

Clinicians Fail to Routinely Provide Reproductive Counseling to HIV-Infected Women in the United States

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INTRODUCTION

Over the past 2 decades, there has been a sharp increase in the proportion of women living with HIV/AIDS in the United States. Of the 1.2 million adults and adolescents with HIV/AIDS in the United States, it is estimated that approximately 300,000 are women.¹

The majority of women diagnosed with HIV/AIDS in the United States are of childbearing age, with more than 6000 HIV-positive women giving birth each year.^{2,3}

HIV-positive women of childbearing age should be queried on their plans regarding pregnancy, as it may impact their choice of antiretroviral agents and avoidance of teratogenic medications.

The Women Living Positive survey was designed to explore the attitudes and behaviors of HIV-positive women in the United States; it included an assessment of the dialogue between HIV-positive women and their health care providers on pregnancy and family planning issues.

METHODS

The Women Living Positive survey was a telephone-based survey designed for HIV-positive women who had been receiving antiretroviral therapy for 3 or more years.

Flyers advertising the survey were placed at a national network of AIDS counseling centers in the United States, directing those interested in participating to call an 800 number.

The 15-minute telephone survey consisted of a series of eligibility questions plus 45 questions designed to effectively detail the patient's relationship with HIV health care providers, treatment priorities, and general pregnancy and HIV understanding, along with emotional aspects of living with HIV, including gender-specific questions about pregnancy and family planning issues.

The survey was conducted by GfK Roper Public Affairs, a public opinion polling firm, and funded by Boehringer Ingelheim Pharmaceuticals, Inc. The Well Project, a nonprofit organization focusing on women and HIV, had input into survey questions.

Respondents were anonymously interviewed by telephone from December 21, 2006 through March 14, 2007; interviews were conducted in both English and Spanish.

Data were weighted by census regions and ethnicity/race to match the demographic profile of adult HIV-positive women in the United States.

Survey participants were compensated \$25 for their time.

RESULTS

Patient demographics

A total of 700 HIV-positive women participated in the survey (42.9% African American, 28.6% Hispanic, and 28.6% Caucasian).

Of the participants, 16% were from the western United States, 21% were from the Midwest, 33% were from the South, and 30% were from the Northeast.

The mean age of the women was 42.5 years; 39% had children.

Participants had lived with HIV for a mean of 10.6 years and were receiving antiretroviral therapy for a mean of 8.1 years.

Discussion of pregnancy and family planning

Of the 700 women interviewed, 31% (62% African American, 25% Hispanic, and 13% Caucasian) reported that they were contemplating pregnancy or had been pregnant in the past but were not currently pregnant. Of these women, 48% were not asked by their HIV provider if they wanted to have a child either now or in the future.

When adding the women who were currently pregnant to this group, 79% said that they would feel comfortable talking to their provider about becoming pregnant and treatment options for pregnancy. This response was consistent across all races/ethnicities (Figure 1).

A smaller proportion of women in the West and Midwest compared with the South and Northeast said that they would feel comfortable talking to their provider about becoming pregnant and what the treatment options were for pregnancy (Figure 2).

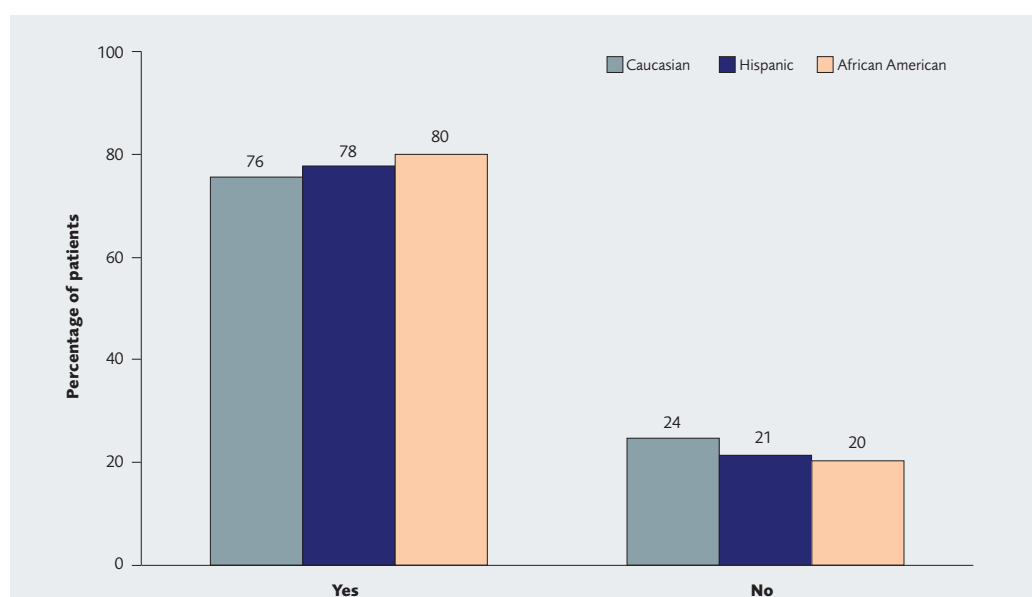


Figure 1. Comfort level in discussing pregnancy and treatment options with provider, by race/ethnicity (n=239)

Graph shows percentage of patients answering "yes" or "no" to the following question: "Do you or would you feel comfortable talking to your provider about becoming pregnant and your treatment options for pregnancy, or not?"

Percentages may not add up to 100% as a few patients refused to answer the question.

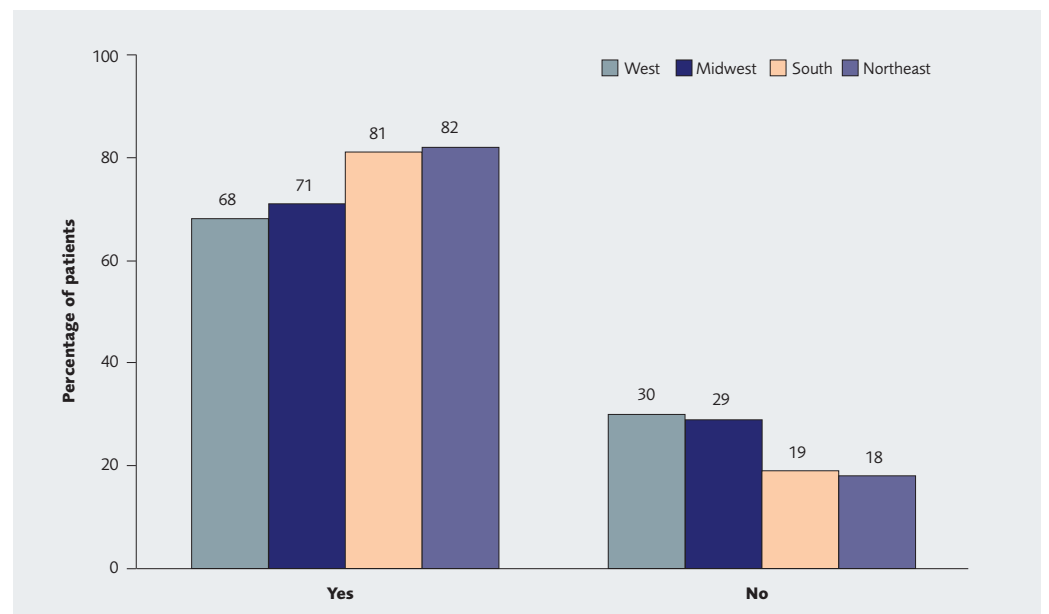


Figure 2. Comfort level in discussing pregnancy and treatment options with provider, by geographic region (n=239)

Graph shows percentage of patients answering "yes" or "no" to the following question: "Do you or would you feel comfortable talking to your provider about becoming pregnant and your treatment options for pregnancy, or not?"

Percentages may not add up to 100% as a few patients refused to answer the question.

Of the women who indicated that they contemplated pregnancy or were currently or previously pregnant, 41% had not discussed with their HIV provider whether their treatment options should change in the event of pregnancy, and 29% said that their provider did not explain the effects that certain HIV medication might have on them and their baby if they were pregnant.

Of the 700 women interviewed, 22% reported that since being diagnosed with HIV, they had been pregnant or were currently pregnant at the time of the interview; 57% of these women did not discuss pregnancy and appropriate HIV treatment options with their HIV provider prior to becoming pregnant.

Also, of these women, 42% indicated that they were not very or not at all aware of the treatment options available to them when they first became pregnant (Figure 3).

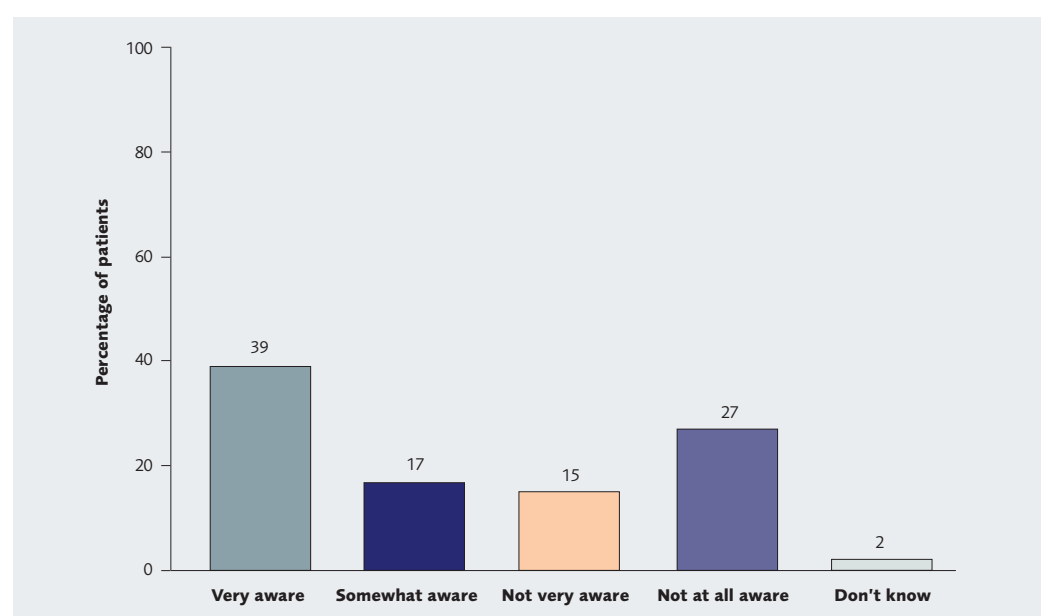


Figure 3. Awareness of HIV treatment options for HIV-positive women (n=159)

Graph shows percentage of patients giving each specified response to the following question: "When you first found out you were pregnant, how aware were you of the HIV treatment options appropriate for women who are pregnant? - very aware, somewhat aware, not very aware, or not at all aware."

CONCLUSIONS

This survey revealed a communications gap between HIV-positive women and their health care providers concerning discussions relating to pregnancy and family planning.

The results suggest that HIV care providers are missing opportunities to discuss contraception and preconception care, specifically, issues related to specific antiretroviral therapy and its impact on maternal and fetal health.

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