

# Maternity Care Services for Women Living with HIV



Shoemaker ES,<sup>1,2,3,4</sup> Smith S,<sup>1</sup> Loutfy M,<sup>3,5,6</sup> Darling L,<sup>3,7</sup> Walker M,<sup>2,8</sup> Hawken S,<sup>3,4</sup> Bibeau C,<sup>1</sup> Bertozzi B,<sup>1</sup> Fraleigh A,<sup>1</sup> Kwaramba G,<sup>1</sup> Johnson K,<sup>1</sup> Cousineau A,<sup>1</sup> Kendall CE,<sup>1,2,3,4,9</sup>

<sup>1</sup>Brüyère Research Institute, <sup>2</sup>University of Ottawa, <sup>3</sup>ICES, <sup>4</sup>Ottawa Hospital Research Institute, <sup>5</sup>Women’s College Research Institute, <sup>6</sup>University of Toronto, <sup>7</sup>McMaster University, <sup>8</sup>The Ottawa Hospital, <sup>9</sup>Li Ka Shing Knowledge Institute of St. Michael’s Hospital

## Background

- 80% of women living with HIV in Canada are of reproductive age
- Majority of women living with HIV plan to become pregnant and give birth
- Continuous treatment with antiretroviral therapy (ART) enables women to become pregnant without transmitting HIV to their infants
- WHO guideline (2017) no longer recommends routine Caesarean section births for this population



Consolidated guideline on sexual and reproductive health and rights of women living with HIV

Antenatal care and maternal health services

**REC B.22 (NEW):** WHO recommends that elective caesarean section (C-section) should not be routinely recommended to women living with HIV.

Strong recommendation, low-quality evidence



## Aims

- Identify patient populations at risk for poor maternal outcomes.
- Inform the appropriate application of pregnancy and birth interventions among women living with HIV

## Study Design

- Retrospective population-based study using linked administrative data from ICES comparing healthcare utilization and health outcomes to women not living with HIV
- Linkage of Ontario data of the Canadian HIV Women’s Sexual and Reproductive Health Cohort Study (CHIWOS) to the administrative data at ICES



## Plan to Describe

Patterns of healthcare utilization:

- Prenatal care and screening
- Type of maternity care provider
- Location of prenatal care and delivery
- ART use
- Labour and birth interventions

## Plan to Assess

Health outcomes and rates of poor health outcomes:

- Adverse birth events using the Adverse Outcome Index (AOI)
- Severe maternal morbidity (blood transfusion, postpartum hemorrhage, hysterectomy, cardiac arrest, eclampsia)

## Plan to Evaluate

Patient characteristics associated with poor maternal health outcomes:

- Immigration status
- Ethnicity
- Income
- Rurality
- Education
- Stigmatization

## Study Progress

- December 3, 2018: Approval of Canadian Institute of Health Research (CIHR) Planning and Dissemination Grant to assemble an interdisciplinary team of researchers, clinicians and community scholars (people with lived experience)
- January 10, 2019: In-person team meeting to determine most relevant outcomes
- Project initiated at ICES

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