

The impact of immigration issues on the care of women living with HIV during pregnancy: a survey of healthcare providers in UK & Ireland maternity units

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BACKGROUND

- Approximately 1300 HIV-positive pregnancies in women with diagnosed HIV-infection are reported annually in the UK & Ireland (UK&I).
- 85% of pregnancies are in women who were born abroad.
- Immigration issues may impact on women living with HIV's (WLHIV) access to care during pregnancy.
- National audits of perinatally acquired HIV were carried out by the NSHPC in 2007 and in 2014/15. Although the overall number of perinatal transmissions is small, insecure or uncertain maternal immigration status was reported in a substantial proportion of cases of perinatal HIV transmission.

RESULTS

- The overall response rate was **55%** (118/214).
- Over two-thirds of respondents (80/118) reported that immigration status was routinely recorded for pregnant women (regardless of HIV-status).
- Over **40%** (52/118) were able to calculate or estimate the proportion of WLHIV who were due to deliver in the study period who had insecure immigration status; the median proportion was **2.5%** (interquartile range 0-60%).
- Of 91 units who had experience of managing migrant WLHIV, **64%** reported that immigration issues impacted upon their care.
- The proportion of units who reported that immigration issues impacted upon care varied by unit size and region (Table).

AIM

- To describe recording of patient immigration status within maternity units, and healthcare providers' opinions on impact of immigration issues on WLHIV.

TABLE: RESPONDENT SITE CHARACTERISTICS

	Immigration issues <u>DO</u> impact upon care, n (%)	Immigration issues <u>DO NOT</u> impact upon care, n (%)
Unit size		
Small	24 (59)	17 (41)
Medium	22 (60)	15 (41)
Large	12 (92)	1 (8)
Region		
London	13 (87)	2 (13)
England (outside London)	39 (61)	25 (39)
Scotland/Wales/N Ireland	4 (50)	4 (50)
Ireland	2 (50)	2 (50)

METHODS

- The National Study of HIV in Pregnancy and Childhood (NSHPC) collects comprehensive data from maternity units on pregnancies in WLHIV in UK&I.
- In late 2015 we administered a web-based survey to all NSHPC maternity unit respondents, seeking information about unit policy on recording immigration status.

KEY CONCERNS EXPRESSED BY SURVEY RESPONDENTS

"It alters the relationship you can build with women due to their possible mistrust of healthcare professionals to 'shop' them or the belief we will disclose information to the authorities."

"They may fear dispersal or 'go underground'. If the immigration issues are policed at the hospital this may have a big impact on engagement in care."

"Some women with immigration issues have no recourse to public funds and this impacts massively on our ability to provide care."

"Concerns about immigration often overshadow health concerns and negatively impacts adherence."

"Asylum seekers being dispersed is a big worry."

"The women generally wish to access care however it makes them resistant to forming open relationships if they feel that they will be moved on with little or no notice. It also affects their mental health, constantly worrying about trying to form new friendships and new support systems."

"Women have missed appointments due to anxiety regarding their immigration status."

"[There are] high levels of anxiety and depression amongst women in this group...we have had vulnerable patients moved very late in pregnancy...and have had to do urgent transfers to a new clinic. [It is] very disruptive and unsafe, as well as distressing for the patient."

CONCLUSIONS

- Nearly two-thirds of maternity unit respondents who had cared for migrant WLHIV in UK&I reported that immigration issues impacted upon care.
- This was more common in larger units and units in London.
- Migrant women may have complex needs, requiring multidisciplinary support to engage in care without interruption.

Acknowledgements: Thank you to all obstetric and paediatric respondents to the NSHPC, and particularly to those who responded to the Migrant Survey. Thanks also to other members of the NSHPC team including: Claire Thorne, Rebecca Sconza, Anna Horn, Graziella Favarato.

Funding and ethics: The NSHPC currently receives funding mainly from Public Health England and the National Screening Committee. The NSHPC has Research Ethics Approval, ref MREC/04/009.

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