

THE VICTORIAN MODEL OF CARE FOR HIV POSITIVE PREGNANT WOMEN: EXPANSION BEYOND THE METROPOLITAN AREA.

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Background: Pregnant HIV-infected women face challenges ranging from obstetric choices to societal expectations. The clinical journey is complex, involving obstetric and HIV pathways. In 2009, the Victorian HIV Consultancy in collaboration with two major metropolitan obstetric hospitals developed an integrated multidisciplinary “one stop shop” model of care. To date this program has managed 105 women who have given birth to 142 healthy infants.

Argument: Between 2010 and 2012, there were three emergency births at non-partner hospitals including two rural locations, with challenges including staff skills deficits, stigma and inadvertent disclosure of HIV status. In addition, increasing numbers of women were seeking to birth locally. This prompted a review of the model of care, as it was recognised that wider collaborations, formal HIV education delivery and a more flexible model were required to respond to the clinical need and facilitate local care of women. The program expanded its partnerships and implemented two new models of care (shared care and secondary consultation model) which will be described in detail.

Outcomes: In 2012 the program managed its first pregnancy under a planned shared care arrangement with a regional hospital. Since then there have been 6 further planned shared care arrangements in various locations. More recently, the secondary consultation model was rolled out with four women being managed and birthing at their local hospital. In 2017, the program is in the process of establishing a new metropolitan partner site as this hospital is currently managing three HIV-infected women during pregnancy.

Conclusions: Overall small but growing numbers of HIV positive women are choosing to birth beyond the metropolitan area. To ensure best practice outcomes and support women’s choices, effective clinical partnerships and robust workforce development are required. We anticipate that this collaborative approach will be associated with fewer patient reports of stigma and disclosure concerns.