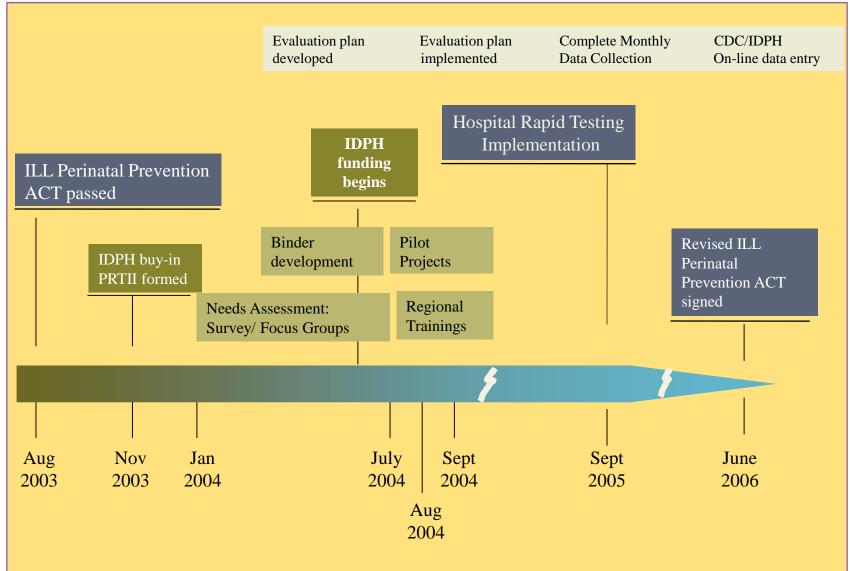


A Comparison of Ethnoracial and Prenatal Care Differences in Gravidas Presenting with **Positive Rapid HIV Tests to Illinois Hospitals from 2005-2007.** Barrett Robinson, MD, MPH¹, Francesca Facco, MD¹, Whitney You, MD¹, Anne Statton², Yolanda Olszewski, MPH³, Mardge Cohen, MD³, and Patricia Garcia, MD, MPH¹ ¹Northwestern University, Feinberg School of Medicine; ²Pediatric AIDS Chicago Prevention Initiative; and ³Cook County Bureau of Health Services

BACKGROUND

- In August 2003, Illinois passed the Illinois Perinatal Prevention Act to improve statewide perinatal HIV prevention practices
- The act mandated counseling and screening for HIV in all pregnant women as early as possible
- HIV test results are by mandate to be documented in prenatal and L&D charts
- On L&D, undocumented women are to be offered rapid HIV testing
- Revisions to the Act in 2006 required all newborns of undocumented mothers to be tested within the first 12 hours postnatally

Illinois Timeline



- for HIV infection.

- Ethnicities (ORE).
- Chi- square.

OBJECTIVES

• Though African-American women and pregnant women without adequate access to care are disproportionately affected by HIV, limited data are available on the role that comprehensive statewide policies can play in targeting those pregnant women most at risk

The goal of this study was to compare whether ethnoracial status and amount of prenatal care were associated with confirmed positive HIV tests in Illinois women presenting with undocumented status to L&D.

STUDY DESIGN

Longitudinal population-based program

METHODS

• As part of the Perinatal Rapid Testing Implementation in Illinois Project, each birthing hospital submits monthly data forms that document the HIV status of all laboring patients along with rapid HIV testing acceptance and results.

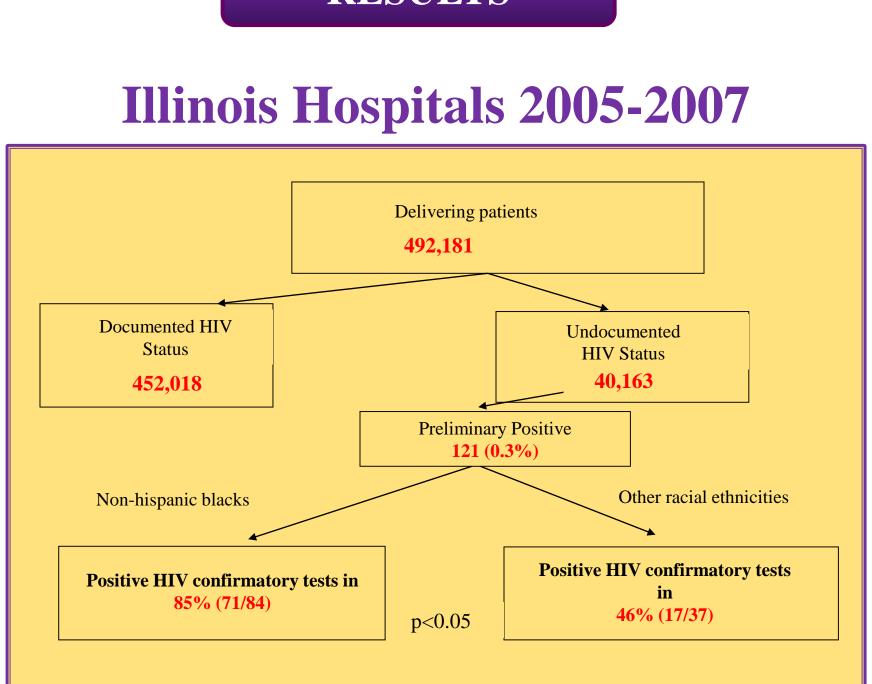
Statewide data from almost 500,000 women delivering in Illinois from 2005 to 2007 were reviewed. All women with undocumented HIV status and preliminary positive HIV tests were identified and demographic information audited.

• Race and ethnicity were grouped into two nominal categories, Non-Hispanic Black (NHB) and Other Racial

• Prenatal care (PNC) was grouped into regular care (RC), sporadic-unknown care (SC), or no PNC (NC).

• Relationships between confirmed positive HIV status, ethnoracial status, and prenatal care were analyzed with

RESULTS



PRENATAL CARE AND CONFIRMATORY TESTING **RESULTS IN RAPID TEST POSITIVES 2005-2007** Negative esting **Confirmatory Testing** (%) 18 (62) 7 (24) 4 (14) 29 p<0.05 for Chi square analysis comparing distributions of prenatal care utilization among women with positive confirmatory tests versus negative confirmatory tests

	Positive Confirmatory T (%)
Regular Prenatal Care	25 (28)
Sporadic Prenatal Care	35 (39)
No Prenatal Care	30 (33)
Total Patients	90

2 of 121 patients had no data entered under the "prenatal care" heading

CONCLUSION

This multiyear statewide dataset demonstrates that among HIV undocumented gravidas with positive Rapid HIV tests, a positive confirmatory test is more likely among Non-hispanic blacks and those with no or sporadic PNC.