transmission is extended across community.

METHODS:

Please describe the initiative/approach developed and implemented to address this problem/issue.
Who have been key partners involved in this practice or strategy in your city?
In planning, implementing and evaluating this activity, what has been your organization’s role?

The CityMatCH Perinatal HIV Urban Learning Cluster convened a Perinatal HIV Roundtable to bring together HIV Clinicians, Public Health and prenatal providers to discuss HIV and Pregnancy and the challenges faced in reducing transmission. This group defined the need for a set of easy to use standards to guide perinatal HIV testing and treatment. Key stakeholders from the community of prenatal care providers were identified and invited to join the committee that would organize and plan the dissemination standards. The group sought to include public and private partners to ensure standards would be relevant, useful and presented in a very accessible format. To accomplish the task more efficiently the committee divided into two groups, one worked on perinatal HIV testing and the second group worked on perinatal HIV treatment. The committees met, reviewed existing guidelines and discussed useful format.

Using the CDC/PHS guidelines, each group organized the information in a user friendly document, that will be available in paper copy and on the web. Individuals who were unable to attend meetings were invited to review drafts of the documents. The group also identified how standards could be disseminated and promoted.

Key partners included:
San Diego County Dept of Health and Human Services, MCH, Office of AIDS Coordination, and Community Epidemiology
UCSD Mother Child & Adolescent HIV Program
UCSD Department of Reproductive Medicine
Regional Perinatal System
Community providers: Obstetricians, Nurse Practitioners, Clinical Nurse Specialists
Pacific AIDS Education and Training Center

Role of our organizations:
The Department of Health and Human Services of San Diego County convened meetings, provided HIV and MCH expertise, contributed to standards development and dissemination.

UCSD Mother Child & Adolescent HIV Program provided obstetric and pediatric HIV expertise, contributed to standards development, document preparation and dissemination.

RESULTS:

What are the major accomplishments of this “Promising Practice” to date? Please use quantitative and qualitative data to document your results.

The San Diego Perinatal HIV Standards Committee has successfully recruited wide array of providers to develop and disseminate standards. The activities were collaborative with shared responsibility across MCH, Office of AIDS Coordination, Community Epidemiology and Perinatal HIV Program at UCSD. The resources for the program have been requested to assist with the development and distribution of standards. Members attended meetings and shared tasks.

The Perinatal Standards Committee is on target for completing a draft of standards by June 2003. There is a plan to distribute the Perinatal HIV Standards to fifteen hospitals.

San Diego, CA
The UCSD Mother Child and Adolescent HIV Program will work with the AIDS Education and Training Center to conduct 15 educational programs to train medical and nursing providers in the use of the guidelines.

CONCLUSIONS:

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<tr>
<th>What are the lessons learned?</th>
<th>What works?</th>
<th>What doesn’t?</th>
<th>What would your group do differently in the future?</th>
<th>What is/are the greatest barrier(s) facing implementation?</th>
<th>How are these barriers being overcome?</th>
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Lessons Learned

What works
The inclusion of public and private partners and integration of responsibilities to create this document was one key to its successful start. This integration also permitted the group to share roles and responsibilities that are identified throughout the document. The process of dividing the tasks and sharing the responsibility helped to accomplish the document. Email facilitated communication, sharing of resource materials and drafts of the standards. To keep the project on track, an editor was contracted to format the document.

What doesn’t work
No significant changes would be made if we were to do it over again.

The group faced a few barriers/challenges:
There are many competing time commitments.
There are “turf issues” with categorical funding of projects.
We also faced the challenge of sustaining interest with the relatively low HIV sero-prevalence and effectiveness of current interventions.

To overcome these challenges we focused on reducing transmission for all women and improving HIV testing across the community. This goal unified our separate projects. We acknowledged that the collaboration was the only way to ensure the development, dissemination and implementation of guidelines for care. Meeting regularly helped us communicate, address issues and shift responsibilities to accommodate tasks.

PUBLIC HEALTH IMPLICATIONS:

What is the take home message from this promising practice?

Collaboration benefits our community.
Involving key stakeholders early improves the outcomes of projects.