

Postpartum Retention in HIV Care among HIV-infected Women in the South

Kelly A. Smith, Jodie Dionne-Odom, Inmaculada Aban,
Martin Rodriguez, Marsha Sturdevant,
Mirjam-Colette Kempf



Disclosure



- Relevant Financial Relationship(s):

None

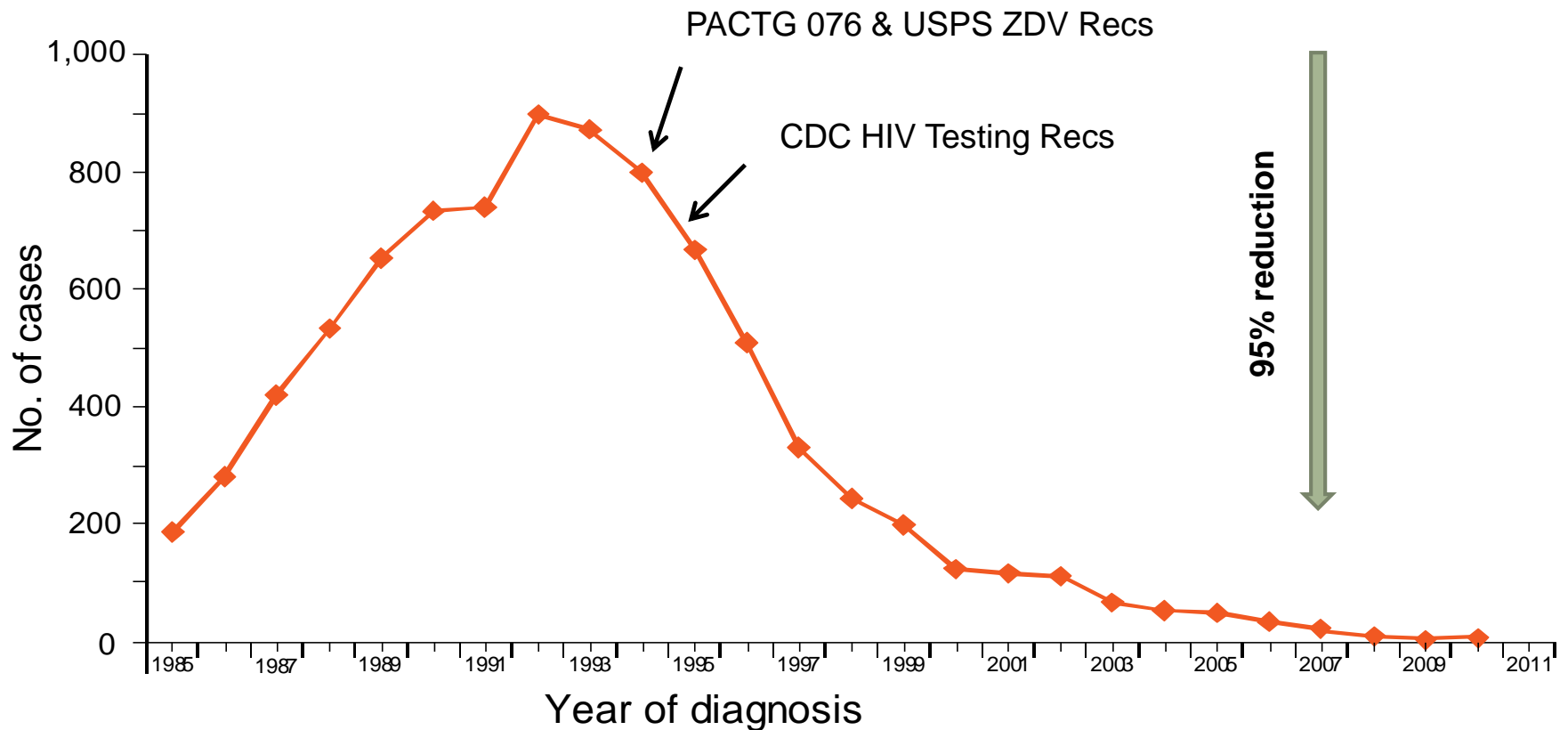
Background

Women and HIV in the US



- Women represent 25% of HIV infections in the US, with Women of color being disproportionately affected
- 1.49% of Black Women in the US (18-49yrs old) are HIV positive (22 times the rate of White Women)
- Heterosexual sex accounts for 84% of HIV infections among Black Women
- Majority of HIV-positive women (81%) are infected during childbearing ages (13-44 years)

Story of Success: Perinatally acquired AIDS cases, 1985-2005



Background

HIV and Pregnancy (US)



- 5,000-6,000 HIV-infected women give birth annually with 3-4 % of infants HIV-infected
- Attention has mainly been focused on antenatal services to prevent MTC transmission
- Few resources allocated to implement retention strategies for women after delivery

Background

HIV and Postpartum Care



- Postpartum ART discontinuation is common (71.5%).
- Changes in healthcare providers following pregnancy and competing demands (child care, work, etc.) cause women to neglect their own health
- Mortality rates in women increased in comparison to men (HR, 1.62; P=.002)

Objectives

To investigate the continuum of pregnancy and post-partum care with regards to clinical outcomes among HIV-infected women residing in the Southeastern US.

Methods

- Retrospective medical chart review
- HIV-infected pregnant women seeking care at 5 outpatient clinics located in Alabama between 1998-2008
- Inclusion Criteria:
 - Female
 - Antiretroviral therapy treatment during pregnancy ≤ 14 days
 - HIV+ and pregnancy diagnosis

Analysis

- Socio-demographic, lab and clinical factors associated with antenatal and post-partum care
- Data collected once for each interval of prenatal and postpartum care: pre-pregnancy, 1st trimester, 2nd trimester, 3rd trimester, 6 months-, 12 months-, 18 months-, 24 months-, 30 months- and 36 months postpartum care
- Availability of CD4 counts or HIV viral load (VL) values were used as a surrogate marker for retention in HIV care
- A threshold of <400 VL copies/ml was defined as HIV VL suppression

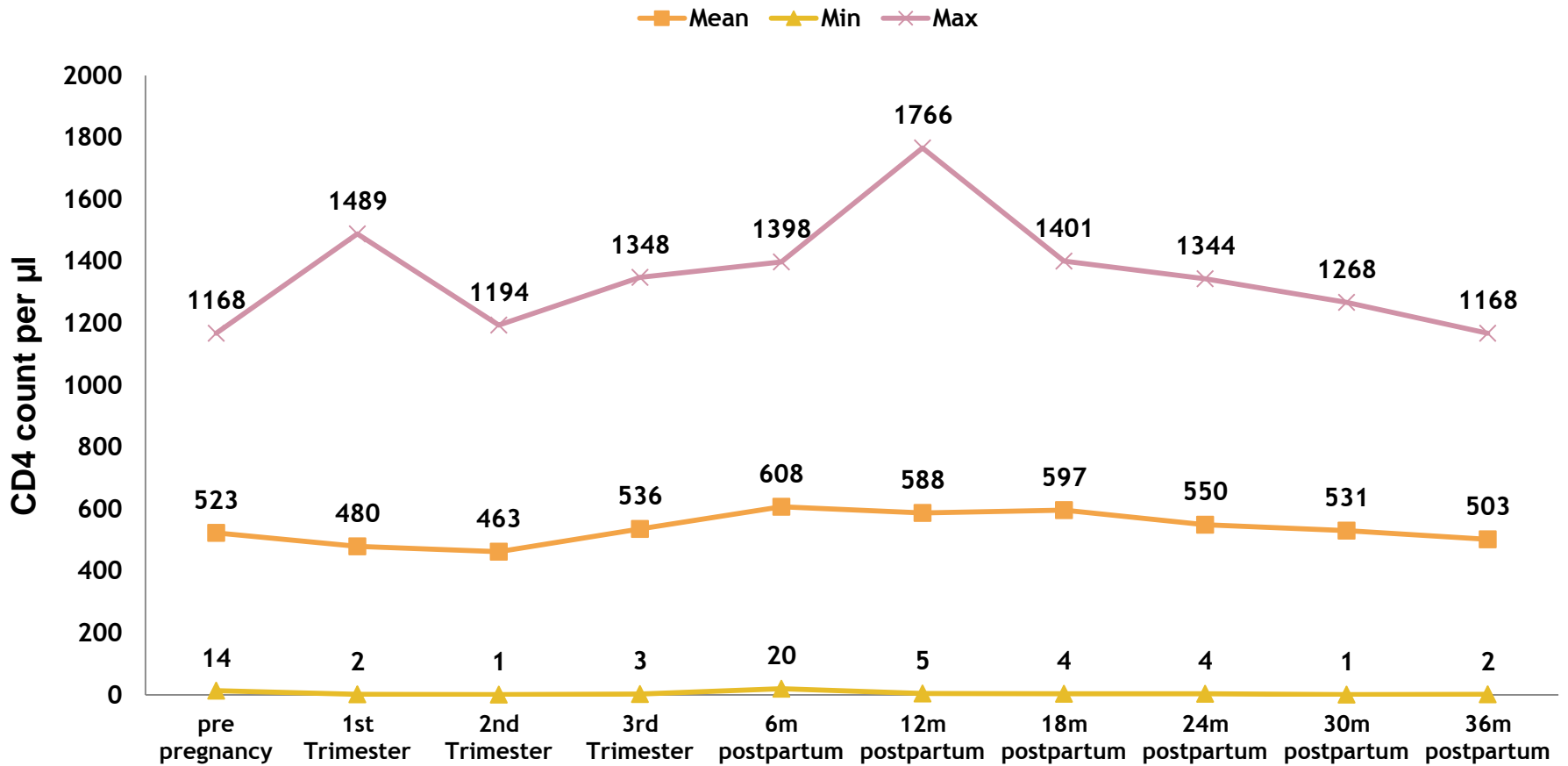
Results

Patient Characteristics (N=266)	N	%
Age (yrs)	26.6 (mean)	6.1 (STD)
Race		
Black	207	81.2
White	44	17.3
HIV Transmission		
Heterosexual Transmission	238	93.8
Sex with Female	1	0.4
IV Drug Use	1	0.4
Blood Transfusion	4	1.6
Unknown	12	4.7

Results

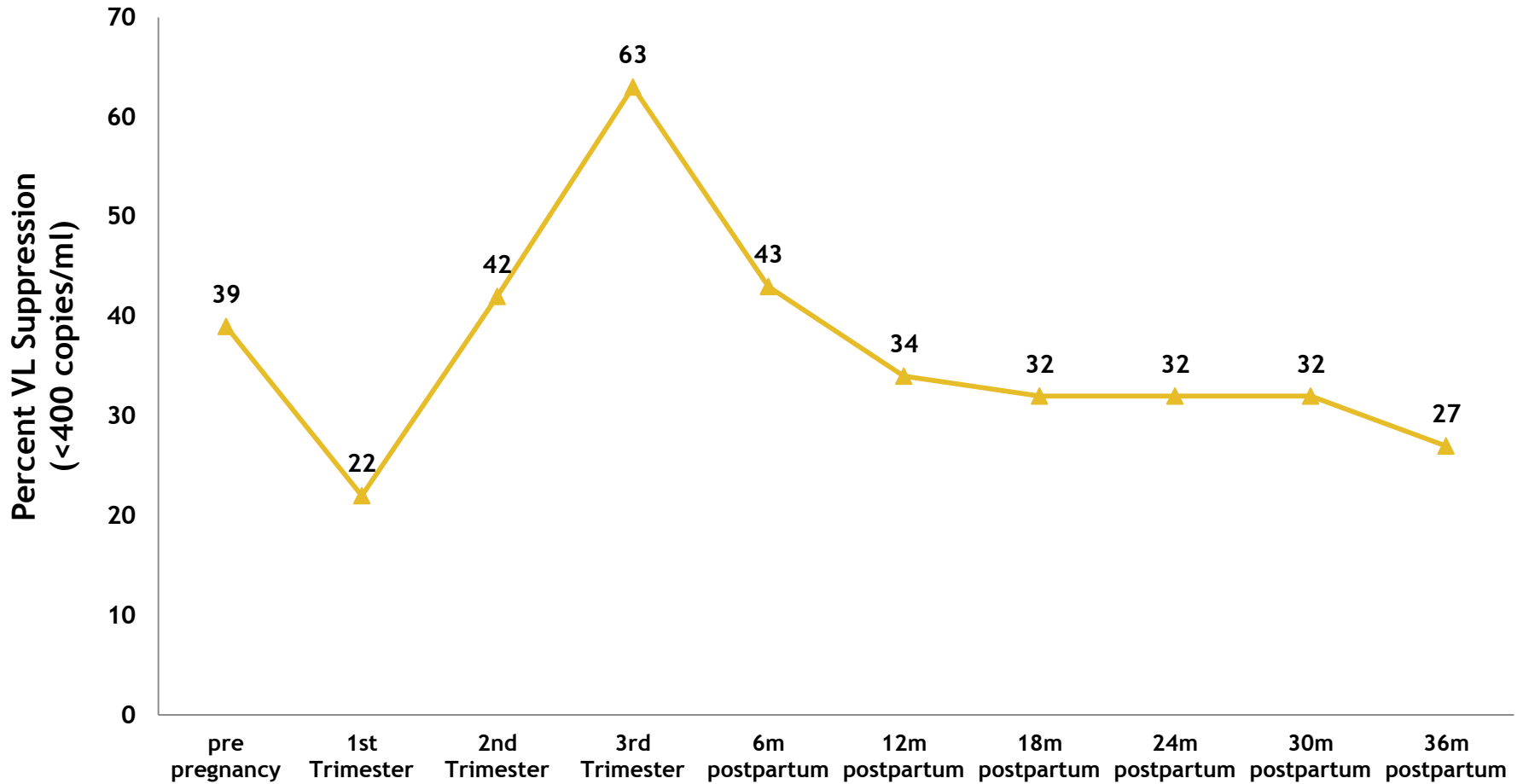
Patient Characteristics (N=266)	N	%
Years since HIV dx (yrs)	2.5 (mean)	3.2 (STD)
First prenatal care visit		
1 st Trimester	111	48.2
2 nd Trimester	78	34.0
3 rd Trimester	41	17.8
Number of living Children		
0	99	42.3
1	71	30.3
2	40	17.1
3	12	5.1
4	6	2.6
≥5	6	2.6

Average CD4 Count – Pregnancy and Postpartum



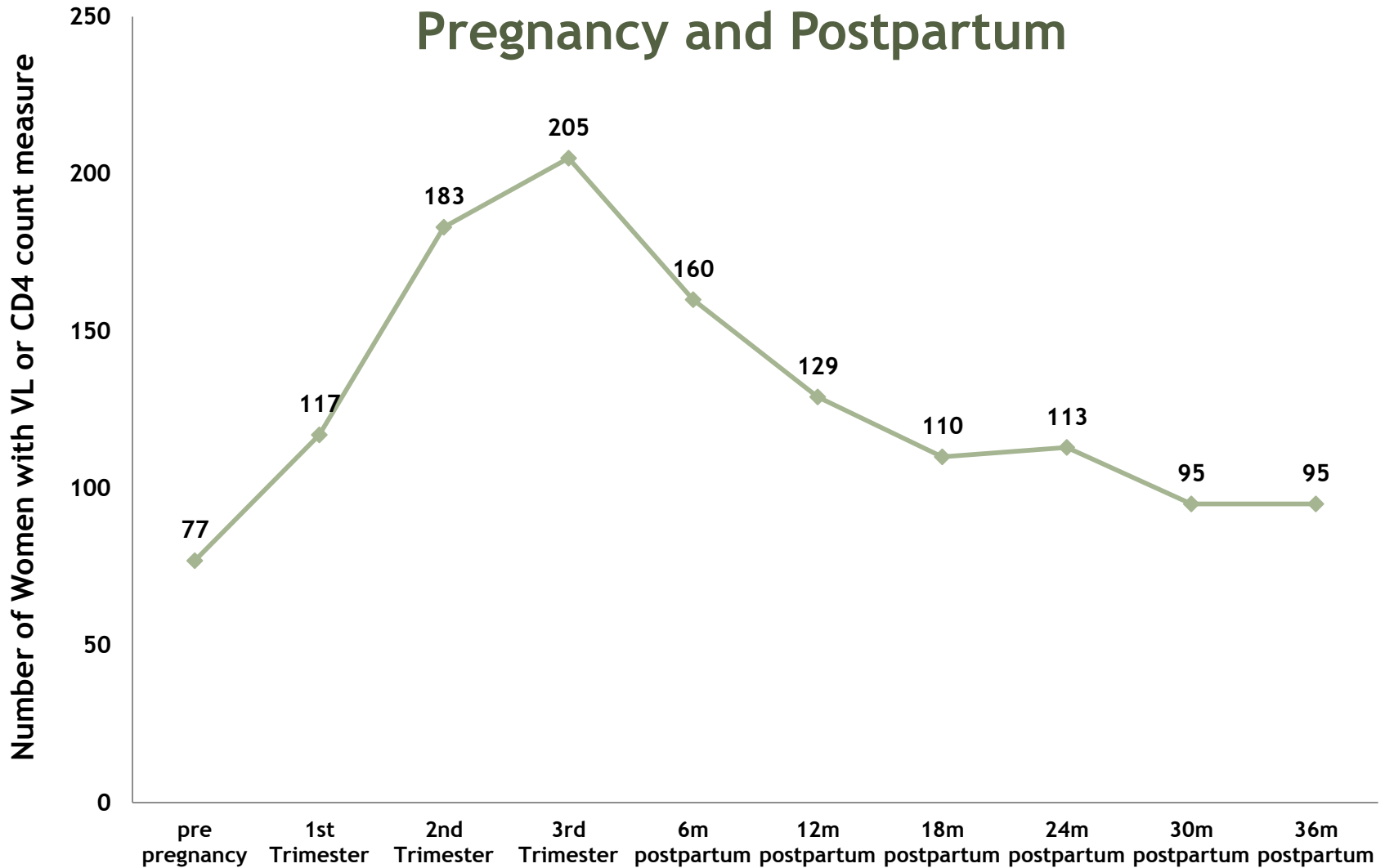
Prenatal and Postpartum Care Visits

Percent Viral Load Suppression Pregnancy and Postpartum



Prenatal and Postpartum Care Visits

Engagement in HIV Care Pregnancy and Postpartum



Prenatal and Postpartum Care Visits

Conclusions

- While efforts to prevent perinatal transmission are successful, adherence and retention in HIV care postpartum are less than optimal among HIV-infected women in the Southeast.
- Efforts need to be made to stress the continuum of perinatal and postpartum care among HIV-infected mothers to improve clinical outcomes.

Summary - what can we do?

- Trustful patient/provider relationships important for retention-in-care of HIV+ women
- Organizational structure and lack of resources of clinics can impede access to care mediated through transportation and opportunity costs (e.g. childcare)
- Opportunity during pregnancy to stress importance of HIV care postpartum
- Stigma is still alive after 30 years into the HIV epidemic - coping strategies for stigma and discrimination need to be incorporated into primary care

Thanks

- K. Anne Smith
- Jodie Dionne-Odom
- Chichi Aban
- Martin Rodriguez
- Marsha Sturdevant
- Jane Mobley
- Wick Many
- Laurie Dill
- Jim Raper
- Students (abstracting charts)
- HIV care providers and staff at participating clinics