

Residential and healthcare mobility during pregnancy among women living with HIV in the UK, 2009-2019



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BACKGROUND

Little is known about the extent to which people living with HIV experience residential and healthcare mobility during pregnancy in the UK.

We aimed to determine minimum estimates of **residential** and **healthcare mobility during pregnancy** in people living with HIV in 2009-2019, to explore **patterns** of and **factors associated** with mobility, and to assess whether mobility was associated with specific HIV outcomes.

METHODS

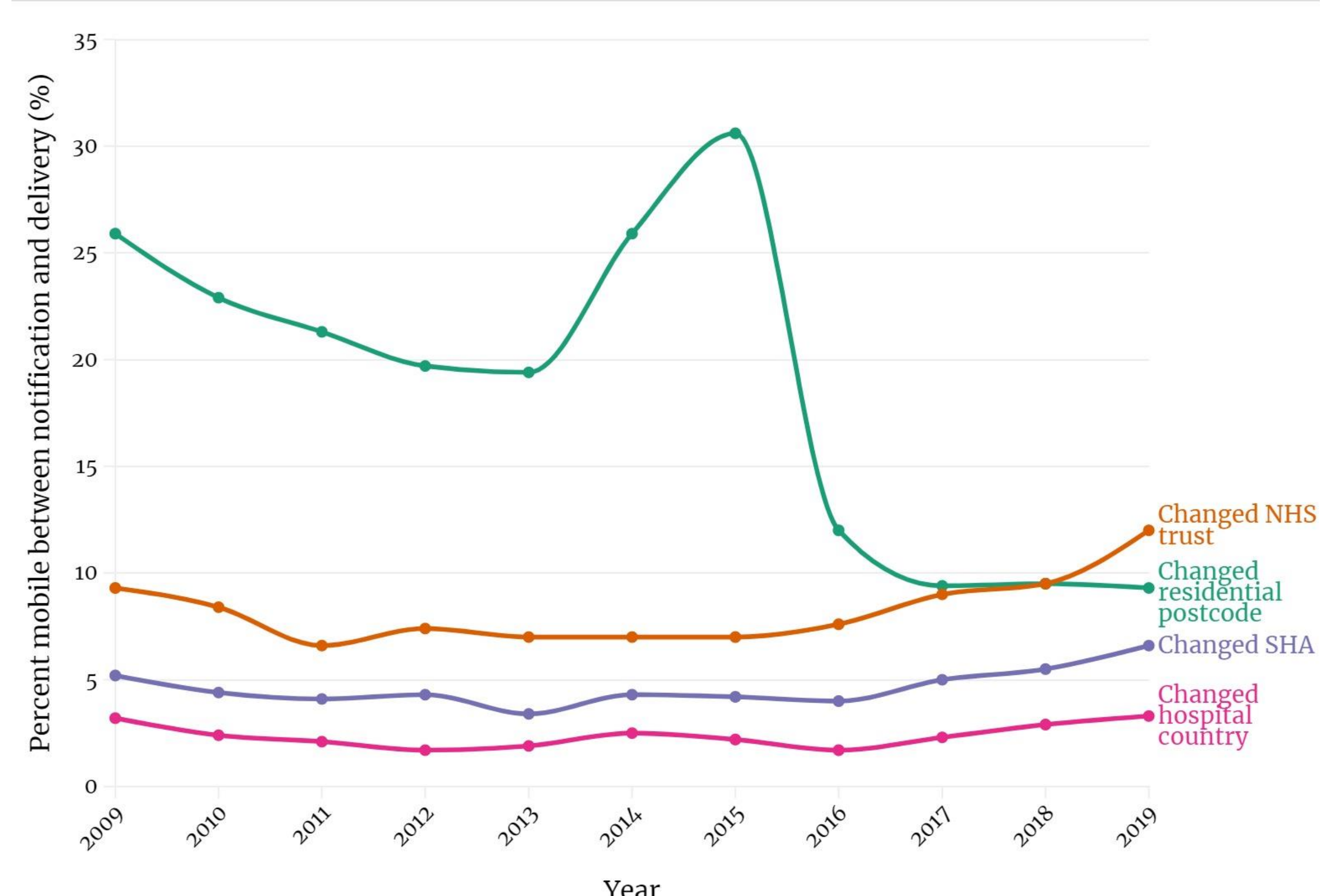
The **Integrated Screening Outcomes Surveillance Service (ISOSS)** part of the NHS Infectious Diseases in Pregnancy Screening Programme conducts comprehensive, UK population-based surveillance of pregnancies in women living with HIV.

Analysis using data from ISOSS covered **livebirths and stillbirths with estimated delivery in 2009-2019**. Logistic regression was used to determine factors associated with residential and healthcare mobility, and with detectable delivery viral load.

Residential mobility - changing residential postcode between notification and delivery

Healthcare mobility - changing NHS Trust or changing Strategic Health Authority (SHA) in that same timeframe

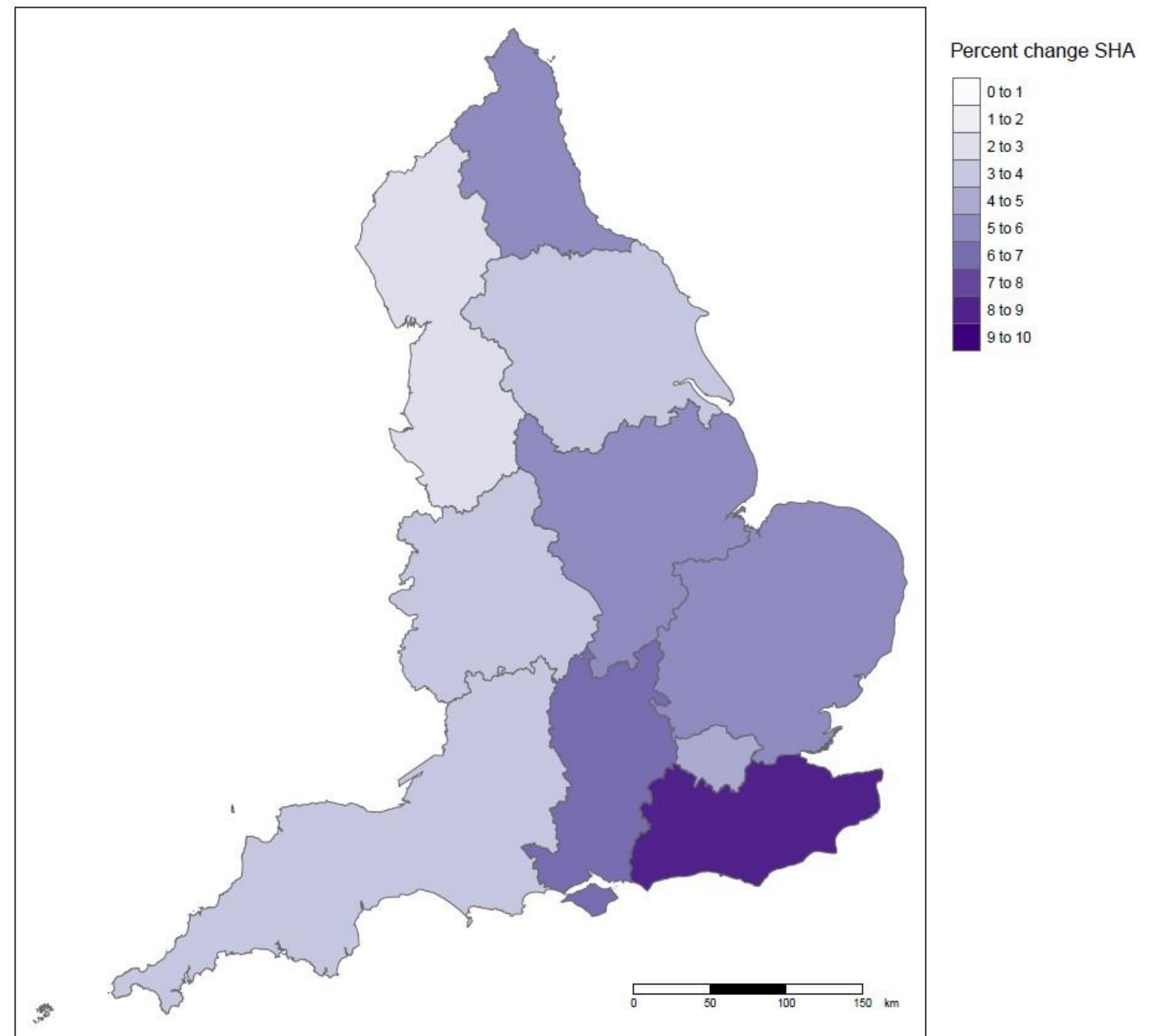
Figure 2. Residential and healthcare mobility between notification and delivery among pregnant women living with HIV in the UK, 2009-2019 (n=10305, except for changed SHA n=9759)



CONCLUSIONS

- **Residential mobility** occurred in about **one in five pregnancies** from 2009- 2019 in people living with HIV in the UK, and 8% changed NHS Trust and 4% changed SHA
- Mobility was **higher among certain population groups** (e.g., migrants).

Figure 1. Changing Strategic Health Authority (SHA) during pregnancy by notification SHA among women living with HIV in England, 2009 to 2019 (n=9759)



RESULTS

Among **10,305 pregnancies**, **19.6%** experienced **residential mobility**, **8.1%** changed NHS Trust, and **4.5%** changed SHA during pregnancy. Changing SHA was highest among pregnancies booked in South Central (6.1%) and South-East Coast (8.1%) regions, and lowest for the North West (2.9%) and Yorkshire and the Humber (3.0%) (Figure 1). **Residential**, but not healthcare, mobility declined over time (25.9% in 2009 to 9.3% in 2019) (Figure 2).

Mobility was more likely to be experienced by:

- Younger women (<25 years)
- Migrants (esp. born in sub-Saharan Africa)
- Women with new antenatal diagnoses

In a model adjusted for calendar year, maternal age, country of birth and timing of ART start, mobility was not associated with having a detectable viral load at delivery.

Higher proportions of infants were lost-to-care when the women experienced mobility during pregnancy.

- The higher loss-to-care among infants whose mothers moved home and/or NHS Trust whilst pregnant compared with those without mobility suggests that **health systems need to optimise communication with mobile families**
- Research is needed to **understand the broader impacts of mobility on inequalities** and its utility as a marker to help identify families requiring additional follow-up and support.

CONTACT

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