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OBJECTIVES

HIV-infected women who join MRF start anti-retrovirals immediately.

An HIV diagnosis while pregnant can create additional stressors.

The purpose of this study is to determine whether women who are newly diagnosed HIV-positive in pregnancy, default care at higher rates than non-pregnant women.

METHODS

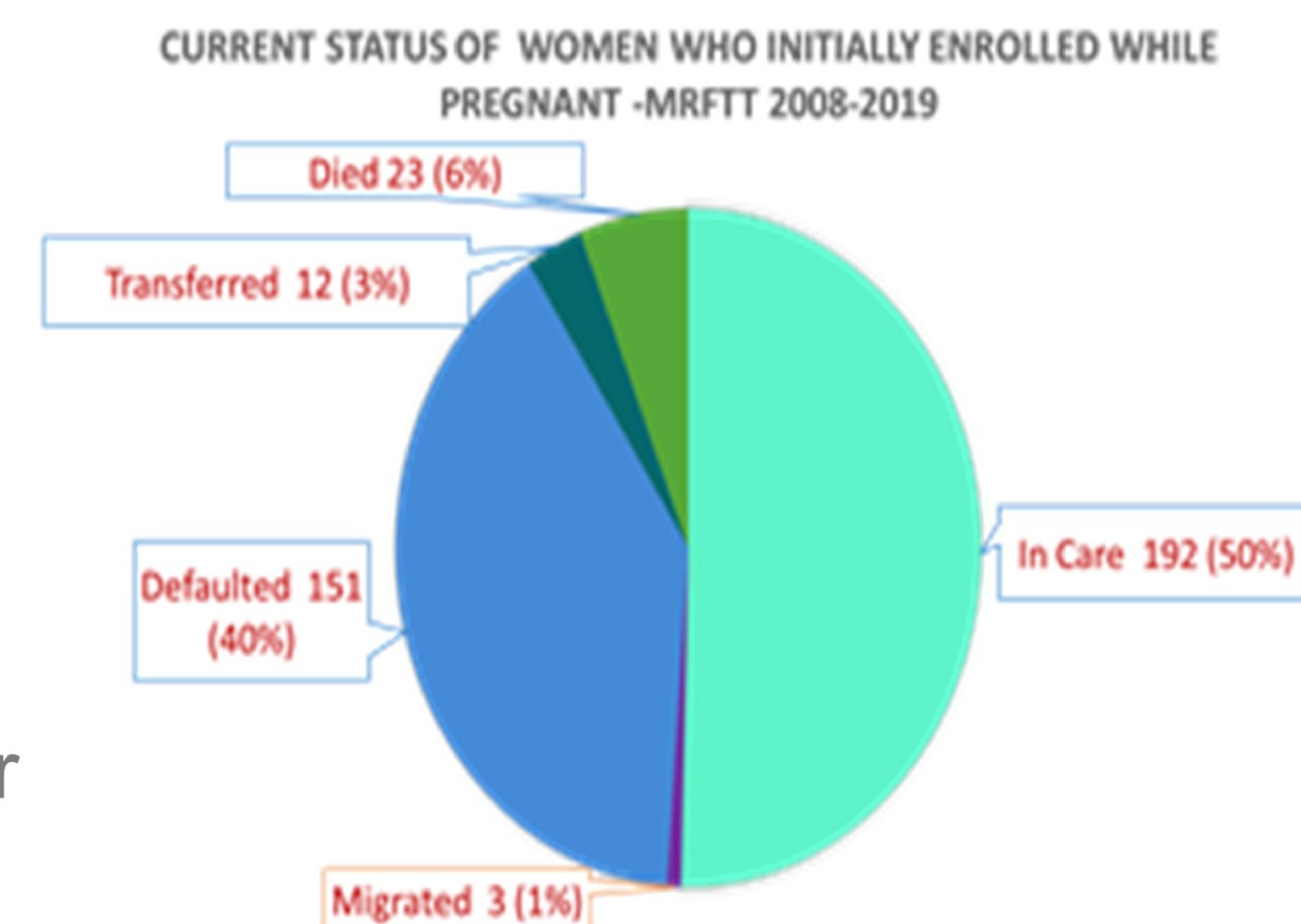
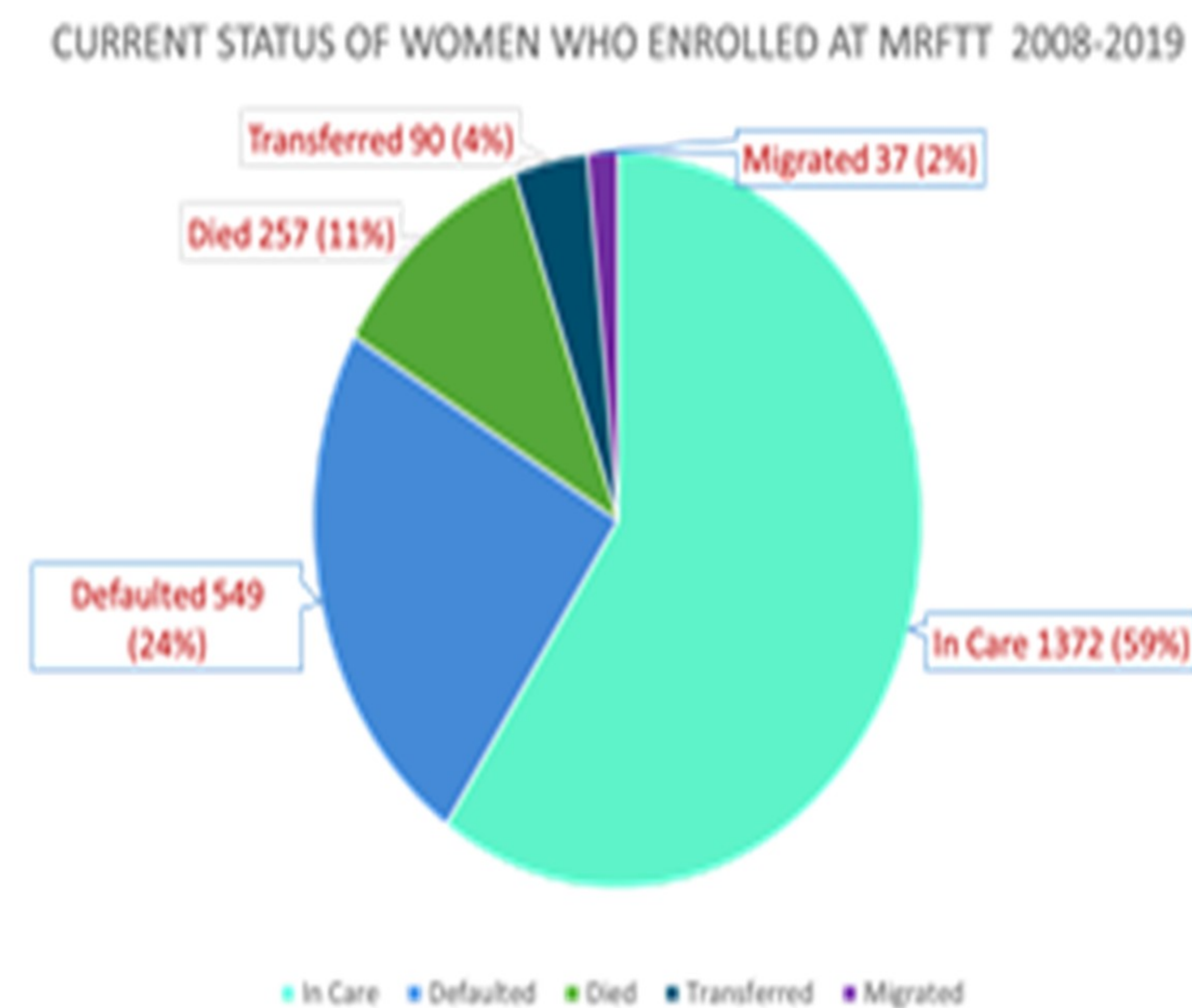
Using electronic medical records, a 2008-2019 review of all women joining MRF was undertaken, and clients were identified as pregnant /not pregnant and status assigned as:

- i. Currently attending – defined as within 3 months
- ii. Defaulted – missed appointment/medication refill >1 month
- iii. Died
- iv. Transferred
- v. Migrated

Pregnant women accounted for 6.5% of all women who defaulted.

Comparatively, 549 (24%) of all women have defaulted, whereas 151 (40%) of all pregnant women on first visit have defaulted, $p < 0.05$

RESULTS



CONCLUSION

This study revealed that women who joined clinic pregnant, have defaulted more than non-pregnant women.

Defaulting care has implications including infecting partners, developing drug resistance and having future pregnancies go unchecked.

Women diagnosed with HIV while pregnant may have unidentified complex challenges, including domestic violence, single-parenting, child-rearing, psychosocial and economic issues, partner non-disclosure, and serial monogamy.

Further investigation is needed.

