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Loss to follow-up after pregnancy among women living with HIV in England, Wales and Northern Ireland: the role of African ethnicity

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Background

- Approximately 1500 pregnancies/year in women living with HIV
- Little known about loss to follow up (LTFU) after pregnancy
- In UK 10% adults attending HIV care do not attend the following year¹
- Associated with black African ethnicity^{1,2}, female gender¹ and younger age¹

¹Rice BD et al. *Sexually Transmitted Diseases* 2011, 38(8):685-690

²Gerver S et al. *Journal of the International AIDS Society* 2010, 13(1):29

Postnatal loss to follow-up

- High rates of LTFU postnatally reported in resource-poor settings^{1,2}
- Late antenatal booking¹, socioeconomic factors¹, institutional barriers²
- UK study: 65% LTFU at 3 months postnatally³

¹ Panditrao M et al. *AIDS Care* 2011, 23(5):593-600

² Ferguson L et al. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2012, 60(3):e90-e97

³ Saulsbury N et al. *British HIV Association Spring Conference, Cardiff; 2004*

Objectives

1. Quantify the extent of LTFU 1 year after pregnancy in women living with HIV in England, Wales and Northern Ireland
2. To explore the association between LTFU by one year and (i) maternal ethnicity and (ii) African region of birth

Loss to follow up: not attending an HIV clinic in England, Wales or Northern Ireland during the calendar year following the end of pregnancy

Methods

- Combined data
- Scotland excluded
- Hierarchical matching strategy
- 88% matching in women reported as pregnant in 1998 – 2009: 8695 pregnancies
- Logistic regression models



Matching algorithm

Matched gender + date of birth

PLUS postcode or postcode sector

OR postcode district + country of birth

OR postcode district + site of treatment or delivery

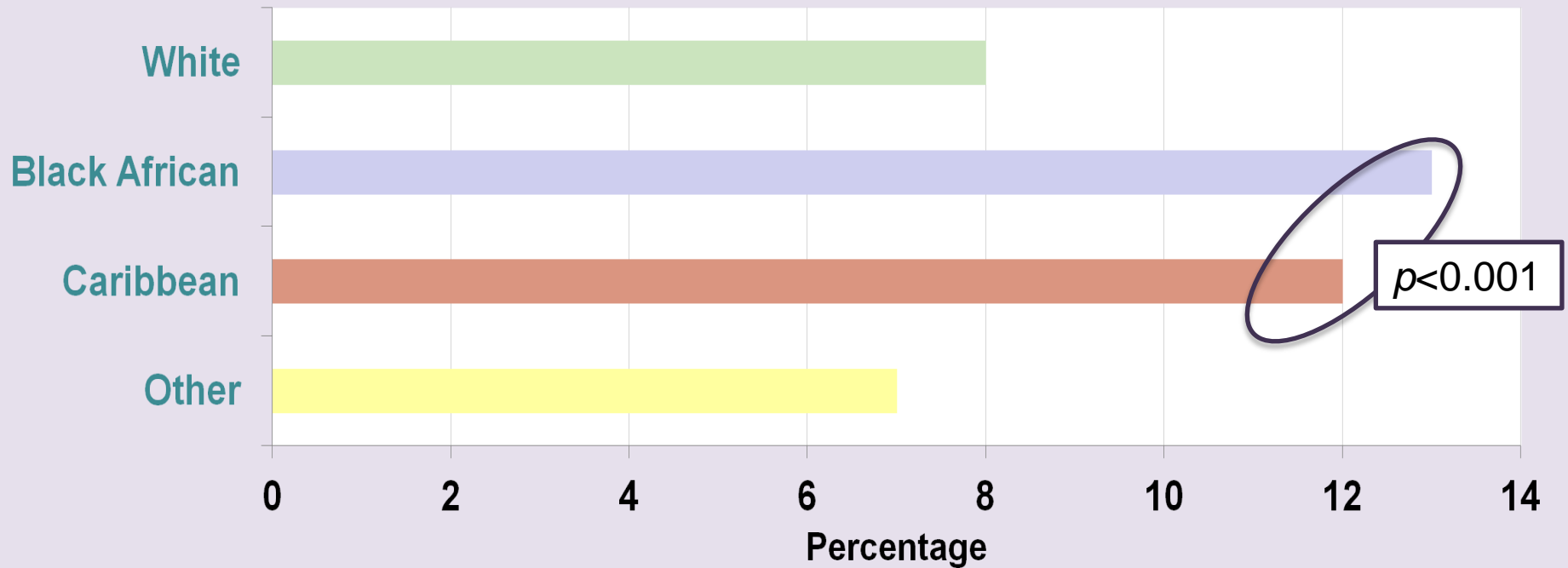
OR postcode district + date of diagnosis

- Overall **12%** women (1055/8695) did not access care in the year after pregnancy
- Of those who did not access care eight were known to have died
- Almost **40%** (414/1055) women who did not access care returned for care by the end of 2010
- If unmatched (1139) coded as LTFU then **22%** (2195/9834) did not access care

Univariable analyses: LTFU (1 year)

- Younger maternal age, increasing time since diagnosis, higher CD4 count, detectable viral load and reporting region in England (not London) were associated with LTFU – all $p < 0.001$
- Pregnancy outcome, mode of delivery, maternal injecting drug use and year **not** associated with LTFU

LTFU (1 year) and maternal ethnicity



LTFU (1 year) and maternal ethnicity

<i>n</i>=6535	AOR (95% CI)^a
White	1
Black African	1.96 (1.44, 2.67) *
Caribbean	1.47 (0.88, 2.44)
Other	1.00 (0.61, 1.63)

^a Adjusted for age, time since diagnosis, last CD4, last viral load, reporting area and year of pregnancy; * $p < 0.001$

LTFU (1 year) and African region of birth

<i>n</i> =5032 ^a	AOR (95% CI) ^b
East Africa	1
Southern Africa	1.97 (1.46, 2.65)*
West Africa	1.51 (1.21, 1.89)*
Middle Africa	1.03 (0.73, 1.46)

^a Women born in sub-Saharan Africa; ^b Adjusted for age, time since diagnosis, last CD4, last viral load, reporting area and year of pregnancy; * $p < 0.001$

Limitations

- Matching: errors in coding, changes in date of birth and change of residence
- Residual confounding
- Information about deaths and emigration
- Intermittent follow-up
- No data from Scotland



Conclusions

- One in 8 HIV-positive women do not return for HIV care in the year after pregnancy
- Black African women, especially from SA and WA at greatest risk
- Role of emigration
- Withdrawal from care



Mother holding baby, Keith Haring (1986)

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Thank you



Mama Africa, Jacob Crawford (2005) at www.crawford.dk/photos