Study: HIV Screening in Pregnancy Falls Short

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 International Society for Obstetrics and Gynecology.

“We have to really reconcile 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 in a clinic setting.

The study of 300 women revealed that 61% did not have HIV screening results at the time of parturition. Guidelines 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 universal HIV screening in pregnancy to avoid vertical transmission, said study presenter Margaret Kennedy.

Ms. Kennedy is a student at the University of Pittsburgh School of Medicine.

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.

Multivariate analysis of the data 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.

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who considered screening important 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 undergo screening.

“My personal opinion is the importance of HIV screening is not stressed in many patient/provider encounters,” said Dr. Wiesenfeld.

“Some providers don’t think HIV is relevant to their population because they have an affluent population. It mirrors chlamydia screening. They don’t think their patients are at risk,” the physician revealed.

A comparison of medical records with subjects’ responses revealed some recall bias.

Two percent of those who reported having been tested had actually undergone testing.

Of those who reported 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 unscreened 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,” Ms. Kennedy said.

“Universal HIV screening is not at the rate we would like across the country,” concluded Dr. Wiesenfeld.

“Multiwave analysis of the data revealed that being white and married were each independently associated with a threefold greater risk of not being screened. Some don’t think HIV is relevant to their patient population. Their 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 who considered screening important 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 undergo screening. ‘My personal opinion is the importance of HIV screening is not stressed in many patient/provider encounters.’ Some don’t think HIV is relevant to their patient population. A comparison of medical records with subjects’ responses revealed some recall bias. Two percent of those who reported having been tested had actually undergone testing. Of those who reported 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 unscreened 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,’ Ms. Kennedy said. ‘Universal HIV screening is not at the rate 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 those who don’t feel their provider is encouraging it,’ he opined. The investigators said they had no conflicts of interest.