

# South Carolina FIMR/HIV Program

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## METHODOLOGY

The goal of the FIMR/HIV Prevention Methodology is to improve perinatal HIV prevention systems by using the FIMR case review and community action process. The methodology provides an in-depth look at the health, social, economic, cultural, safety and education systems that result in a perinatal HIV exposure or transmission by collecting comprehensive quantitative and qualitative data, via medical record abstraction and maternal interview.

## CASE REVIEW TEAM (CRT) RESPONSIBILITIES

As an essential component of the methodology, the purpose of the Case Review Team is to review all information gathered for each case, identify systems issues, and make recommendations for improvement to the Community Action Team (CAT). The CRT identifies barriers to care and trends in service delivery, such as limited case management in the postnatal period.

**Membership:** Representatives from a broad range of professional organizations, institutions, and public and private agencies (e.g., clinical care providers, health clinics, welfare agencies, educational institutions, and advocacy groups) that provide services and resources for women, infants, and families. The CRT should represent the diverse ethnic and cultural groups in the community and should include representatives with expertise in maternal and child health as well as HIV clinical care and prevention.

**Confidentiality:** All Case Review Team members must sign a pledge of confidentiality which prohibits them from discussing reviews outside of team meetings. Case review meetings are closed to the public and protected from subpoena or legal discovery by appropriate federal, state, and local statutes.

**Key Activities:**

- Conduct case review meetings biannually (3-4 cases per meeting)
- Create recommendations based on case reviews
- Review older recommendations and evaluate impact on new cases
- Review CAT annual report

## COMMUNITY ACTION TEAM (CAT) RESPONSIBILITIES

The purpose of the Community Action Team (CAT) is to initiate systems change based on findings from our community's Case Review Team (CRT). The CAT is responsible for working with the community to develop new and creative solutions to improve services and resources for women living with HIV, their infants, and families.

**Membership:** Composed of two types of members: those with the political will and fiscal resources to create large-scale systems change and those who can define community perspectives on how best to create the desired change in the community. The CAT should include representatives with influence over maternal and child health systems as well as HIV prevention and care systems.

Key Activities:

- Conduct community action meetings biannually (or as needed)
- Review recommendations from CRT and create an action plan
- Implement the action plan
- Publicize advocacy efforts to the community/stakeholders
- Monitor progress of interventions/policy changes
- Create annual report of CAT actions taken

**CURRENT RECOMMENDATIONS**

Through the case review process, the South Carolina FIMR/HIV program has developed the following recommendations for action:

Area	Recommendation
Intensive Case Management	Services for all pregnant women with HIV up to a year past delivery/pregnancy outcome Referrals to social services Education and work support Medication adherence Mental health counseling (refer out) Follow-up after pregnancy and provide linkage services if needed (Data to Care)
Nutrition Education	WIC services for mothers living with HIV Pre-mastication education Milk bank promotion for HIV exposed infants Mother’s nutrition and weight management
Peer Advocacy/Social Support	Implementing CenteringPregnancy during HIV care visits Services geared towards women (HIV and pregnancy issues) Referral card of HIV/health/social services for women living with HIV Involving peer advocates in case management
Family Planning/Partner Care	Preconception counseling, STD testing, and birth control (LARCs) Testing and PrEP services for serodiscordant couples Discussing reproductive intentions and partners
Provider Education	Training for traditionally non-HIV care providers on providing HIV care Online CEUs for medical personnel at smaller hospitals when a woman with HIV presents for delivery Hotline for providers to receive assistance for HIV care Training on domestic and sexual violence Implementing a trauma-informed care approach Outreach to rural providers and facilities that are unfamiliar in the care/delivery of a HIV exposed infant Providing guidance on pediatric testing
HIV Testing Promotion	Normalizing testing for everyone as a standard part of care Universal HIV testing in emergency departments Standardizing HIV testing in the 1 <sup>st</sup> trimester (or first prenatal visit) and 3 <sup>rd</sup> trimester Standardizing HIV testing when client is diagnosed with a STD