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HIV positive pregnant women who receive less then two weeks of ART before delivery: why does it occur?

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Background

- Mother to child transmission:
 - Decline in MTCT since introduction of ART use during pregnancy
 - 20% in 1993 \rightarrow 2% in 1998¹
 - Overall transmission in diagnosed women (in UK 2000-2006) 1.2%¹
 - Transmission in women receiving >2/52 ART 0.8%¹

Aims

- To explore circumstances of women receiving less than 2 weeks of ART prior to delivery
 - Demographic characteristics
 - Aspects of pregnancy
- To identify possible reasons for women receiving <2/52
 ART and areas for potential improvement

Methods

- UK wide study
- Eligible women: NSHPC, <2/52 ART
- January 2005 May 2010
- Excluded <34/40 and HIV-2 positive
- Questionnaires
- Descriptive analysis
- Data collected compared to data from NSHPC on women who received ≥2 weeks of ART

Results: Comparison with women with ≥2/52 ART

	<2/52 ART (n=103)	≥2/52 ART(n=496 5)	P value
Age in years (mean)	31	31	0.796
Region of origin (% from Africa)	86	79	0.249
Gestational weeks at delivery (mean)	39	38	0.731
HIV diagnosis during pregnancy (%)	76	40	<0.001

Results: <2/52 ART

- 103 pregnancies
- 72 (69%) completed questionnaires returned
- Response vs. non-response compared
 - No difference in age, region of origin, gestation at delivery, timing of diagnosis
 - Out of London centres more likely to respond

Reasons for short ART duration

Women diagnosed during pregnancy (n=56)

Women diagnosed prior to conception (n=16)

- Late booking 26 (46%)
- Refusal of treatment 8 (14%)
- HIV denial 6 (11%)
- Provider related 6 (11%)

- Refusal of treatment 6 (38%)
- Late booking 4 (25%)
- Concealed status & declined testing 2 (13%)

Other important findings

- 15% (11/72) of women received no ART
- 8% (6/72) were diagnosed at term
- 17% (12/72) were vaginal deliveries
 - ➤ Only 2 had VL<50
- 92% (66/72) infants received ART
 - > 94% started within 4 hours
 - > 73% treated according to BHIVA guidelines
- MTCT 13% (11/88)

Conclusions

- Unacceptably high MTCT
- Targeted interventions needed
- Improved access to antenatal care for migrant women to reduce late booking
- Structural failures
- Use of rapid testing techniques
- Research to establish effective management strategies in women who refuse ART required

A special thank you to the NSHPC and all those who completed the questionnaires

Any questions?