Pregnant Women as a Special Multi-Site Population

Presentation For Discussion at

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Border Projects' Aims

- At the client level, concerned with identifying and bringing HIV positive persons into care and improving health outcomes and quality of life
- At the system level, concerned with increasing the capacity of the system to provide quality HIV care

HIV+ Pregnant Women and Access

- Access to timely and ‘appropriate’ HIV care is critical to good health outcomes for both mother and baby
  - Reduced viral loads for mother
  - Reduced rates of perinatal transmission
- Standard of Care - Texas Department of Health data indicate border populations less likely to receive combination therapy

Risk of HIV Infection Occurring in an Infant Born to a Pregnant HIV-Infected Mother

- Approximately 25% if the woman is not treated with anti-retroviral medications
- The anti-retroviral medication zidovudine (AZT, ZDV, Retrovir) taken by women in pregnancy and by their infants postpartum decreases risk to 8%
- Other studies have confirmed those results, and have extended the findings to other medications and protocols
- In South Texas bringing women into care in a timely manner so that medications could be given to improve the mother's overall health and reduce risk of transmission has improved significantly with periodic "break-downs" (key indicator of system capacity)

Pregnant Women: A Special Multi-Site Population?

- Among Hispanic subgroups Mexican American women have the highest birth and fertility rates
- Care of HIV+ women (pregnant women in particular) has been a historical concern in service systems development
- Significant numbers of HIV+ Latinas are of child-bearing age
- Until very recently, late identification and entry into care has been the historical experience of pregnant women and their children in South Texas

Socio-demographic Characteristics

Characteristics

Age at Intake: N = 108

	N	Mean	Minimum	Maximum
Male	81	37.00	17	68
Female	27	35.00	22	59

* Note: There are 8 children under 10 years of age not calculated in the mean, minimum, and maximum.

	Frequency	Percent
Gender: N = 108		
Male	81	75.0
Female	27	25.0
Pregnant (>= 13 yrs): n = 25		
No	19	76.0
Yes	6	24.0
Education: N = 88		
Dropped Out	34	38.6
Currently in School	2	2.3
GED	9	10.2
H.S. Graduate	17	19.3
Some College	19	21.6
College Graduate	6	6.8
N/A	1	1.1
Ethnicity: N = 88		
Hispanic/Latino/ Spanish	75	85.2
Not Hispanic/Latino/	13	14.8

Source of Data: Local Intake and Client Characteristic Form

Discussion Items

- At the national level we do not currently track the numbers of pregnant women entering care - or who become pregnant
- Data about the experiences of HIV+ pregnant women along the border are sparse
  - Do they enter care early in pregnancy? At delivery?
  - Are they receiving the standard of care?
  - What are the exposure outcomes for their infants?
- What are the other projects doing in this area?
- Would we need to collect data other than pregnancy status?
- Would qualitative studies suffice to explore how the system works for pregnant women?