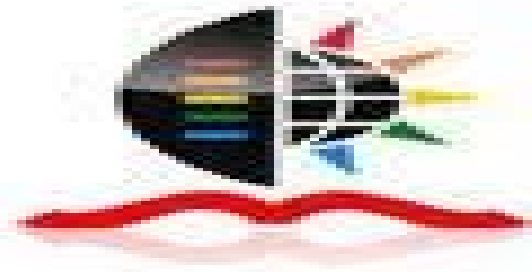


Maternal Health and HIV: Global priorities for Research and Action

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Impact of HIV on maternal deaths

- Leading cause of maternal death (indirect and overall)
 - 49% of all deaths due to indirect causes, 40% NPRI esp HIV/AIDS
 - 28% (mostly TB and meningitis)
- Rx of HIV with HAART reduces deaths – IMMR in 2008-2010 176/100 thou, reduced to 159 in 2011 and 146 in 2012
- 2008-2010 – majority of women were HIV +ve even when HIV not directly causing death 80% tested, 70% +ve; interim report 2011/2012, 96% tested, 90% infected

Comparison of HIV status and causes of maternal death

(using estimated IMMR per 100 000 live births) -

HIV infected 5-10x more likely to die

Cause of death*	HIV-negative	HIV-positive	Unknown
Medical and surgical disorders	11.5	24.2	16.7
NPRIs	6.6	267.3	25.6
Ectopic pregnancy	0.3	3.0	9.1
Miscarriage	1.4	9.9	17.6
Hyperemesis gravidarum	0.2	0.2	0.0
Pregnancy-related sepsis	4.1	24.2	6.8
Obstetric haemorrhage	17.2	38.4	30.5
Hypertension	18.8	27.4	37.0
Anaesthetic complications	4.1	4.8	4.5
Embolism	3.2	4.0	3.0
Acute collapse, cause unknown	3.2	9.2	6.8
Unknown	3.7	15.7	10.1
Total	74.4	428.3	167.8

Other sub-Saharan countries

- HIV leading cause amongst indirect causes, ?contribution to overall (Botswana 68% HIV +ve 34% attributable to HIV / Zambia indirect causes =58%)
- obstetric hemorrhage, preg induced hypertension and puerperal sepsis leading as direct causes
- Malaria and TB, both related to HIV (together with puerp sepsis)

Seeking for solutions

- 5H's – HIV / Hemorrhage / HPT
- Health worker training – EOST/ staffing/ confidence and attitudes / ethics and human rights
- Health institution strengthening and improving infrastructure – medicines/working environment / staffing and attitudes /
 - Work together with other initiatives – CARRMA – SBA/FP/political will +community mobilization/improve health delivery platform

Research on HIV and maternal health

- Documentation of exact causes – improve data bases, autopsies,
- best models to avail preventative therapy – TB, PCP, malaria / prevention of sepsis, (in addition to increased uptake of HIV care)
- biological associations – PTD, postpartum deterioration in general health
- Relationship of HIV and other obstetric problems, surveillance systems (reporting of AE)
- Integration of individual interventions into user - friendly package

Conclusion

- HIV infected women fare worse during pregnancy – ?WHY? – immune system / drugs used / limited interventions / health care giver
- Need to prospectively follow and compare with HIV negative women – interventions which are cross cutting vs HIV specific vs health care (worker/institution / community)