

Pre-pregnancy STI Counseling and HIV Testing Among Married Women: PRAMS 2016-2019

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Background

- Cases of chlamydia, gonorrhea, and syphilis have reached an all-time high.
- Increasing cases of congenital syphilis mirror increasing rates of syphilis among women.
- STIs prevention should start before conception by counseling all women and identifying risks. HIV testing should be routine regardless of risks.
- Rate of pre-pregnancy STI screening among married women who have recently given birth is unknown.

Objective

- To examine health care visit practices among women before pregnancy and compare pre-pregnancy STI counseling and HIV testing rates across the US among women who have recently given birth.
- Compare STI counseling and HIV testing rates among married and unmarried women before pregnancy.
- Identify characteristics of women who have missed STI counseling and HIV testing before pregnancy.
- We hypothesize that married women are less likely to receive STI counseling and HIV testing than unmarried women.

Method

- Utilized data from the Pregnancy Risk Assessment Monitoring System (PRAMS) 2016-2019, a population-based survey of postpartum women across 43 states, District of Columbia, New York City, and Puerto Rico.
- **Exposure:** Marital status: obtained from birth certificate records.
- **Outcome:** During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? Yes or No.
- STI Counseling: Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- HIV Testing: Test me for HIV (the virus that causes AIDS).
- Multivariable logistic regression analysis was performed, adjusting for age, race, Hispanic ethnicity, education, insurance, income, and previous live birth.
- Accounted for weighting and complex survey design.
- Our analytic sample consisted of n=104,256 women with any health care visit after excluding those with missing information for marital status, STI counseling, and HIV testing.

Results

- Among women who had recently given birth (n=162,558), only 66% had any health care visits within 12 months before pregnancy and were most likely to see an ob-gyn for a check-up (Figure 1 and 2).

Figure 1: Any health care visit within 12 months before pregnancy (n=162,558)

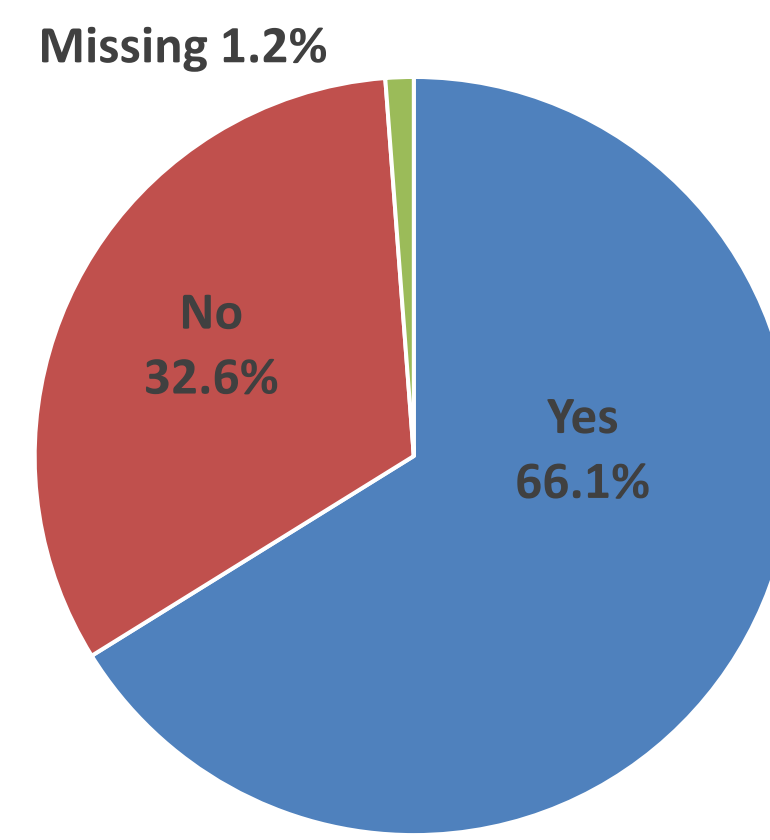


Figure 2: Types of health care visits within 12 months before pregnancy (n=104,256)

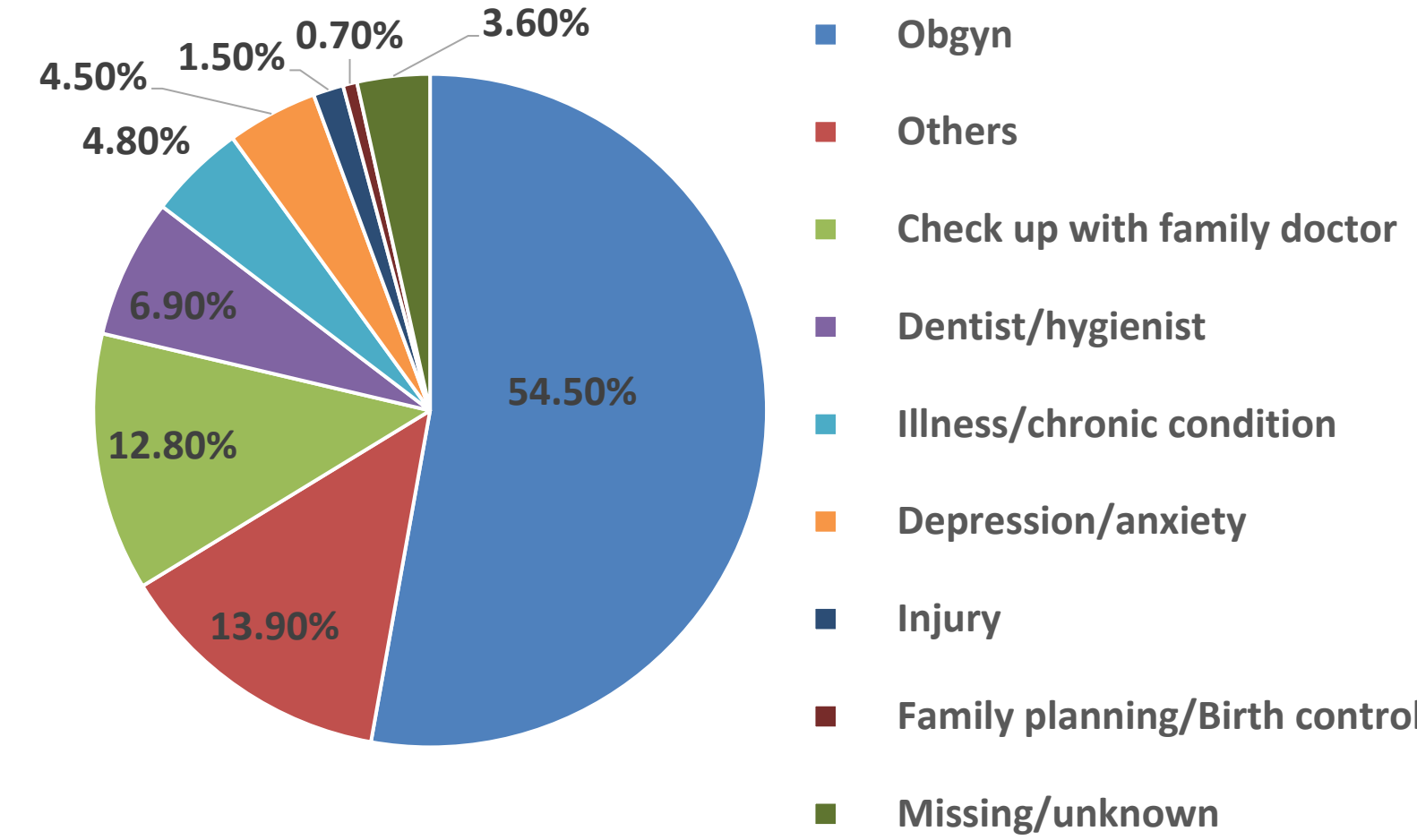
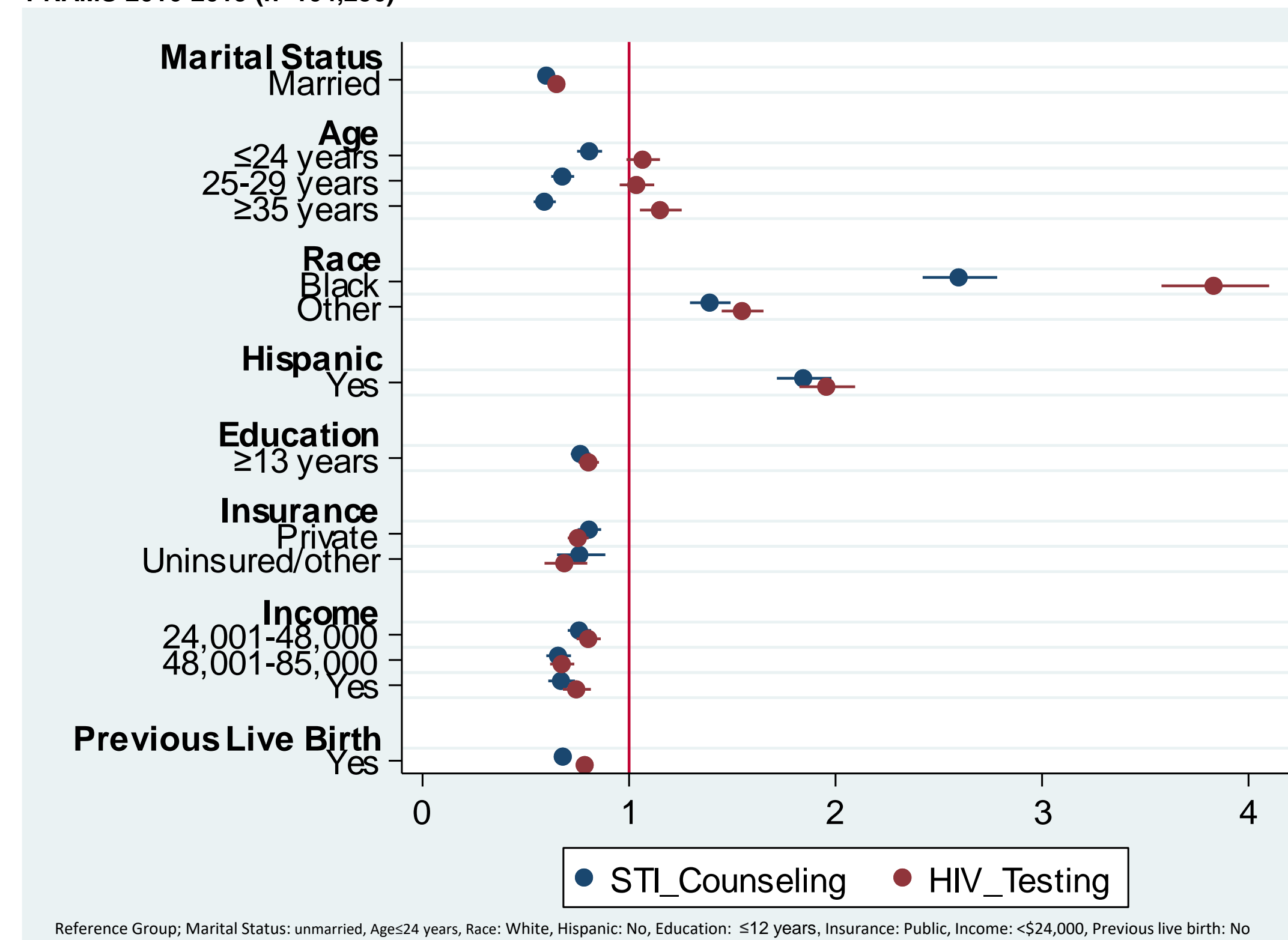


Table 1: STI counseling and HIV testing based on marital status (n=104,256)

	Married 68.6% (n=68,938) Weighted% (n)	Not Married 31.4% (n=35,318) Weighted% (n)
STI Counseling	No	82.5% (55,785)
	Yes	17.5% (13,153)
HIV Testing	No	76.6% (52,133)
	Yes	23.4% (16,805)

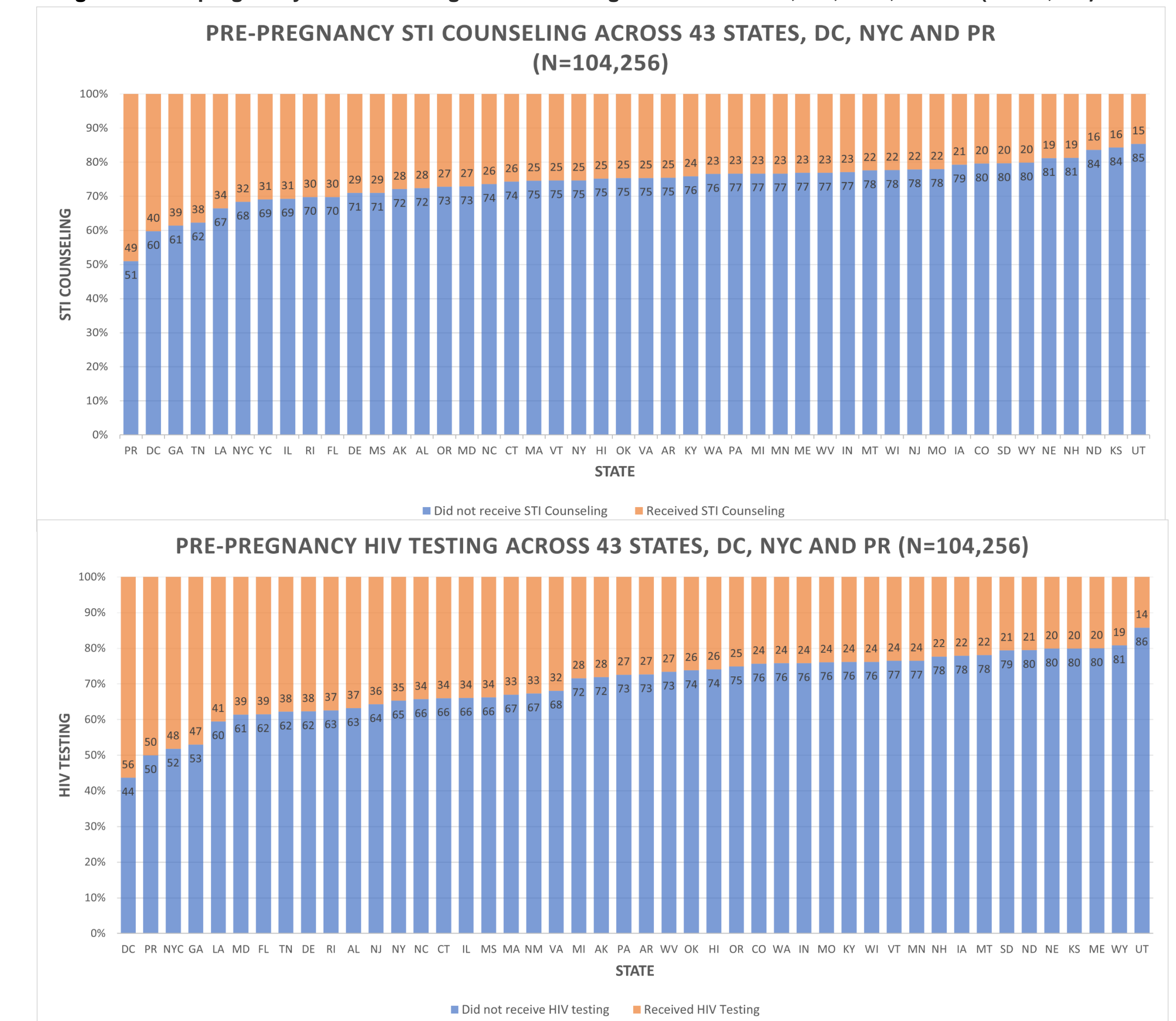
Figure 3: Adjusted odds of receiving pre-pregnancy STI counseling and HIV testing among recent mothers, PRAMS 2016-2019 (n=104,256)



- Among those with any health care visit, approximately 70% of women reported never having received STI counseling or HIV testing before pregnancy. STI screening rates were stratified by marital status (Table 1).
- Married women were less likely to receive STI counseling (OR 0.6: 95% CI 0.56, 0.64) or receive HIV testing (OR 0.65: 95% CI 0.61, 0.69) before pregnancy compared to unmarried women after adjusting for age, race, Hispanic ethnicity, education, insurance, income, and previous live birth (Figure 3).

- Other risk factors for not receiving STI counseling and HIV testing included being older, having higher years of education, private insurance, higher income, and having a previous live birth.
- In contrast, Black and Hispanic women were more likely to receive STI counseling (OR 2.59: 95% CI 2.42, 2.78), (OR 1.84: 95% CI 1.72, 1.98) and HIV testing (OR 3.83: 95% CI 3.58, 4.10), (OR 1.95: 95% CI 1.45, 1.65) compared to White women.
- There was notable variability in STI counseling and HIV testing rates across states. DC and PR had the highest and UT had the lowest rates of pre-pregnancy STI counseling and HIV testing (Figure 4).
- Inversely, PR had the lowest, and UT had the highest rate of married women.

Figure 4: Pre-pregnancy STI counseling and HIV testing across 43 states, DC, NYC, and PR (n=104,256)



Conclusion

- Married women were less likely to receive pre-pregnancy STI counseling and HIV testing than unmarried women.
- Our study highlights the lack of preconception care among women who recently gave birth.
- Demographic factors, including marital status, race, and ethnicity affect a woman's likelihood of receiving STI screening.
- Selective STI counseling and HIV testing creates gaps and missed opportunities to address STIs early before pregnancy.
- Thus, universal screening should be adopted for all women regardless of their preconceived risk or assumptions.