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).
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

<table>
<thead>
<tr>
<th>Participant category</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experts</td>
<td>10 (50)</td>
</tr>
<tr>
<td>FHCWs:</td>
<td></td>
</tr>
<tr>
<td>Clinic managers</td>
<td>3 (15)</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>7 (35)</td>
</tr>
</tbody>
</table>

#### Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>N (%)</th>
</tr>
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<tbody>
<tr>
<td>Female</td>
<td>16 (80)</td>
</tr>
<tr>
<td>Male</td>
<td>4 (20)</td>
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</tbody>
</table>

#### Age mean and SD:

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experts</td>
<td>49.8</td>
<td></td>
</tr>
<tr>
<td>FHCWs</td>
<td>40.1</td>
<td></td>
</tr>
<tr>
<td>Overall mean</td>
<td>44.9</td>
<td>8.2</td>
</tr>
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</table>
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?