

Pregnancy Spacing in Women Living with HIV

A Series of Informational Interviews

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HIV and Pregnancy Planning

Background & Problem

- ▶ **Pregnancy planning** makes it possible to optimize maternal health and **prevent mother-to-child transmission of HIV**.^{1,2}
 - ▶ Adherence to medical treatment for HIV between pregnancies results in **suppressed maternal HIV viral load** and significantly **decreased mother-to-child-transmission of HIV**³
 - ▶ Optimal inter-pregnancy interval is at least **24 months**⁴
- ▶ In the United States (US), however, only **1 in 6** HIV+ women at risk of pregnancy reports current use of long-acting reversible contraception (s.a. an intra-uterine device or progesterone implant) which have been shown to be the most effective methods of unplanned pregnancy prevention⁵
- ▶ For people living with HIV, the World Health Organization recommends **dual method contraception** - use of condoms to reduce the risks of HIV transmission along with an additional more effective birth control method to prevent unwanted pregnancy⁴
- ▶ Despite this recommendation, **the majority of women living with HIV in the US do not practice dual method contraception**^{6,7} leaving them at risk for unplanned pregnancy and/or transmission of HIV.
- ▶ The rate of unplanned births to African American women living below the federal poverty limit is **6 times** higher than of women with higher incomes, and **twice** that of non-Hispanic White women.⁸



Research Question

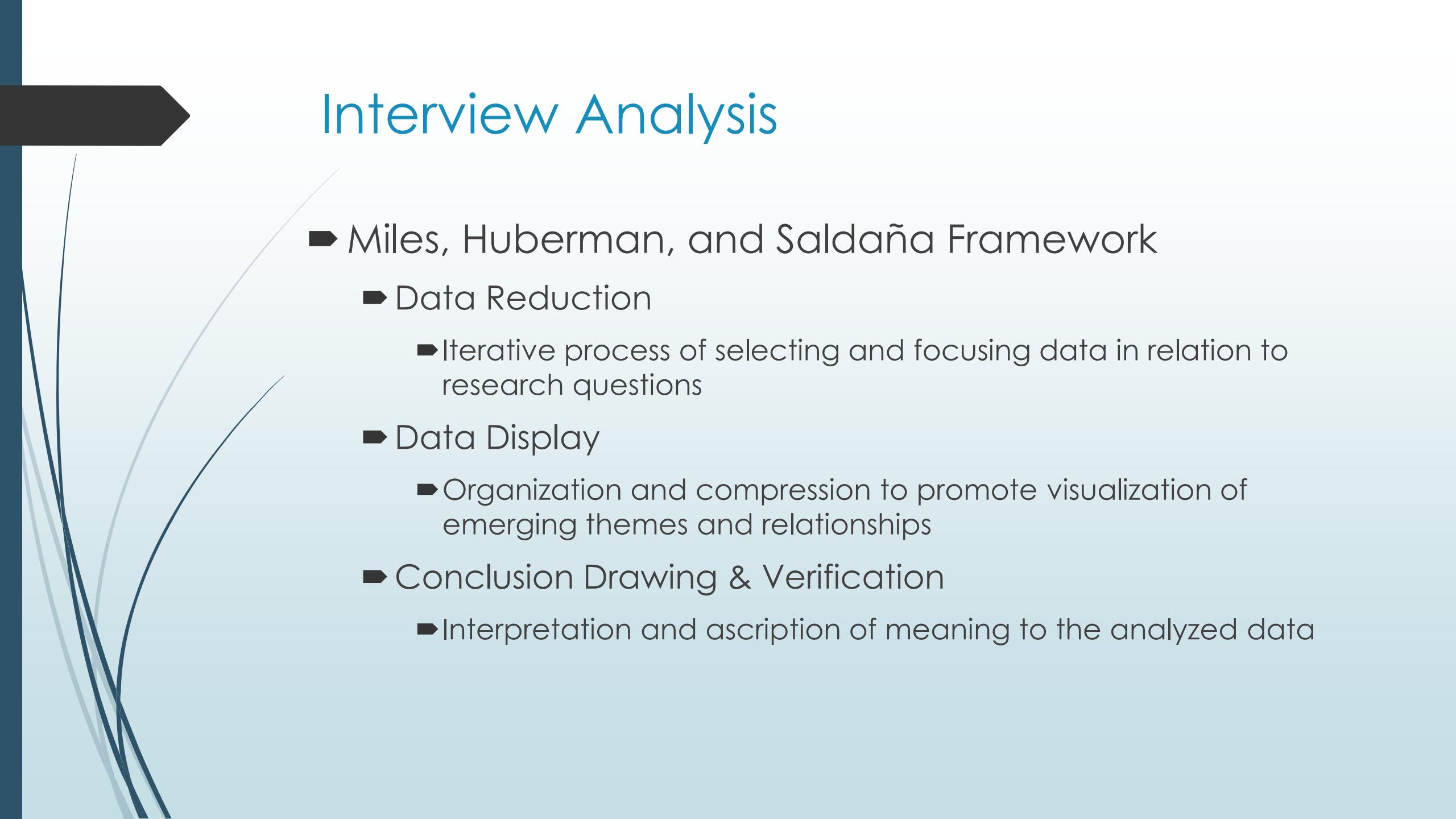
- ▶ What are the barriers to and facilitators of optimal birth spacing and dual contraception use among underserved, urban women living with HIV in the United States?
- ▶ Approach
 - ▶ Semi-structured interviews
 - ▶ Multiparous (>1 child), HIV+ women served by urban OB/GYN clinic

Recruitment & Selection Criteria

- ▶ Convenience sample, successive OB/GYN outpatients receiving care at major urban hospital center meeting following criteria:
 - ▶ 18-45 years of age (childbearing age)
 - ▶ With two or more children (multiparous)
 - ▶ HIV positive
 - ▶ Living below the federal poverty level
 - ▶ English-speaking
- ▶ two groups of interest:
 - 1) Women with pregnancies spaced **> 2 years**
 - 2) Women with pregnancies spaced **< 2 years**

Semi-Structured Interviews

- ▶ Face-to-face, individual or paired
- ▶ Designed to take place immediately before or after scheduled clinic appointment to reduce burden
- ▶ \$50 gift card and transportation reimbursement
- ▶ Audio recorded and professionally transcribed
- ▶ Primacy of women's perception of their experiences – no vetting against the medical record was performed
- ▶ Questions focused on:
 - ▶ Women's experience of short-acting (condoms) and long-acting reversible contraceptives
 - ▶ Barriers to and facilitators of adhering to dual-method recommendations to optimally space pregnancies



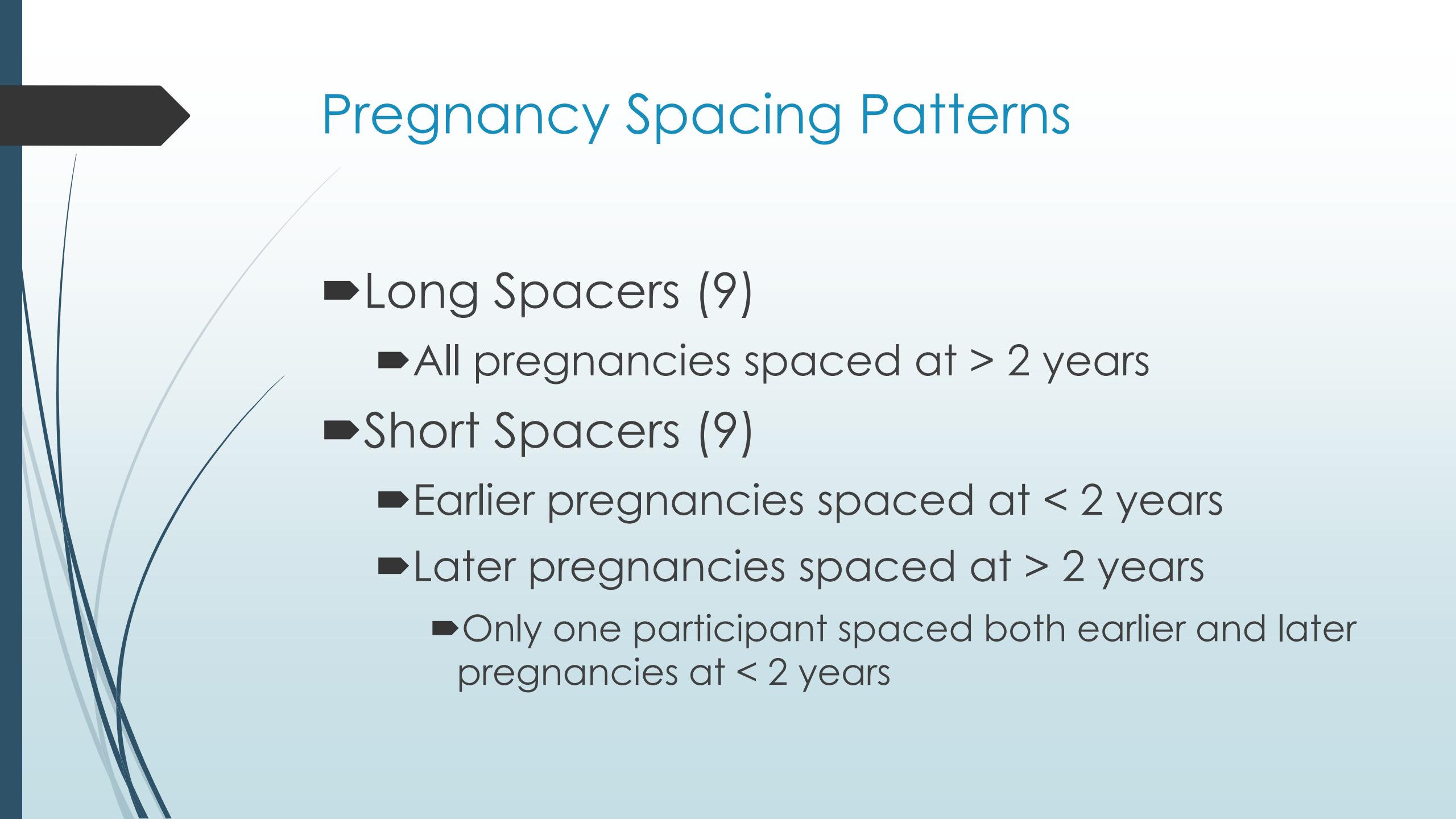
Interview Analysis

- ▶ Miles, Huberman, and Saldaña Framework
 - ▶ Data Reduction
 - ▶ Iterative process of selecting and focusing data in relation to research questions
 - ▶ Data Display
 - ▶ Organization and compression to promote visualization of emerging themes and relationships
 - ▶ Conclusion Drawing & Verification
 - ▶ Interpretation and ascription of meaning to the analyzed data



Participant Description

# Recruited	18
# Living children & pregnancies (twins counted once)	54
Motherhood experience range (years)	4-25
# Pregnancies spaced >2 years	34
# Pregnancies spaced <2 years	13
Pregnant at time of interview	7



Pregnancy Spacing Patterns

- ▶ Long Spacers (9)
 - ▶ All pregnancies spaced at > 2 years
- ▶ Short Spacers (9)
 - ▶ Earlier pregnancies spaced at < 2 years
 - ▶ Later pregnancies spaced at > 2 years
 - ▶ Only one participant spaced both earlier and later pregnancies at < 2 years



Emerging Themes

- ▶ The Burden of Contraception
- ▶ Belief in the Unreliability of Contraception
- ▶ Impact of Youth/Inexperience

Participants' Experience With Long-Acting Contraception

Oral Contraceptive Pills (OCPs)	13
Depot medroxyprogesterone acetate (DMPA) "Depo Provera"	15
Intrauterine Device (IUD)	6
Implant	1
Patch	6
Ring	2
Tubal Ligation	3
Hysterectomy	1
Other	1

Methods Tried	Women Trying
1	-
2	11
3	4
4	2

*Experience with Condoms
(Short-acting Contraception)*

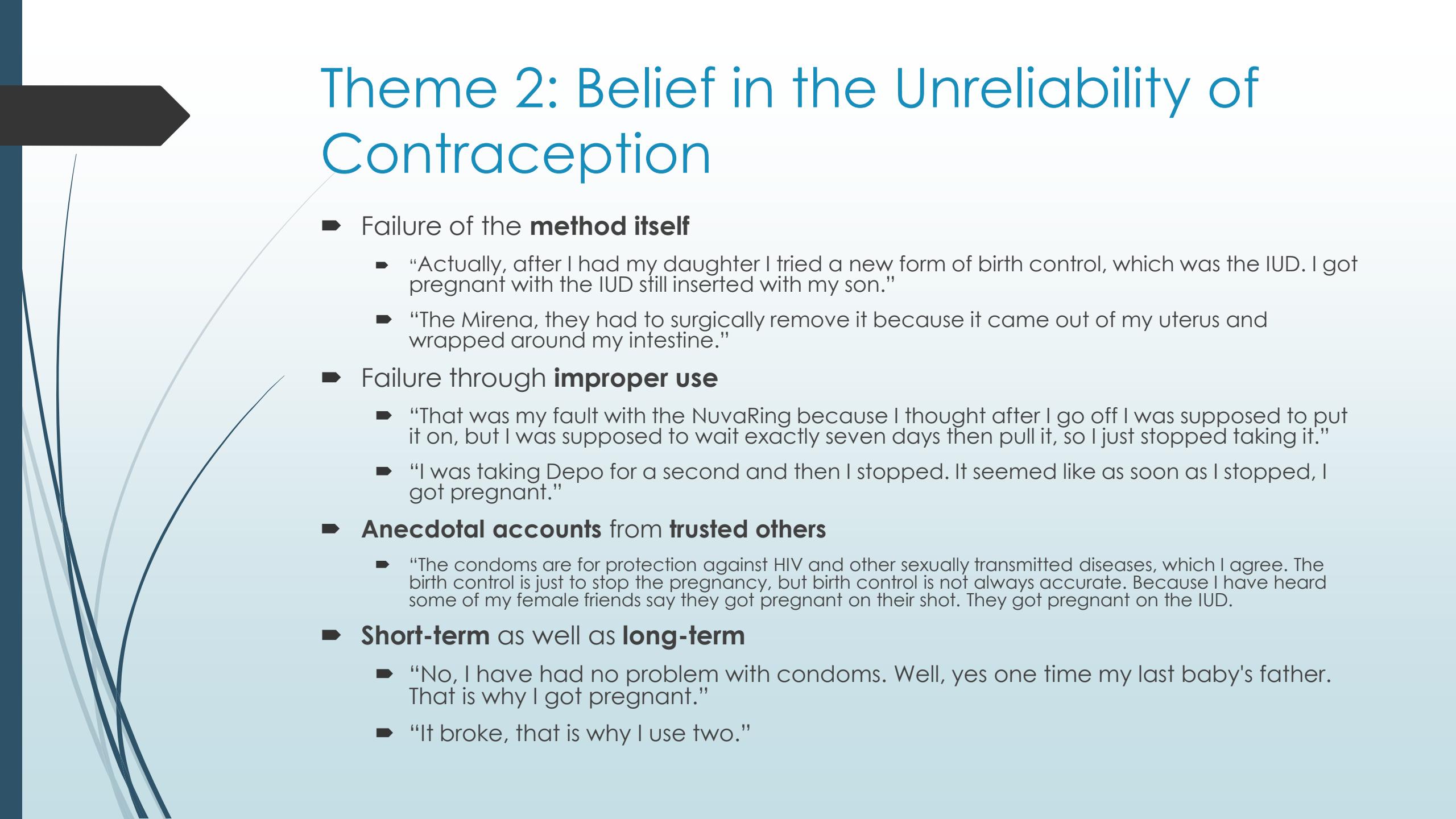
Male Condoms	17
Female Condoms	1

Women's Experience of Long-Acting (Reversible) Contraception Side-Effects

Side-Effect total Users (%)	OCPs 13 (72%)	Depo 15 (83%)	IUD 6 (33%)	Patch 6 (33%)	Ring 2 (11%)	Implant 1 (6%)
General Malaise		1 (7%)				
Weight Gain		10 (67%)				
Bloating		3 (20%)				
Nausea/GI Disturbance	2 (15%)					
Headache	1 (8%)					
Menstrual Change	1 (8%)	2 (13%)	1 (17%)		1 (50%)	1 (100%)
Pain		1 (7%)	3 (50%)			
Hair Loss		4 (27%)	1 (17%)			
Other Physical Complaints	2 (15%)					
Serious Medical Conditions			1 (17%)	1 (17%)		

Theme 1: The Burden of Contraception

- ▶ Experience of Burden
 - ▶ Side-effects widely experienced (previous slide)
 - ▶ Physical, e.g. nausea, pain
 - ▶ Threat to sense of self, hair loss, weight gain
 - ▶ "This is going to be kind of superficial to say, but a lot of the birth controls now tend to put a little extra weight on you and so for that reason, myself and a lot of other women do not want to use it."
 - ▶ Overwhelmed by need to take contraceptives in addition to HIV medications
 - ▶ Difficulty remembering to take OCPs at the same time every day
 - ▶ Difficulty getting to clinic appointments for Depo shot
 - ▶ Unnaturalness, intrusiveness of use of condoms
 - ▶ Unwelcome reminder of HIV+ status



Theme 2: Belief in the Unreliability of Contraception

- ▶ Failure of the **method itself**

- ▶ "Actually, after I had my daughter I tried a new form of birth control, which was the IUD. I got pregnant with the IUD still inserted with my son."
 - ▶ "The Mirena, they had to surgically remove it because it came out of my uterus and wrapped around my intestine."

- ▶ Failure through **improper use**

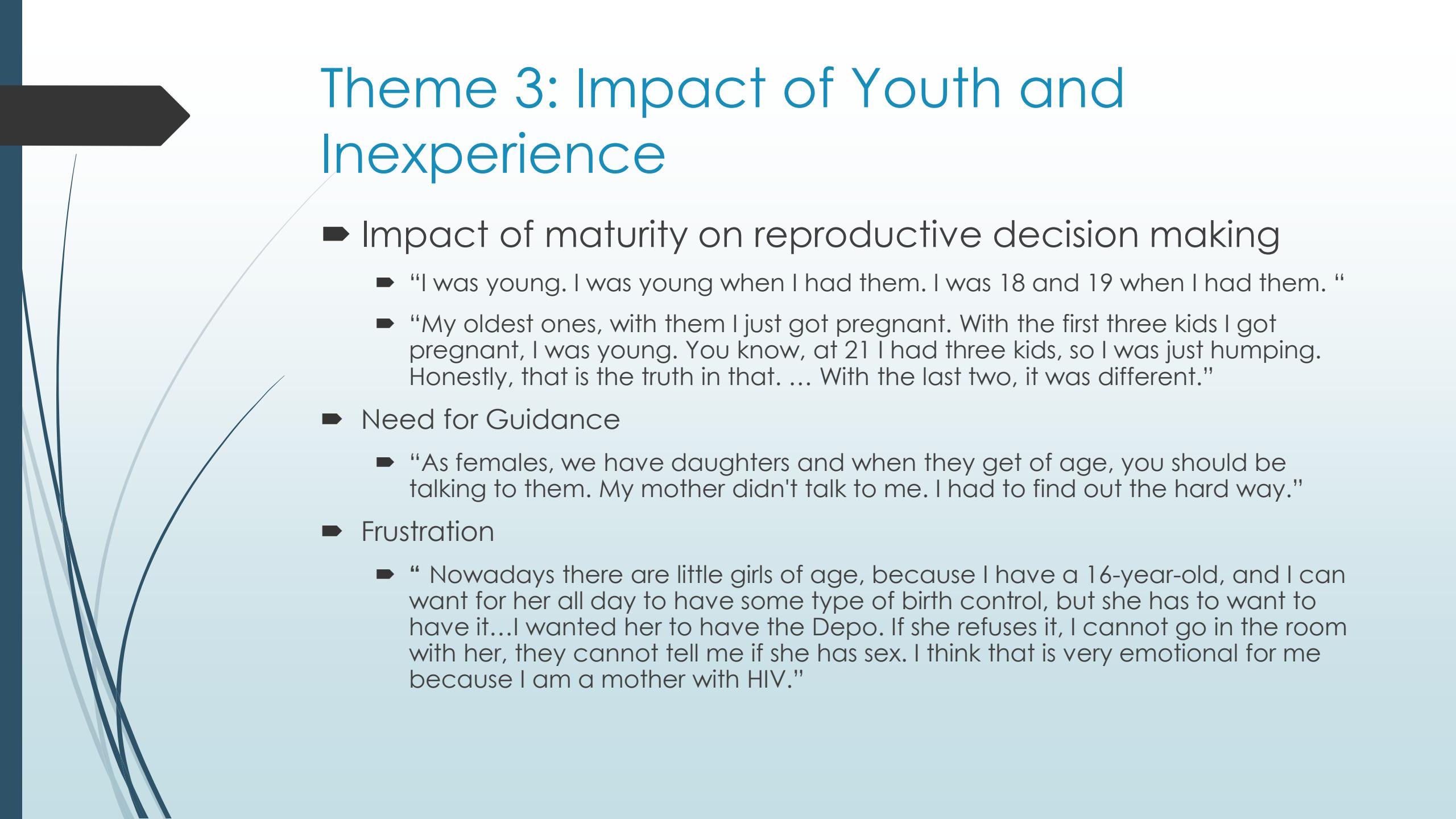
- ▶ "That was my fault with the NuvaRing because I thought after I go off I was supposed to put it on, but I was supposed to wait exactly seven days then pull it, so I just stopped taking it."
 - ▶ "I was taking Depo for a second and then I stopped. It seemed like as soon as I stopped, I got pregnant."

- ▶ **Anecdotal accounts** from **trusted others**

- ▶ "The condoms are for protection against HIV and other sexually transmitted diseases, which I agree. The birth control is just to stop the pregnancy, but birth control is not always accurate. Because I have heard some of my female friends say they got pregnant on their shot. They got pregnant on the IUD."

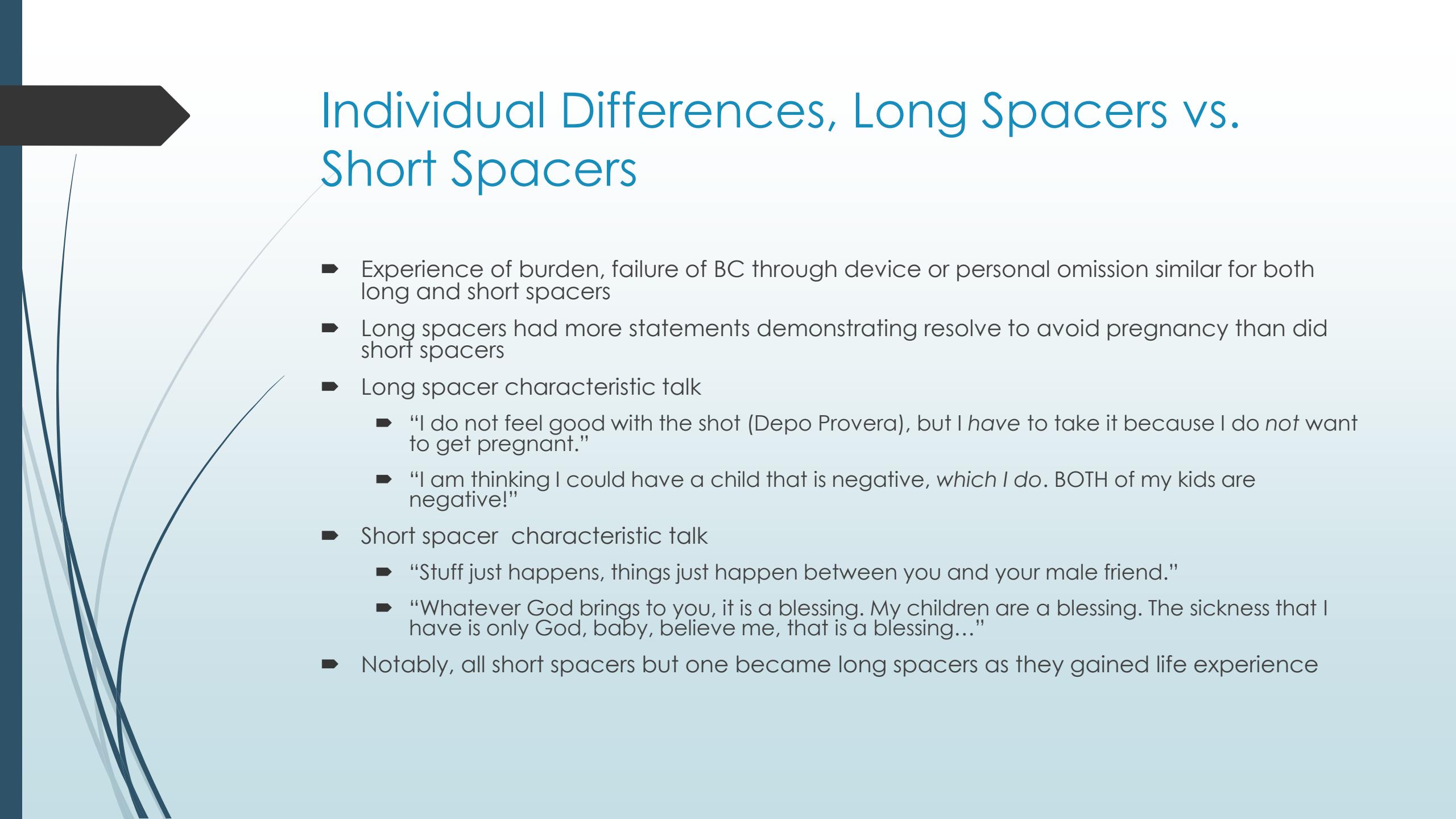
- ▶ **Short-term** as well as **long-term**

- ▶ "No, I have had no problem with condoms. Well, yes one time my last baby's father. That is why I got pregnant."
 - ▶ "It broke, that is why I use two."



Theme 3: Impact of Youth and Inexperience

- ▶ Impact of maturity on reproductive decision making
 - ▶ "I was young. I was young when I had them. I was 18 and 19 when I had them."
 - ▶ "My oldest ones, with them I just got pregnant. With the first three kids I got pregnant, I was young. You know, at 21 I had three kids, so I was just humping. Honestly, that is the truth in that. ... With the last two, it was different."
- ▶ Need for Guidance
 - ▶ "As females, we have daughters and when they get of age, you should be talking to them. My mother didn't talk to me. I had to find out the hard way."
- ▶ Frustration
 - ▶ "Nowadays there are little girls of age, because I have a 16-year-old, and I can want for her all day to have some type of birth control, but she has to want to have it...I wanted her to have the Depo. If she refuses it, I cannot go in the room with her, they cannot tell me if she has sex. I think that is very emotional for me because I am a mother with HIV."



Individual Differences, Long Spacers vs. Short Spacers

- ▶ Experience of burden, failure of BC through device or personal omission similar for both long and short spacers
- ▶ Long spacers had more statements demonstrating resolve to avoid pregnancy than did short spacers
- ▶ Long spacer characteristic talk
 - ▶ "I do not feel good with the shot (Depo Provera), but I have to take it because I do not want to get pregnant."
 - ▶ "I am thinking I could have a child that is negative, which I do. BOTH of my kids are negative!"
- ▶ Short spacer characteristic talk
 - ▶ "Stuff just happens, things just happen between you and your male friend."
 - ▶ "Whatever God brings to you, it is a blessing. My children are a blessing. The sickness that I have is only God, baby, believe me, that is a blessing..."
- ▶ Notably, all short spacers but one became long spacers as they gained life experience

Conclusions

- ▶ Dual method contraception universally perceived as a burdensome and difficult practice.
- ▶ Maturity, experience helped women reconcile the burden and difficulty with desired outcomes
- ▶ Personal factors differentiated women who persisted and were successful in spacing their pregnancies >2 years
- ▶ More research is needed to test apparent personality difference glimpsed in our participants against constructs such as healthcare self-efficacy and locus of control
- ▶ Recommendation to Practitioners
 - ▶ Focus on developing ways to support young women in managing contraception
 - ▶ Adherence to dual method contraception might be improved if individual differences can be discovered and education tailored to them.



Thank you!

► Questions?



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