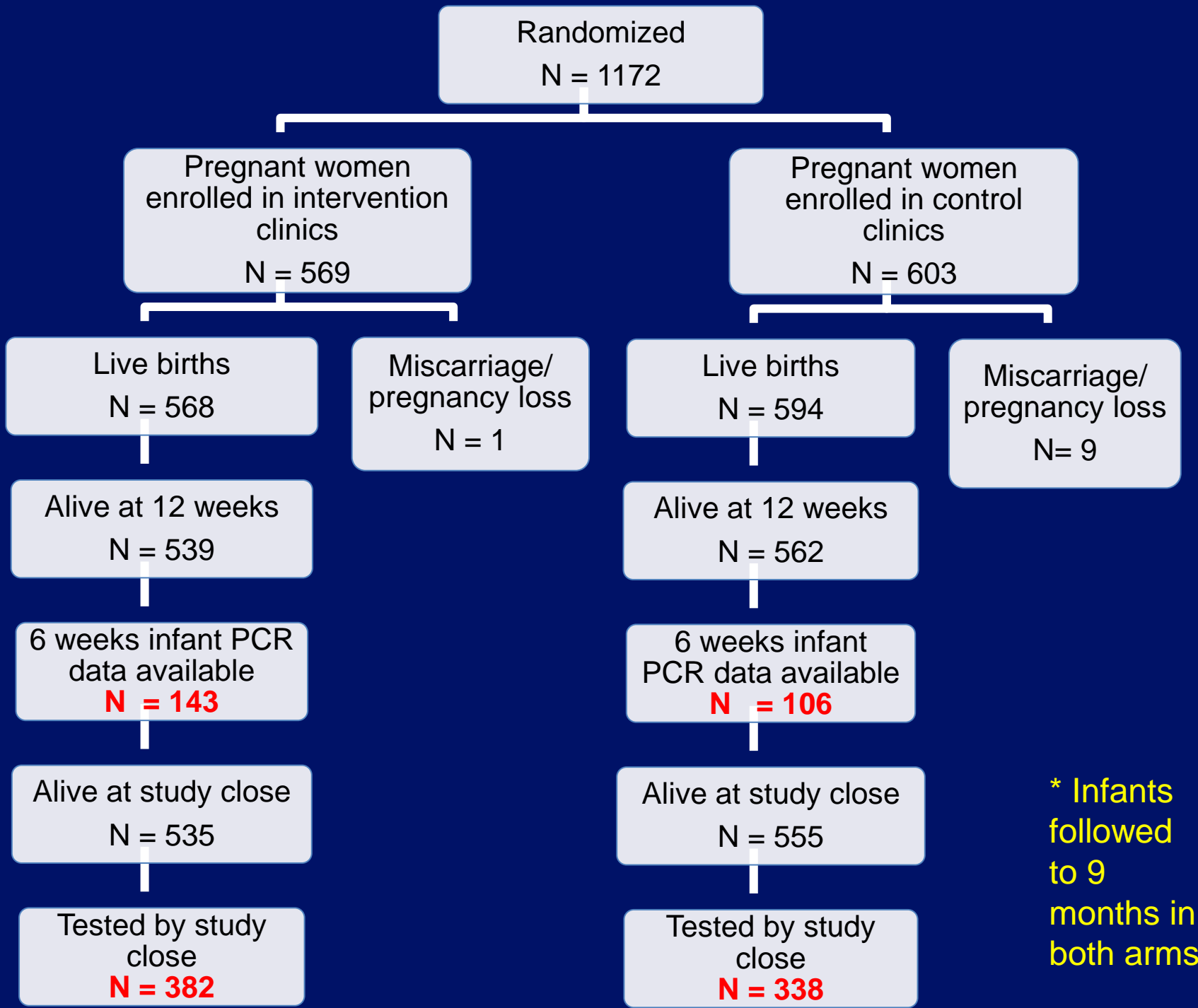


# **Effects on Maternal HAART Initiation and Maternal & Infant Outcomes**

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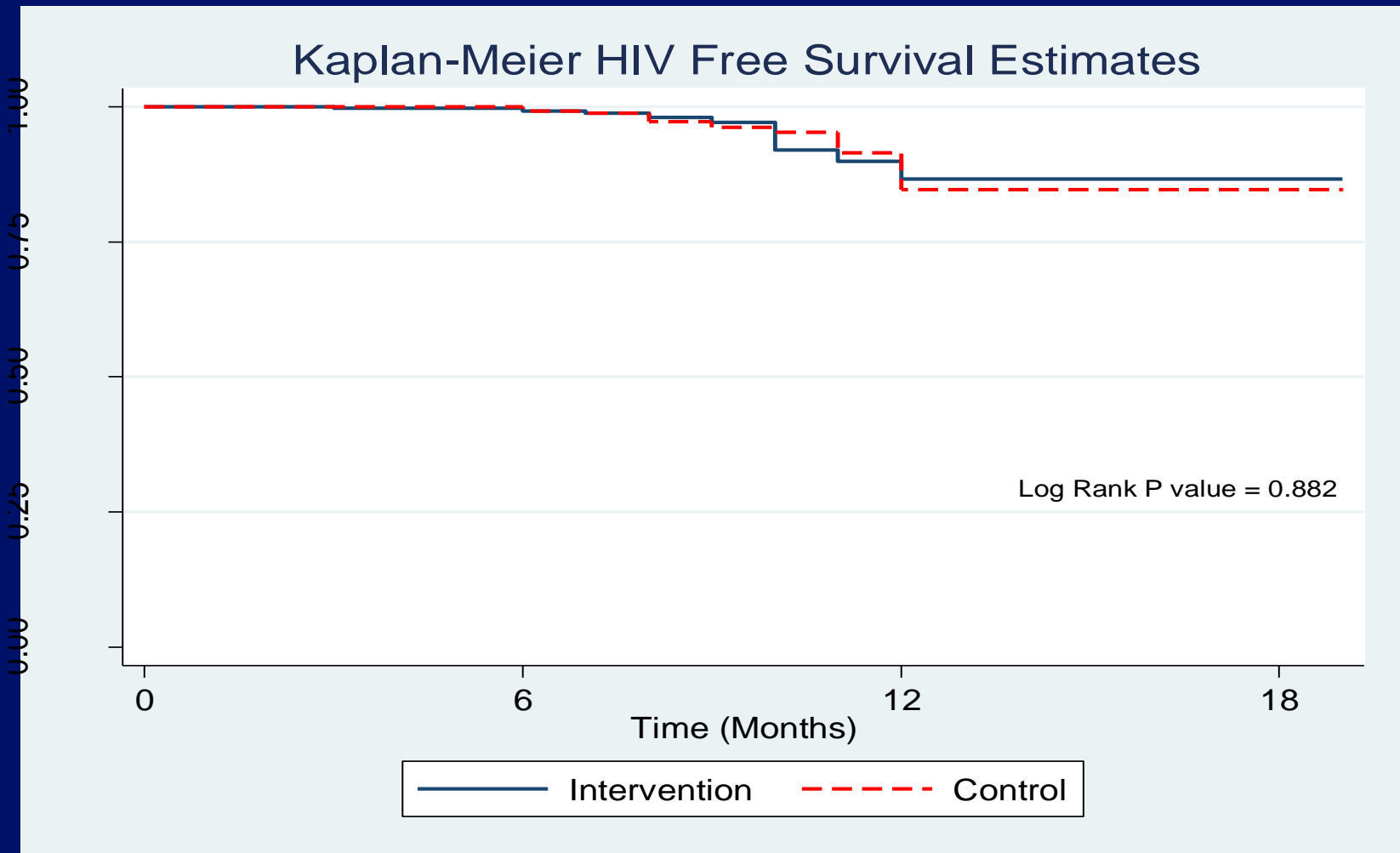


# Infant Outcomes

	Intervention N (%)	Control N (%)	Adjusted OR	95% CI
Total exposed infants (All live births)	568 (99.8)	594 (98.5)	10.76	(1.14-101.85)
Infant Exclusively breastfed <sup>^</sup>	70 (58)	69 (58)	1.10	(0.61-2.01)
HIV infected at 6 weeks PCR test	6 (4.2)	7 (6.6)	0.62	(0.20-1.90)
HIV infected by end study period (by 9 months)	28 (7.3)	27 (8.0)	0.89	(0.56-1.43)

<sup>^</sup>Self report from women with postpartum forms (n=325)

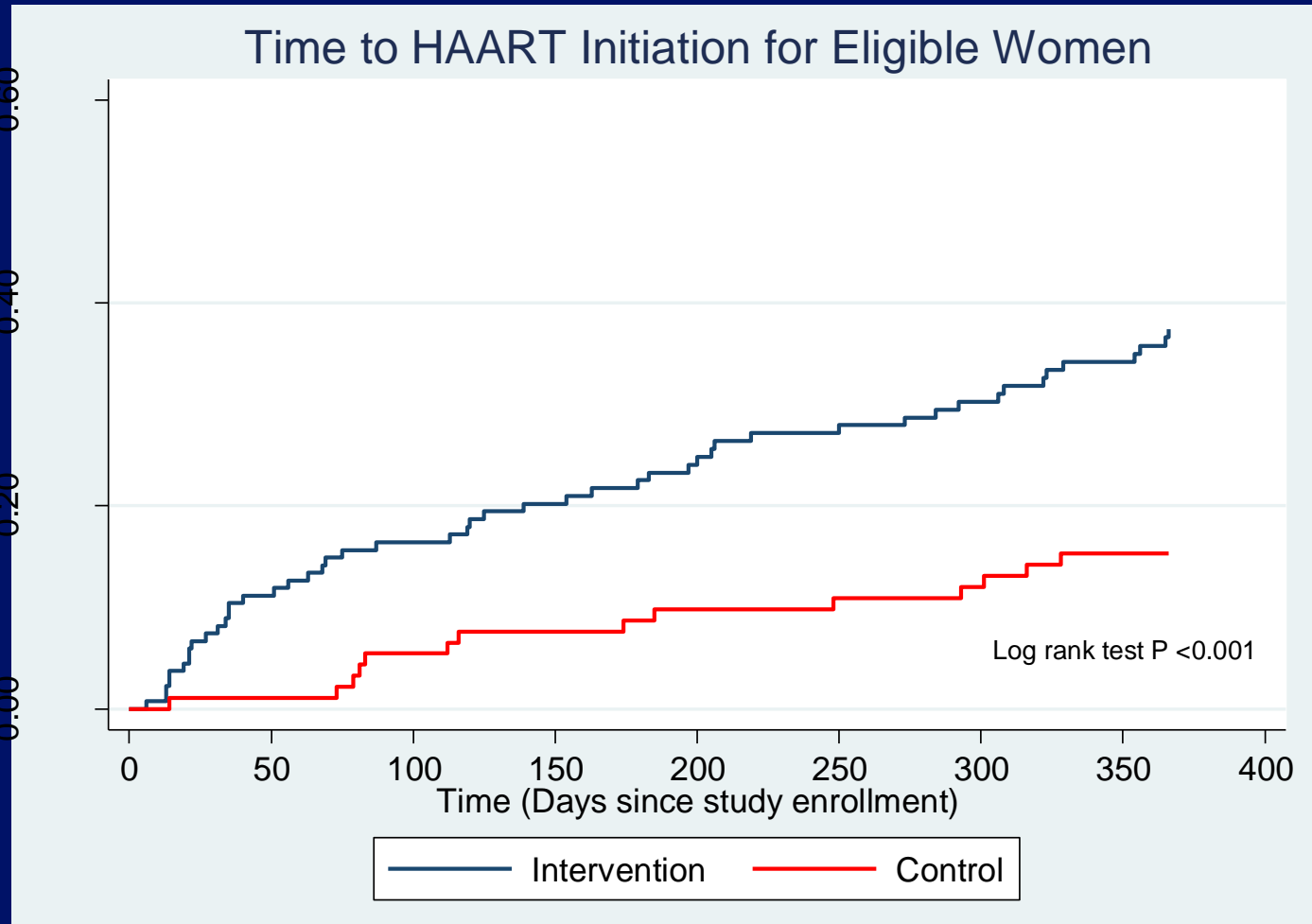
# HIV free survival Amongst Exposed Infants



# Maternal Outcomes

	Intervention N (%)	Control N (%)	Adjusted OR	95% CI
Composite clinical or immunologic progression to AIDS	10 (1.8)	7 (1.2)	1.38	0.45-4.25
Lost to Follow up (LTFU)	147 (25.8)	200 (33.2)	0.74	0.37-1.51
Maternal Death - N(%)	9 (1.6)	8 (1.5)	1.19	0.43-3.29
Composite LTFU or Death	156 (27.4)	208 (34.5)	0.76	0.40-1.44

# Time to HAART Initiation Among Eligible Women



Median days to initiation of HAART (IQR):

- Intervention: 125 days (35-273)
- Control: 185 days (83-316)
- HR=2.74 (1.56-4.80)

# Conclusions

- Integration of HIV services into the ANC clinic was not associated with a reduced risk of MTCT.
- In the short term, there was no difference in maternal health outcomes in integrated clinics compared to standard clinics.
- However, integration of HIV services into the ANC clinic resulted in earlier initiation of HAART in eligible patients.