

Unplanned pregnancy and contraception choice in women living with HIV: A 12-year case review in a large urban centre

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**Objectives:** The sexual and reproductive health needs of women living with HIV (WLWH) are complex. In addition to drug interactions and the need for barrier methods to prevent transmission, WLWH often have co-existing vulnerabilities. A case note review was performed in an HIV centre with SRH input to review unplanned pregnancies, partner documentation and contraception pre- and postpartum.

**Methods:** A retrospect case note review of all pregnancies was performed from 1 January 2000 until 1 January 2012. For each pregnancy data was collected regarding baseline demographics, unintended conception, pre-pregnancy contraception, partner documentation, pregnancy outcome and postpartum contraception.

**Results:** There were 156 pregnancies in 117 women of whom 74% were African, 24% British and 1% Eastern European. The mean age at pregnancy was 30 years. Forty-one pregnancies were in women diagnosed HIV positive antenatally and 115 pregnancies followed HIV diagnosis. Of the 41 women diagnosed antenatally, 78% of pregnancies were planned and 86% had a documented partner. Forty pregnancies resulted in a live birth and one was terminated. Postnatal contraception is shown below.

- 44% long acting reversible contraception (LARC)
- 17% oral contraception
- 15% condoms
- 24% declined contraception

Among nine women with unplanned pregnancy, postnatal LARC was initiated in six and three declined contraception.

Of the 115 pregnancies following HIV diagnosis, 48% were unplanned and 2% followed sexual assault. In 23% of pregnancies no partner had been disclosed to the HIV clinic. Of the unintended pregnancies pre-conception contraception is shown below.

- 6% discontinued LARC
- 20% condoms
- 2% oral contraception
- 72% declined contraception

Eighty-seven (76%) pregnancies were continued. Postnatal contraception is shown below and did not differ significantly if the pregnancy was unintended.

- 50% LARC
- 14% barrier methods
- 32% declined contraception

Twenty-eight (24%) pregnancies were terminated and subsequent contraception was LARC in 46%, barrier methods in 18%, oral contraception in 4% and no method in 32%.

**Conclusion:** These findings suggest there remain significant barriers to contraception for WLWH in our setting, despite excellent and free access to LARC. This is compounded by difficulties in acknowledging partners to healthcare providers which is intrinsically linked to the vulnerabilities faced by WLWH. In order to address these complex needs, multi-faceted strategies are required not only to address access but also to empower WLWH in their wider life. Only when vulnerabilities are tackled will WLWH be able to take ownership of their sexual and reproductive health.

