

# Post-Partum Contraception in Women Living with HIV (WLHIV)

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## Background

- 23% of Canadians living with HIV are women, with ¾ of those newly diagnosed being of childbearing age.
- In Canada, higher rate of unintended pregnancies seen in WLHIV versus those living without HIV.
- The World Health Organization and the Canadian HIV Pregnancy Planning Guidelines recommend preventing unintended pregnancies and offering family planning/contraception counselling to those living with HIV to decrease the rate of Perinatal HIV Transmission.
- Contraception counselling has been linked to contraception uptake.
- To date, there have been no studies evaluating post-partum (PP) contraception use in WLHIV in Canada.

## Outcomes

### Primary

- Describe the proportion of WLHIV using any method of contraception within 3 months PP.

### Secondary

- Describe the proportion of different contraceptive methods used by WLHIV within 3 months PP.
- Describe the proportion of intended contraception plans that were implemented within 3, 6, and 12 months PP.
- Evaluate the presence of an association between receiving contraception counselling anytime during pregnancy, and up to 3 months PP, with contraception uptake within 3 months PP.

## Methods

**Design:** Retrospective Cohort Study.

**Inclusion Criteria:** WLHIV followed by the Oak Tree Clinic who had a live birth between January 1<sup>st</sup>, 2014 and September 15<sup>th</sup>, 2019.

**Exclusion Criteria:** Missing data regarding contraception uptake within 3 months PP.

**Sample size:** Convenience sample (N= 110)

**Statistical Analysis:** Descriptive statistics for proportions. Fisher exact and Chi-squared tests for evaluating the presence of an association with counts < 5 and ≥ 5, respectively.

## Results

Figure 1: Participant Flow Chart

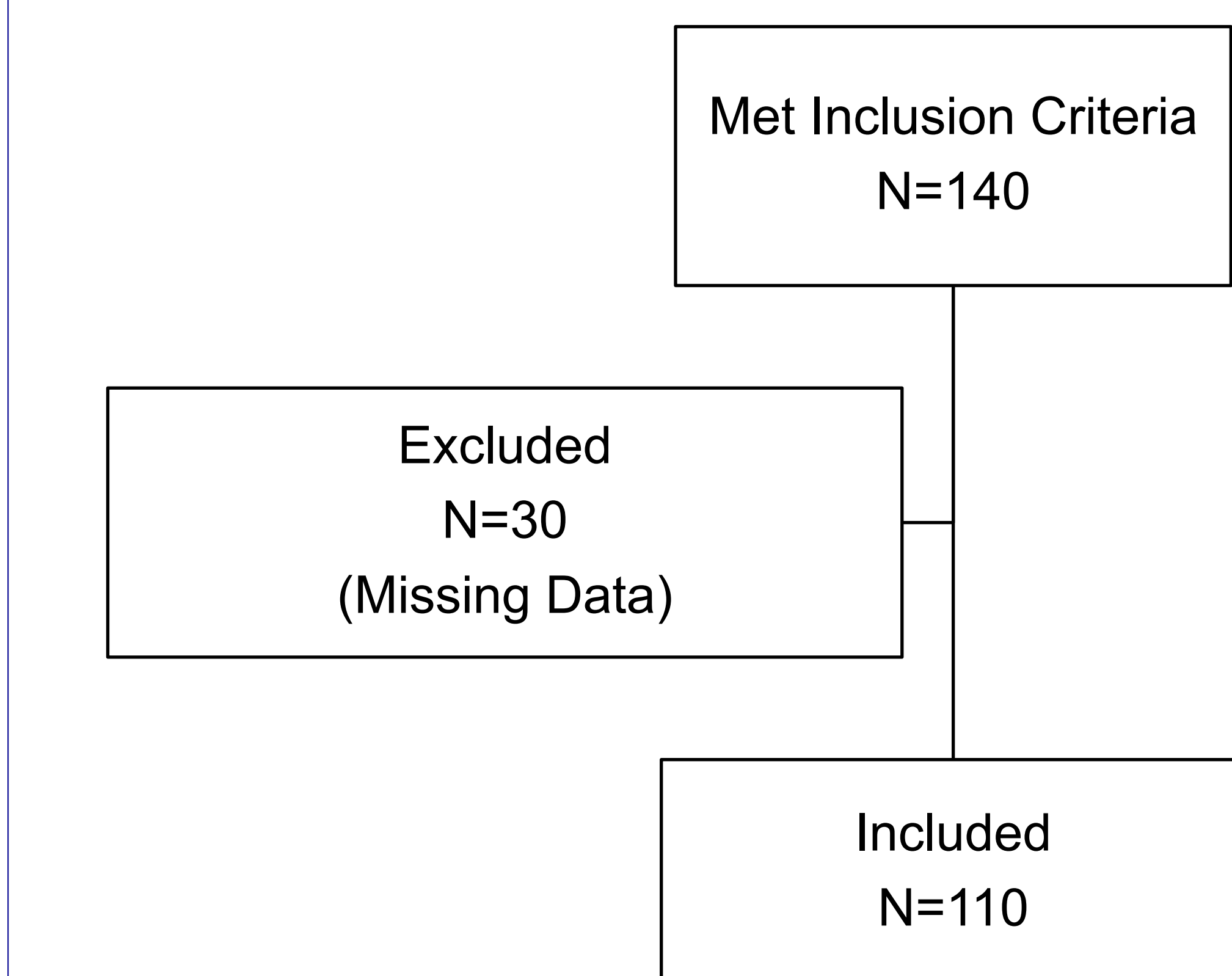


Table 1: Participant Characteristics (N=110)

Mean Age ± SD	33.7 ± 5.3
<b>Ethnicity, n (%)</b>	
Caucasian	33 (30)
Black	27 (25)
Indigenous	25 (23)
Asian	10 (9)
Other	8 (7)
<b>Marital Status, n (%)</b>	
In a Relationship/Married	101 (92)
Single	7 (6)
<b>Gravidity, n (%)</b>	
1	16 (15)
2	23 (21)
3+	70 (64)
Mean CD4 count ± SD	581 ± 268.5
Undetectable Viral Load, n (%)	97 (88)
Median Detectable Viral Load (N=13; IQR)	133 (64, 25 652)
Taking ART pre-conception, n (%)	87 (79)
Taking ART during pregnancy, n (%)	108 (98)

ART = anti-retroviral therapy

Figure 2: Any Contraception Within 3 months PP

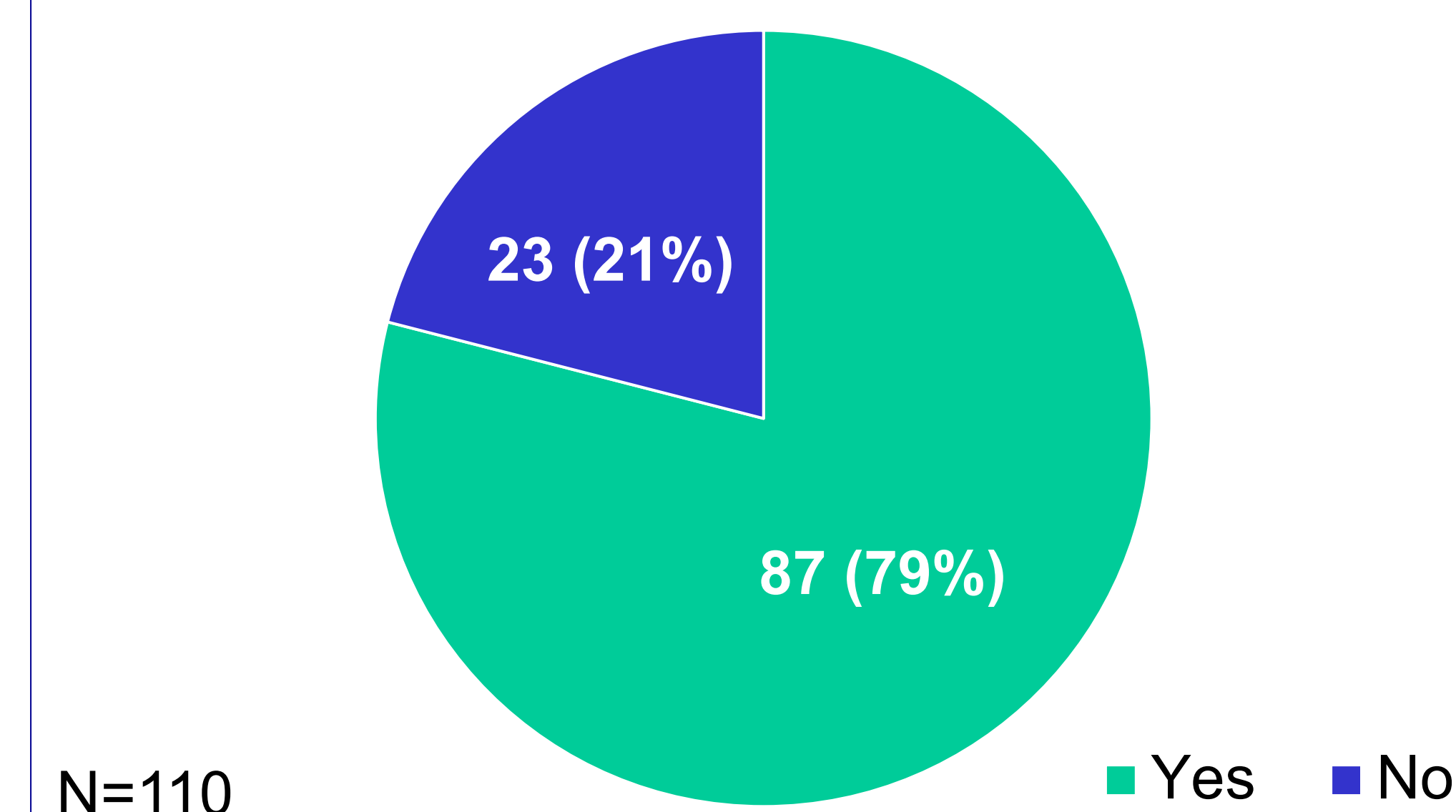


Figure 3: Reliable Contraception Within 3 months PP

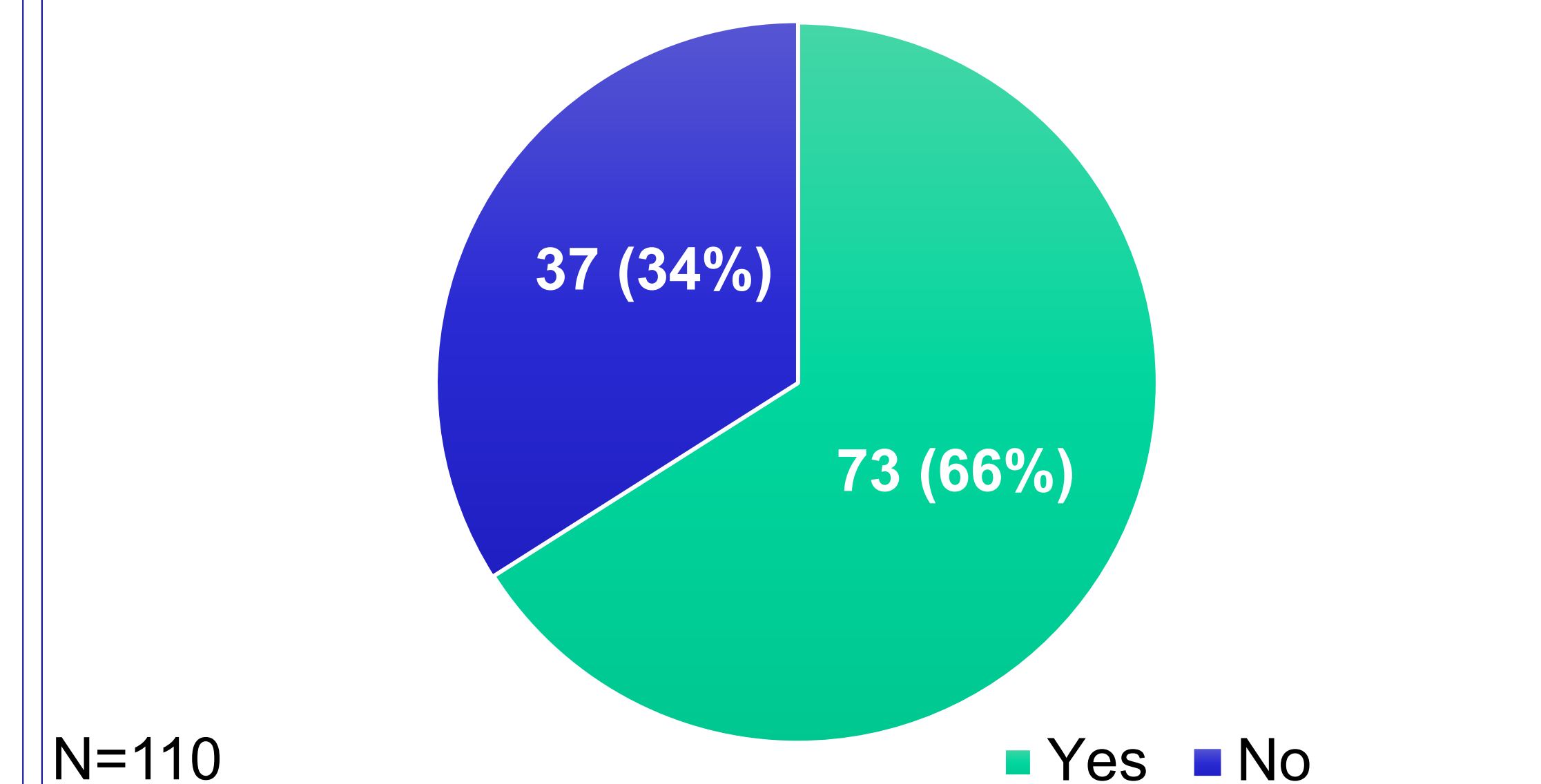


Figure 4: Choice of Contraceptive Agent

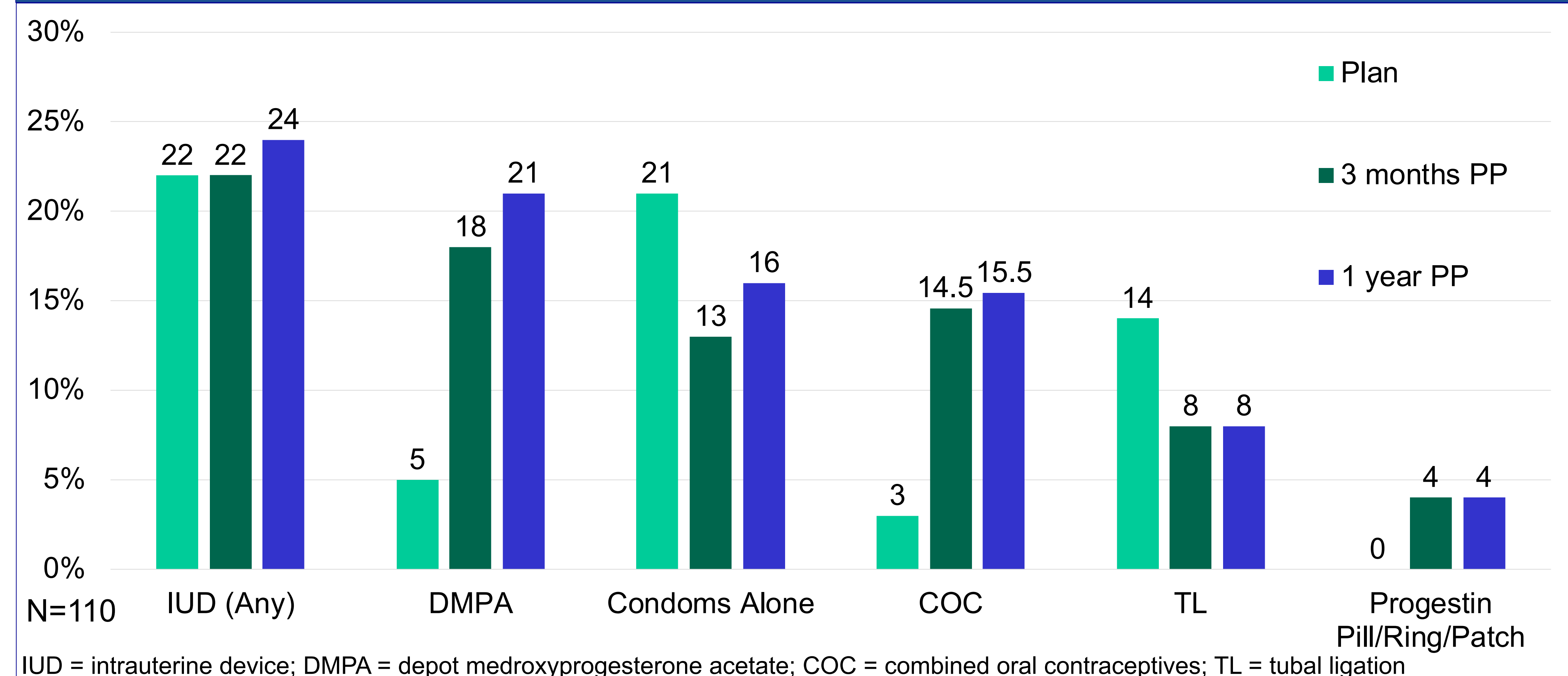


Figure 5: Uptake in those Planning to Use Contraception

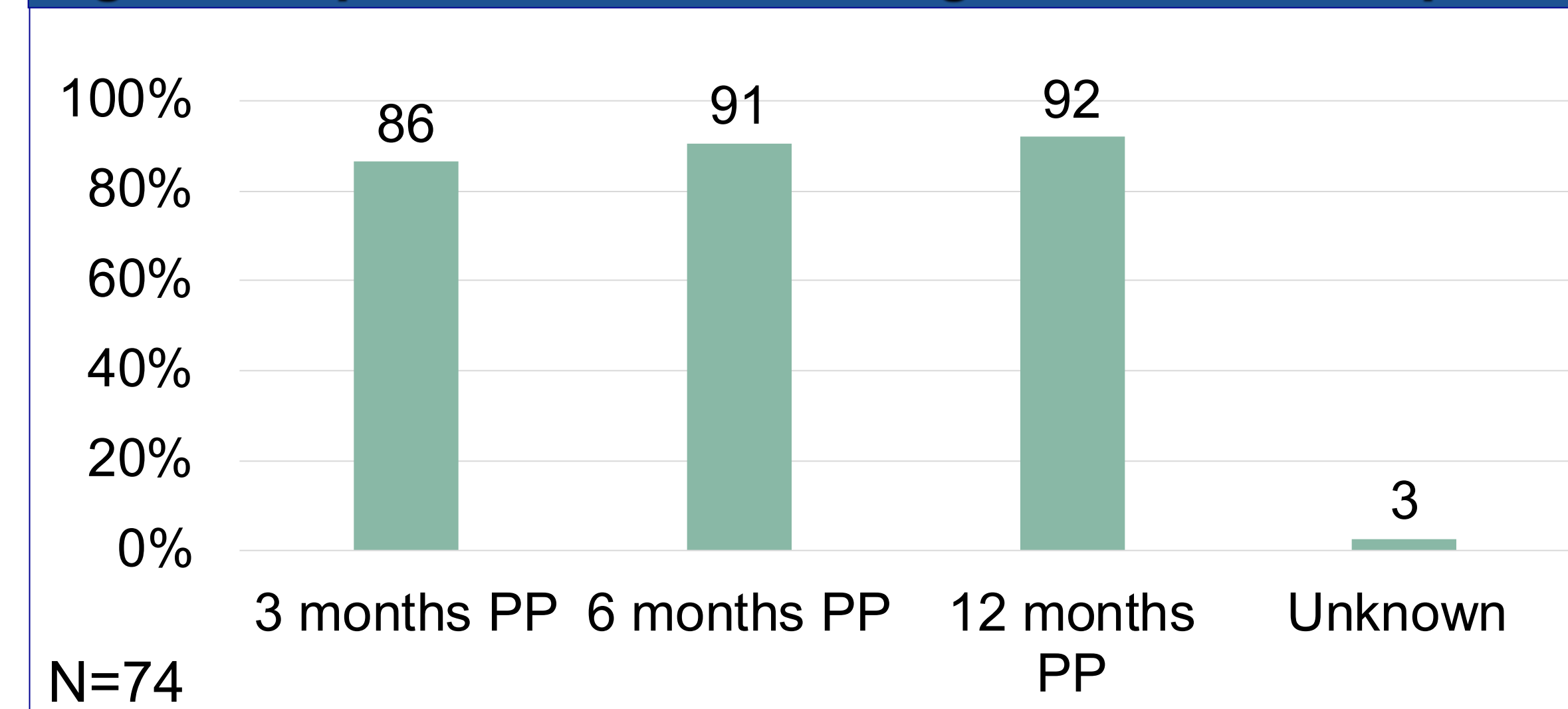


Table 2: Counselling and Uptake Rates

Contraception counselling during pregnancy, and up to 3 months PP, was associated with contraception uptake within 3 months PP (p-value < 0.05).

Category	N=110, n (%)
Counselling + uptake	86 (78)
Counselling + <u>no</u> uptake	19 (17)
No counselling + uptake	1 (1)
No counselling + <u>no</u> uptake	4 (4)

## Conclusions

- The majority of participants had contraception uptake within 3 months PP.
- Most common form of contraception used was an IUD, followed by DMPA.
- Having a contraception plan resulted in a high rate of contraception use, with the highest uptake being within 3 months PP.
- Contraception counselling during pregnancy, and up to 3 months PP, was associated with contraception uptake within 3 months PP.