

BACKGROUND

HIV in Zimbabwe:

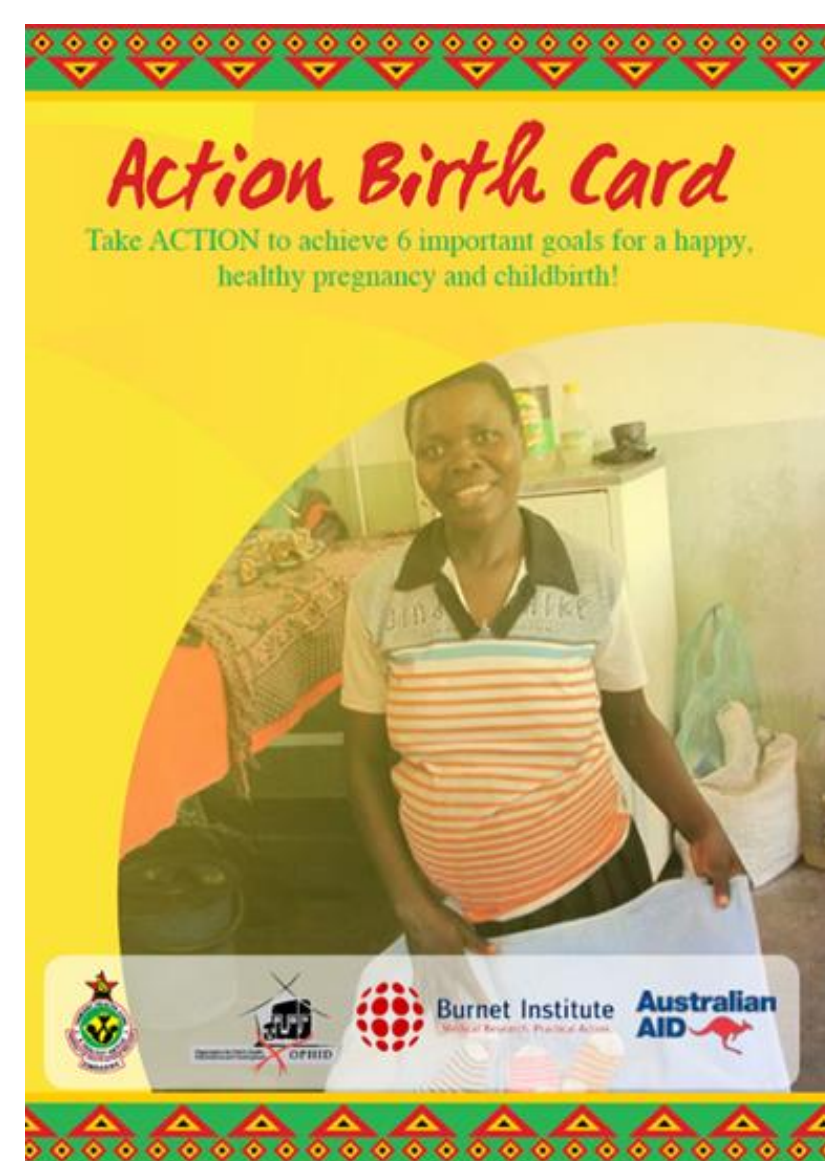
- HIV prevalence in antenatal care of 15.9%.
- 39% of pregnancy related deaths are attributable to HIV.
- Each year 9 000 children are infected with HIV, 90% through mother to child transmission.

PMTCT Cascade:

- Reducing morbidity and mortality during pregnancy and preventing vertical transmission of HIV requires demand and uptake of services along the PMTCT cascade.

Action Birth Card:

- The Action Birth Card (ABC) is an innovative goal-setting tool for use by pregnant women to plan uptake of underutilized services across the PMTCT cascade in Zimbabwe
- The ABC prompts women to identify barriers to service uptake, problem solve using existing community resources, record and reflect on their performance.



Action Birth Card Cover

OBJECTIVE

- To assess service utilization rates across the PMTCT cascade among women who received the ABC in their most recent pregnancy.

METHODS

- In November 2014, we conveniently sampled women living in the catchment area of 5 rural clinics in Rushinga District who received the ABC during their most recent pregnancy.
- Service uptake related to each ABC Goal (Table 1) during recent (with ABC) and previous (without ABC) pregnancies was documented using a structured, pre-tested questionnaire.

Table 1. Action Birth Card Goals

ABC Goal	Specific Indicator
1. Early Antenatal Care (ANC) Booking	1a. Uptake of ANC < 14wks gestation; 1b. Male partner accompanies to 1st ANC visit
2. HIV Test in Pregnancy	2a. Pregnant woman HIV tests in pregnancy; 2b. Male partner knows HIV status
3. 4+ ANC Visits	3a. Number ANC visits attended;
4. Develop a Birth Plan	4a. Birth plan developed; 4b. Birth plan followed at time of labour
5. Facility Based Delivery	5a. Use of maternity waiting home 5b. Facility-based delivery
6. Prompt Postnatal Care	6a. Postnatal care for mother < 3 days after delivery; 6b. Postnatal care for infant < 3 days after delivery

- Proportion of women who made use of services in pregnancies with and without Action Birth Card were compared by Chi-square analysis.

RESULTS

Respondent characteristics

- Among 174 women interviewed, average age was 26.9yrs (range 16-40yrs) and average number of pregnancies 2.5. (Table 2)
- Majority lived on communal lands (97.1%), 1-5km or more from nearest health facility.

ABC Access

- The majority of women (67%) reported receiving their Action Birth Card from their local Village Health Worker, followed by clinic-based health care worker (33%).
- Women reported receiving their card after 3 months gestation.
- Male partners were the individuals reported to have provided the greatest help to achieve ABC goals, followed by Village Health Workers and Clinic nurses.

Service Utilisation

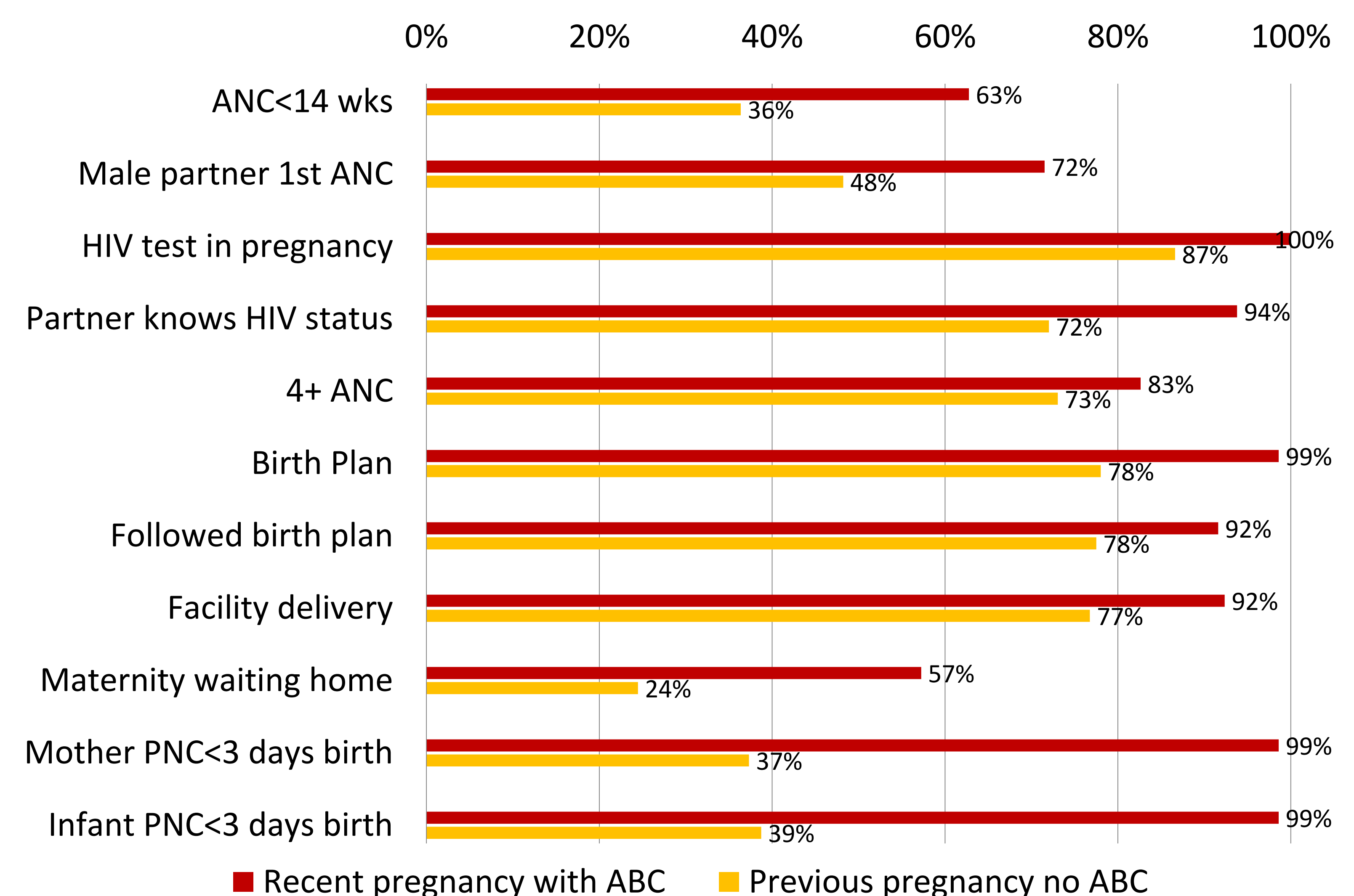
- Women demonstrated significantly higher service uptake during their recent pregnancy using the ABC planning tool compared to previous pregnancy without ABC for all ABC utilization indicators ($p < 0.005$) with the exception of 4+ ANC ($p = 0.07$). (Figure 1)
- Women who used ABCs during their recent pregnancy also demonstrated higher uptake rates than national figures over the same time period.

RESULTS continued

Table 2. Sociodemographic characteristics (N=174)

	N	%	
Age (years)	<20	20	11.5%
	20 – 30	100	57.5%
	> 30	53	30.5%
Total pregnancies	1	29	16.7%
	2-3	85	48.9%
	4+	58	33.3%
Residential Status	Urban low density	2	1.1%
	Old resettlement	1	0.6%
	Communal lands	169	97.1%
Marital status	Married monogamous	154	88.5%
	Married polygamous	13	7.5%
	Divorced or separated	3	1.7%
	Widowed	1	0.5%
Level of education	Primary	63	36.2%
	Form 1 and 2	35	20.1%
	Form 3 and 4	74	42.5%
	Form 5+	2	1.1%
Religion	Apostolic	104	59.8%
	Catholic	10	5.7%
	Protestant	8	4.6%
	Pentacostal	28	16.1%
	Traditional or Other	6	3.4%
Distance from Facility	<1km	17	9.8%
	1-5km	97	55.7%
	5-10km	37	21.3%
	10km+	21	12.1%

Figure 1. Proportion service uptake among women who used ABC in current pregnancy



CONCLUSIONS

- Rural women who received the ABC demonstrated higher reported uptake of services along the PMTCT cascade compared to both previous pregnancies and national data. (Figure 2)
- Implementation of this low-cost, effective intervention should be expanded to enhance existing efforts by the Ministry of Health and Child Care to increase demand and uptake for services along the PMTCT Cascade.
- Service goals in the ABC should be extended to postnatal services in the PMTCT cascade.
- Impact of goal-setting and planning interventions upon the health and development outcomes of mother-baby pairs requires further research.



Figure 2. Rural mother who successfully planned for service uptake using the ABC
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