HIV Screening Rate in Pregnancy Below 40%

Study finds clinic patients were 17.5 times more likely to be screened than those in private practice.

BY KATE JOHNSON

MONTREAL — HIV screening of pregnant women falls well short of national guidelines, particularly among patients seen in private practice, according to a study presented at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology.

"We have to really reinforce with all providers the importance of universal screening," said Dr. Harold Wiesenfeld, senior investigator of the study, which found that patients were 17.5 times less likely to undergo screening in private practice than were those seen in a clinic setting.

The study of 300 women revealed that 61% had no HIV screening results in their medical record at the time of parturition.

Guidelines that were adopted in 1999 by the Institute of Medicine, the Centers for Disease Control, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics recommend routine, universal HIV screening in pregnancy to avoid vertical transmission, noted study presenter Margaret Kennedy, who is a medical student at the University of Pittsburgh.

But among the study's subjects, all of whom were questioned up to 72 hours before delivery, only 65% reported undergoing HIV screening during pregnancy, while 25% reported no screening, and 10% were not sure if they had been tested.

A multivariate analysis revealed that being white and married were each independently associated with a threefold greater risk of not being screened.

The provider's influence was the most important factor in screening, said Ms. Kennedy.

Women whose provider did not consider screening important were 14 times more likely to be unscreened; those whose providers considered screening optional were 2.9 times more likely to be unscreened. On the other hand, women whose providers encouraged screening were 3.7 times more likely to have undergone screening.

"My personal opinion is the importance of HIV screening is not stressed in many patient/provider encounters," said Dr. Wiesenfeld, who is also with the university. "Some providers don't think HIV is relevant to their population because they have an affluent, white population. It mirrors chlamydia screening. They don't think their patients are at risk."

A comparison of medical records with subjects' responses revealed some recall bias: Two percent of those who reported having been tested had actually declined testing. Of those who reporting no screening, 11% had actually been screened (35% said they had not been offered screening, and 65% said they had declined). In addition, 17% of those who were unsure had been screened.

"Universal offering of HIV screening as an opt-out, in conjunction with encouragement from providers, may greatly increase prenatal HIV screening rates," she said.

"Universal HIV screening is not at the rates we would like across the country," concluded Dr. Wiesenfeld.

"The take-home message is that it's low—but what's more important is who is not being screened. Women who are white, and affluent, and in a private practice center … are less likely to be screened, as are those who don't feel their provider is encouraging it," he added.

The investigators said they had no conflicts of interest. ■

Majority of Women Use Postpartum Contraception

BY HEIDI SPLETE

The majority (88%) of postpartum women reported current use of at least one form of contraception, based on an analysis of data from more than 43,000 women.

Reducing the percentage of births within a year of a previous birth among women in the United States is one of the Center's for Disease Control and Prevention's Healthy People 2010 goals. Use of effective contraceptive methods after a recent pregnancy can help prevent unintended pregnancies, ensure adequate birth spacing, and reduce adverse maternal and infant outcomes, according to Maura Whiteman, Ph.D., and colleagues at the CDC.

The researchers reviewed data from the CDC's Pregnancy Risk Assessment Monitoring System from 2004-2006 from New York City and 12 states. The postpartum period was defined as 2-9 months after giving birth.

The report is the first population-based study designed to examine differences in postpartum contraceptive use based on maternal characteristics (MMWR 2009;58:821-6).

Overall, 62% of of 43,887 postpartum women reported using highly effective contraceptive methods (such as sterilization, IUD, pill, patch, or ring). Another 20% reported using moderately effective methods (such as condoms) and 6% reported using less effective methods (such as the rhythm method, sponge, or diaphragm), while 12% reported no postpartum contraception.

Women who were least likely to use at least one method of contraception included those who had no prenatal care, women aged 35 years and older, women who said they wanted to get pregnant sooner, and women who identified themselves as Asian/Pacific Islander.

Highly effective postpartum contraception use by age ranged from a low of 53% among women aged 35 and older to a high of 73% among women younger than 20 years.

When the data were broken down by race, the use of highly effective postpartum contraception ranged from a low of 35% among Asian/Pacific Islanders to a high of 71% among black women and American Indian/Alaska Native women, Dr. Whiteman and associates reported.

In addition, women who had Medicaid coverage prior to pregnancy were more likely to use highly effective contraception postpartum than women who did not have Medicaid, while women with no prenatal care were less likely to use highly effective contraception postpartum than those who had any prenatal care.

The study was limited by several factors, including the use of self reports, a lack of data from all parts of the United States, and a lack of data on several additional contraceptive methods such as spermicides, emergency contraception, and lactational amenorrhea.

But the results can help clinicians identify women who need more information about postpartum contraception, the researchers noted.

"Health care providers should consider encouraging postpartum women to use highly effective contraceptive methods to increase the proportion of pregnancies that are intended and promote healthy birth spacing," they said. ■

First-Trimester Pyelonephritis Linked to Lack of Prenatal Care

BY KATE JOHNSON

MONTREAL — Women who have not yet established prenatal care have a significantly higher rate of acute pyelonephritis before 12 weeks of gestation compared with women who already have an obstetric provider by 12 weeks, according to a new study.

"Many providers do not see patients early in the first trimester, because they often like to ensure there is an established pregnancy. But we would encourage them to have patients present as early as possible, at least for labs and urine screening," said Dr. Mollie Ann McDonnold, who presented her findings at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology.

'This is a reminder that common things occur more commonly and we tend to overlook them. This is a caution to see women earlier at least for urinalysis.'

Her retrospective study examined 254 consecutive hospital admissions for acute pyelonephritis in pregnancy between January 2004 and June 2007. Overall, there were 29 cases (11%) occurring before 12 weeks' gestation, and 60 cases (24%) before 16 weeks' gestation.

Among women who had already established prenatal care (219), most infections occurred later in pregnancy, with only 5% of cases occurring before 12 weeks, and 16% occurring prior to 16 weeks of gestation.

Among women without prenatal care (35), however, 51% of cases presented prior to 12 weeks and 74% occurred prior to 16 weeks of gestation.

"These results were expected as it is not common to establish prenatal care prior to 12 weeks," said Dr. McDonnold of the Warren Alpert Medical School of Brown University, Providence, R.I.

There were no differences in age, ethnicity, parity, length of hospital stay, presence or degree of fever, or heart rate at admission between women with or without established prenatal care.

However, there was a statistically significant difference in insurance status between the groups. While 57% of women with no prenatal care had no insurance, only 1.6% of women with prenatal care were in this situation. And 24% of women with prenatal care had private insurance, compared to just 2.4% of women without prenatal care.

"I think this is an extremely important observation," commented Dr. Michael Gravett, president of IDSOG and professor of obstetrics and gynecology at the University of Washington in Seattle.

"The trend in prenatal care is that since we now do a lot of prenatal diagnosis we frequently defer initiation of care and labs until about 12 or 13 weeks. This is a reminder that common things occur more commonly and we tend to overlook them. This is a caution to see women earlier at least for urinalysis," Dr. Gravett said. ■