

# Lessons learned from retesting of pregnant and breastfeeding women

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**General**

**Category:** C7: HIV testing

**Country of research:** Zambia

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**Abstract Text (max 350 words)**

**Background:** Incident HIV infection in pregnant and breastfeeding women (PBFW) is contributing to pediatric HIV infection. Re-testing of PBFW after the first antenatal visit is key in early diagnosis, treatment and prevention of Mother-To-Child-transmission of HIV. The PEPFAR-supported program: Leveraging Health Service Equity through supporting the health care needs of mothers and their HIV-exposed infants has successfully incorporated retesting of PBFW in its “One-Stop” Differentiated Service Delivery model.

**Description:** This initiative is being conducted in Maternal and Child Health Units (MCH) of four high volume, Level-one Hospitals in Lusaka from October 2022 to date. A person-centered team embedded in MCH provides care for PBFW living with HIV and their children under 2-years-old. They provide health education and screen all PBFW to identify those due for retesting (3-monthly according to Zambia Ministry of Health Guidelines) at all service points in MCH: antenatal, postnatal, immunization, family planning and cervical cancer screening. Those identified are tested and results and next test date are documented in the client’s booklet, the paper register and the electronic health record, SmartCare. Eligible clients are offered Pre-exposure prophylaxis. Retesting data from October 2022 to September 2023 were reviewed.

**Lessons learned:** Out of an expected 46,930 retests, 36,202 were performed (77%). The retesting rates were 86% and 75% for pregnant and breastfeeding women respectively. The positivity yield was 0.4% (146 clients, 94 breastfeeding). 62 breastfeeding women (67%) received a positive test result within the first month postpartum (Range 1 to 180 days), while for pregnant women 42 (81%) were diagnosed in the third trimester (Range 14 to 39 weeks). 98% of clients who tested positive were linked to treatment and paired with mentor mothers for psychosocial support. Having dedicated staff screening PBFW for retesting eligibility at all service points and health education contributed to increased retesting rates while clients silently electing to be retested at other health facilities and incomplete data entry into paper records lowered them.

**Conclusions/Next steps:** Strengthening of retesting through deliberate screening and health education particularly in the third trimester to 6 months postpartum is recommended in detecting the majority of incident HIV infections.

**Additional questions**

**Ethical research declaration:** Yes

**IAS digital learning platform**

**IAS+:** HIV testing, Differentiated service delivery

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