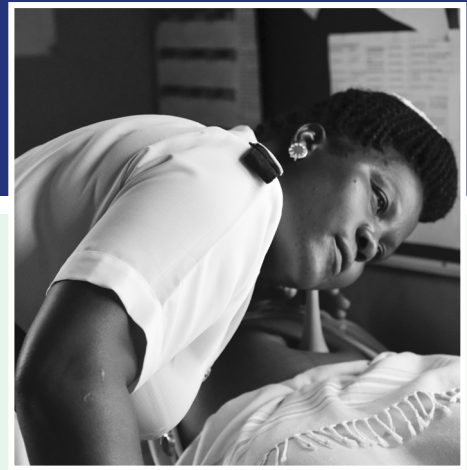


SUCCESS STORY

Integrating TB Services into Maternal Child Health Clinics



“If the midwife that day hadn’t sent me to the lab, I think I wouldn’t be alive today. I was very sick and worried about my children,” said Jane.

Jane Nyangoma (not real name) is a 37-year-old mother of five who was diagnosed with tuberculosis (TB) while attending the post-natal clinic at a rural health facility in mid-Western Uganda. Jane is HIV-positive, and was accessing elimination of Mother-to-Child Transmission (eMTCT) services at the same facility.

Prior to her TB diagnosis, Jane presented to the health facility with a productive cough, associated with on and off fevers, chest pain and night sweats. The midwife who was providing eMTCT services to Jane at the time recommended a sputum test which was referred to a nearby lab that has a GeneXpert machine to test for TB. The test confirmed that Jane had TB.

Jane was started on anti-TB medicines (rifampicin, Isoniazid, Pyrazinamide and Ethambutol) by the midwife and her husband and children were also screened for TB using the intensified TB case finding form - none of whom were found with any symptoms suggesting TB.

In order to prevent further transmissions, Jane was provided with surgical masks to cover her mouth and nose at all times while breastfeeding the baby. Her four months’ baby at that time was also provided with isoniazid preventive therapy (IPT) and after two months on treatment, Jane had a follow-up sputum test which showed no TB germs.

Jane successfully completed her TB treatment and was declared cured after having two sputum samples

negative during and at the end of her treatment. She gained weight (from 43 Kgs to 51 Kgs in four months) and her symptoms resolved. The baby also completed his six months’ isoniazid preventive therapy.

Jane is one of the 8,000 eMTCT mothers seen every year and screened for TB at every clinic visit by midwives across the mid-Western and West Nile regions of Uganda. Up until two years ago, all women attending antenatal and postnatal services in both regions were not routinely assessed for TB symptoms, nor were they managed within the maternal child health (MCH) clinics.

In line with the 2016 Ministry of Health MOH Guidelines for integrating TB into MCH clinics, Infectious Diseases Institute (IDI) with financial support from the Centers for Disease Control & Prevention (CDC) trained 400 midwives across 230 supported health facilities located in the mid-Western and West Nile regions of Uganda. The trainings aimed at integrating TB diagnosis and management into eMTCT services.

Furthermore, IDI continues to provide job aids and tools to monitor the integration of TB services into the MCH clinics, as well as continues to technically support the midwives to provide TB services according to national guidelines.

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