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Is access to care different for women from sub-Saharan Africa than for French women according to prevention of mother-to-child HIV transmission in France?

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Background

Among HIV-infected women delivering in France, two thirds are immigrants from sub-Saharan Africa. A high proportion of immigrants live in precarious conditions [1,2], which may be a potential obstacle to adequate prevention of HIV Mother-to-child transmission (MTCT) We aimed to compare indicators of access to prevention of MTCT between African and French-born women.

Materials and methods

We used data from the French Perinatal HIV Cohort (EPF), a multicenter prospective cohort of HIV-infected pregnant women and their children. Women enrolled in EPF were included in our analysis if they were infected by HIV-1, and delivered in mainland maternities from 1985 to 2004: 9245 pregnancies in 7090 mothers (3292 from sub-Saharan Africa and 2766 from mainland France).

Results

Compared with French women, African women had later access to care, whatever the study period. During the HAART era period, a higher proportion of African women discovered their HIV infection during pregnancy (6.8% vs 1.2% after 28 weeks, respectively), started prenatal care in the third trimester (14.1% vs 9.8%) and started antiretroviral treatment late, after 33 weeks (7.6% vs 4.1%). The association with late treatment initiation disappeared when adjusting for the time of HIV diagnosis and first prenatal visit (adjusted OR: 1.0; 95%CI: 0.8-1.5). Geographic origin was not associated with management in contradiction with French recommendations, such as monotherapy or vaginal delivery with uncontrolled delivery viral load, lack of intrapartum and postpartum treatment or breastfeeding. Highly active antiretroviral therapy during pregnancy was as frequently used in African and in French women.

Conclusion

African women had a higher proportion of late HIV screening in pregnancy than French women, but access to MTCT prevention, once the infection was diagnosed was similar in those two groups.

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References

- Dray-Spira R, Lert F, Marimoutou C, Bouhnik AD, Obadia Y: Socioeconomic conditions, health status and employment among persons living with HIV/AIDS in France in 2001. AIDS Care 2003, 15:739-748.
- Chee CC, Mortier E, Dupont C, Bloch M, Simonpoli AM, Rouveix E: Medical and social differences between French and migrant patients consulting for the first time for HIV infection. AIDS Care 2005, 17:516-520.

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