

mothers2mothers—Evaluation Results Show Good Coverage, and Improved PMTCT Outcomes of Postpartum Women who Participated in Program

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Background

mothers2mothers (m2m) is a peer program that provides support to HIV+ pregnant women and new mothers and encourages use of PMTCT services in order to improve PMTCT-related knowledge and behaviors. Mentor mothers who have already gone through PMTCT services are trained, and work at clinics and hospitals to give support to women who are just learning that they are HIV+.

While there is much interest in innovative programs that complement public sector PMTCT services, there is little data about their coverage and ability to affect outcomes at the sites where they are located. The Horizons Program of the Population Council, in collaboration with Health Systems Trust (in Durban, South Africa), conducted the first evaluation of m2m as the program was rolled out in 3 health facilities in the Pietermaritzburg area of KwaZulu-Natal.

Characteristics of the Sample

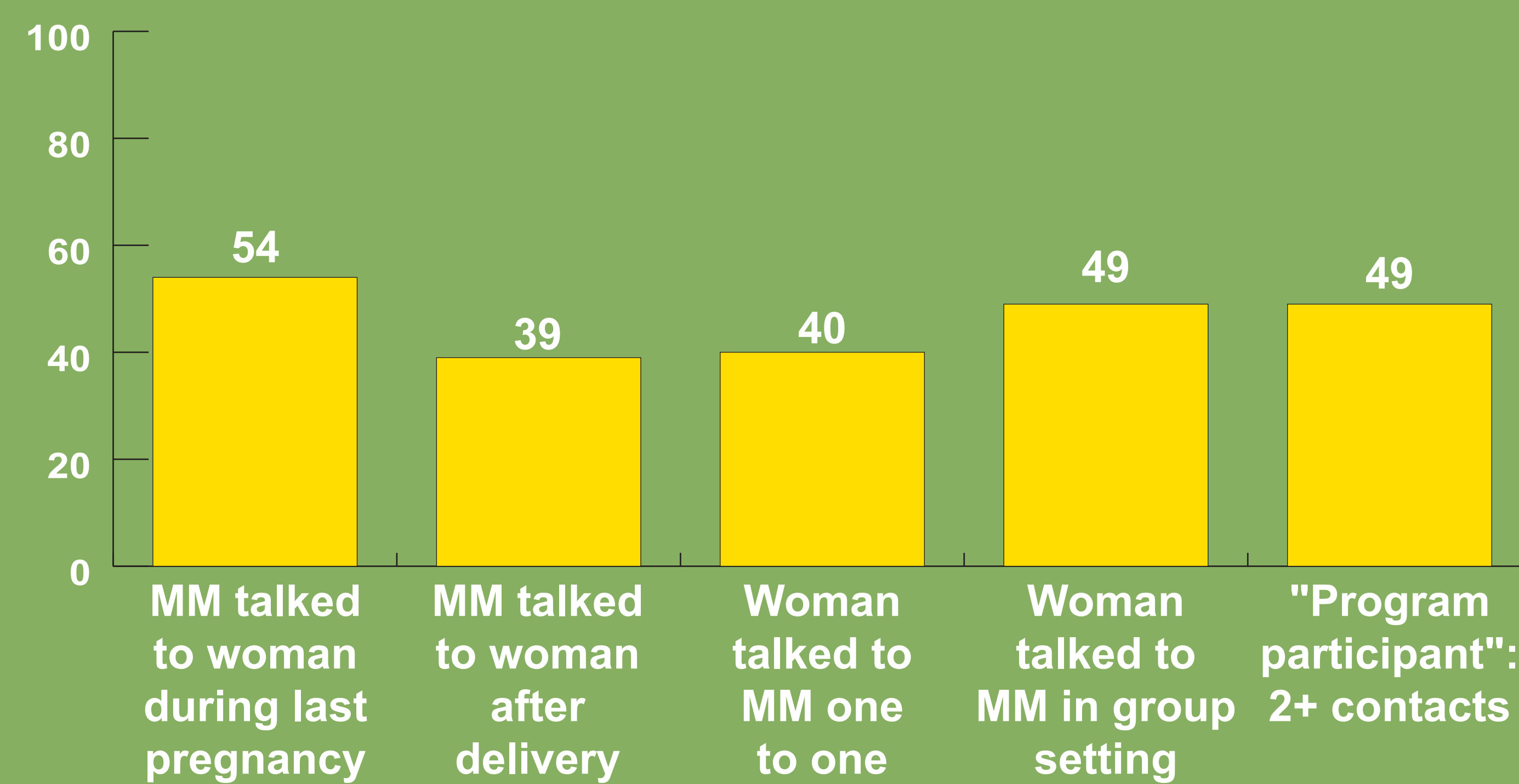
The sociodemographic characteristics were similar among participants and those who had no contact with m2m, allowing for comparable samples. Mean age was late twenties, over 80% had at least some secondary education, and more than half had a partner/husband. Women were on average 2 months past delivery and had 2 children.

Results

The program achieved good coverage at the three study sites.

- 54% of all women who were interviewed (n = 350) reported that a mentor mother spoke to them during their most recent pregnancy, and 39% reported this occurred after delivery.
- Among those who established contact, the median number of contacts was four during pregnancy (range 1–10) and two after delivery (range 1–15).
- 40% of women spoke with a mentor mother one-on-one, and 49% participated in a group session.
- 49% had 2 or more contacts with m2m at during their last pregnancy or after delivery.

Program achieved substantial coverage of postpartum women (n = 350)



Conclusions

The study suggests m2m fills a gap and complements existing PMTCT services in the public sector by providing recently diagnosed HIV+ new mothers with education and emotional support to cope with their HIV infection. The program achieved good coverage at the study sites and postpartum program participants reported better outcomes on some measures than non-participants.

m2m plays an important role in providing a continuum of care for HIV+ new mothers and their infants that keeps them linked to health facilities—an identified weakness of traditional PMTCT services.

Methods

- Pre-post quasi-experimental design
- At post-intervention, 350 HIV+ women (4–12 weeks postpartum) attending the 3 facilities were interviewed.
- These women were between 18–49, and knew their HIV status.
- Program participation was defined as having 2 or more contacts with a mentor mother (n = 173). Those who had no contact with the program were considered non-participants (n = 147). Women who reported just one contact with the program (n = 30) were not included in the analysis that compared participants with non-participants.



Program participants (n = 173) compared to non-participants (n = 143) were significantly more likely to adhere to PMTCT recommendations (p < .05).

- Nearly all program participants disclosed their HIV status (97% vs. 85%), and participants were more likely to have disclosed prior to delivery.
- A greater proportion of participants had taken a CD4 test during pregnancy (79% vs. 57%), and knew their CD4 count (88% vs. 72%).
- Almost all received Nevirapine for themselves (95% vs. 86%), while most received an infant dose (88% vs. 78%).
- After delivery, they were more likely to report practicing an exclusive method of feeding (89% vs. 76%), and using contraception (70% vs. 58%).

Participants reported greater psychosocial well-being.

Participants were less likely to feel alone in the world, overwhelmed by problems, and hopeless about the future.