

Integrating screening and care of gestational diabetes and type 2 diabetes prevention through PMTCT into primary health services in South Africa

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Background

- Prevention of Mother to Child Transmission (PMTCT) programmes have been successfully integrated into primary health care.
- PMTCT programmes have influenced other maternal and child health services in South Africa.
- Some women under PMTCT care are also diagnosed with gestational diabetes (GDM).

Background

- GDM increases risk for type 2 diabetes (T2D) for women and their babies.
- GDM is managed at tertiary level in South Africa.
- GDM management among HIV infected women has not been studied.

Objectives

- ❑ To assess extent of integrating GDM and T2D prevention into PMTCT cascade in Western Cape.
- ❑ To explore how PMTCT integration experience in South Africa might bridge gaps in managing GDM and T2D for women and their exposed babies.

Methods

❖ Mixed methods were used.

- ✓ analysis of policy documents on PMTCT and PNC.
- ✓ Time-series analysis of 2012-2017 PMTCT data for Western Cape province.
- ✓ Semi-structured interviews:
 - 10 national and local PMTCT experts.
 - 10 clinic managers, nurses and midwives in disadvantaged facilities.
 - 10 HIV-infected women diagnosed with GDM in Cape Town.

❖ Atlas.ti software was used to assist thematic analysis.

Results

- Policy documents emphasised comprehensive ANC including HIV counselling and testing (HCT) and treatment initiation.
- GDM and other major NCD screenings were not adequately included in Both ANC and PNC policies.
- Both policies mainly focused on HIV services.

Results

Participant characteristics N (%)

Participant category	
Experts	10 (50)
FHCWs:	
Clinic managers	3 (15)
Nurses and midwives	7 (35)
Sex	
Female	16 (80)
Male	4 (20)
Age mean and SD:	
- Experts	49.8
- FHCWs	40.1
- Overall mean (SD)	44.9 (8.2)

Results

- All participants underlined the importance of integrated PMTCT.
- GDM screening and subsequent interventions to prevent or delay T2D were not included into PMTCT.
- All women interviewed wanted their GDM screening and management through PMTCT services.
- Most experts (80%) and clinic staff (70%) agreed on the feasibility of GDM and T2D integration.
- More staff recruitment, adequate training, managerial support and infrastructure expansion are crucial for successful integration.

Conclusion

- ✓ Integration, HIV and NCDs are department of health priorities.
- ✓ Integrating GDM screening/care and T2D prevention into PMTCT services, with potential expansion in other PHC services, is not currently occurring.
- ✓ INTEGRATION is possible and can improve experienced quality of care and reduce tertiary care burden.

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Thank you

Any questions?