

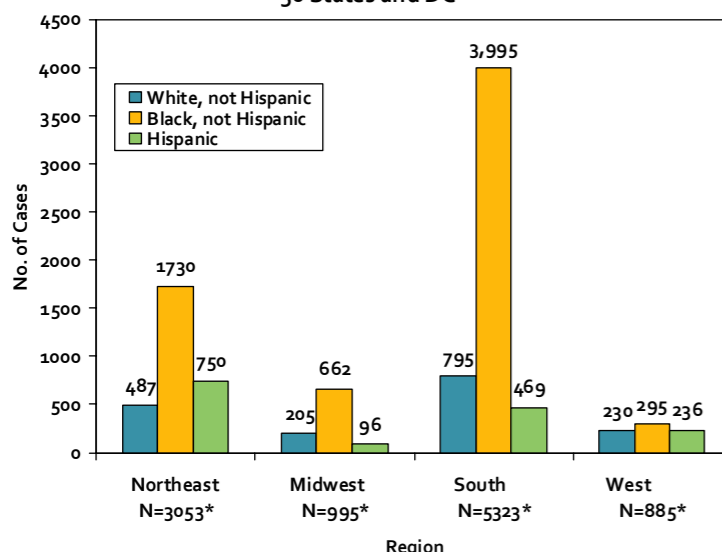
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H-453

Background

- Recent data from the CDC indicate that black women of reproductive age in the South are disproportionately affected by the HIV epidemic. (Figure 1).
- The general standard of care for frequency of evaluation of HIV-positive patients is a follow-up visit with an HIV- provider every 3-4 months.
- There is little data describing HIV infection, pregnancies, and postpartum care among this high-risk population.

Figure 1. Reported AIDS Cases among Female Adults and Adolescents, by Region and Race/Ethnicity, 2006
50 States and DC



CDC, HIV/AIDS Surveillance Report, 2008; *Totals include mixed and unknown races.

Methods

- A retrospective chart review was performed at the Perinatal-HIV Service at the University of Mississippi Medical Center in Jackson, Mississippi.
- HIV-infected women ≥ 18 years of age with deliveries from 1999-2006 with at least one documented prenatal visit.
- Charts were reviewed for socio-demographic and medical parameters of interest.

Results

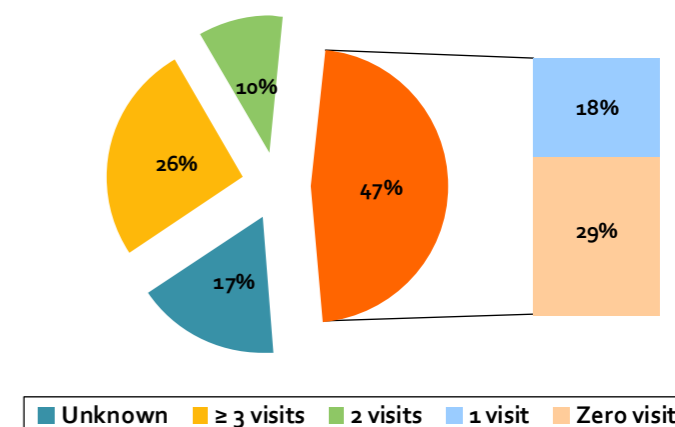
Table 1. Baseline Demographic Data

Total number of women		275
Total number of deliveries		297
Median age at presentation, years		25
Range		18-42
Transmission Risk	Heterosexual transmission Intravenous Drug Use Vertical Transmission	99% 1% <1%
Race/Ethnicity	White, non-Hispanic Black, non-Hispanic Hispanic Other	11% 89% 2% 1%
Education level (n = 97)	Grade School Some High School High School/GED Vocational/Technical School Some college College graduate	3% 37% 27% 2% 27% 4%
Employment (n = 129)	Full-time Part-time Unemployed Student Unknown	5% 8% 31% 3% 53%
Resident of Jackson, MS (%)		33%

Table 2. Clinical Characteristics

Median CD4+ T cell count at presentation, cells/ μ L (n = 266)		353
Range, cells/ μ L		0 - 1396
>350 cells/ μ L, %		51 %
Median CD4+ T cell count at delivery, cells/ μ L (n = 180)		428
Range, cells/ μ L		2 - 1303
>350 cells/ μ L, %		61 %
Percent with HIV-1 Plasma Viral Load < 400 copies/mL at delivery (n = 244)		61 %
Median years since diagnosis with HIV-1 at delivery, Range		2.1 <1-17
Presentation trimester	1 2 3 Delivery	32% 44% 22% 2%
New HIV-1 diagnosis during prenatal visit (n, %)		102, 37%
Co-morbidities	Obesity Gonorrhea or Chlamydia in pregnancy History of sexually transmitted illness Depression Smoking history, n = 170 Prior Current Substance Abuse Crack/cocaine Marijuana Alcohol	47 % 22% 26% 16% 14% 28% 12 % 12 % 6%
Postpartum Contraception (n = 161)	Bilateral Tubal Ligation Depo-Provera Barrier Methods Oral Contraceptive Pills Abstinence/Barrier Hysterectomy	71 % 14% 8 % 3 % 2 % 1 %

Figure 2. Number of visits to an HIV provider within 12 months postpartum



- There were no statistically significant differences in socio-demographic parameters, HIV-related parameters, or follow-up rates between newly diagnosed and previously diagnosed HIV – infected women.
- There were 14 mother-to-child transmissions within this same time period in Mississippi reflecting a crude transmission rate of 4%.

Conclusion

- Among this cohort of postpartum HIV-infected women in Mississippi, almost half (47%) had <2 visits within one year, indicating significantly inadequate follow-up rates with an HIV provider.
- Factors including low socio-demographic status, limited health literacy, and co-morbidities such as depression and substance abuse likely contribute to suboptimal longitudinal care.
- This study highlights the need for the development of focused interventions during pregnancy to improve longitudinal care in this vulnerable population.

Acknowledgements

- Thanks to the entire staff at the Perinatal HIV Service in Jackson, MS including Netta Beaudroux, RN, Dr. Harold Henderson, and Dr. Hannah Gay for their immeasurable support of this project.
- This study is supported by a grant from the Bristol Myers Squibb Virology Fellows Research Program.