

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

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) (TfsRh0035).