HIV SCREENING DURING PREGNANCY RESULTS OF 2 ATTITUDE SURVEYS ON ANTENATAL HIV SCREENING IN BELGIUM

M. Denayer*, P. Piot**, T. Jonckheer**, A. Stroobant*

SUMMARY

Two postal questionnaires were sent to Belgian gynaecologists in order to have information on their current policy of antenatal HIV screening. Of the 815 contacted, 446 (54,7%) completed the first questionnaire. 91,0% offers HIV testing in pregnancy; 49,1% to all pregnant women and 41,9% only to those with behavioural risks. Only 6,5% never offers HIV testing during pregnancy. The majority of these gynaecologists (79,8%) never had to deal with the problem of HIV-seropositivity in a pregnant woman.

A second questionnaire with more detailed questions about HIV testing was sent to the identified respondents of the first survey. 237 of 340 (69,7%) responded. Of those, 48,9% perform HIV testing without informing the patient, whereas 43,4% always inform their patients before HIV testing. The majority performs the test at the first antenatal consultation (73,5%); 14,9% offers the test twice.

These findings let us conclude that there is a need for recommendations concerning the policy of antenatal screening and information of patients.

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INTRODUCTION

No data are available on the number of HIV-positive pregnant women in Belgium. Nevertheless, by September 1989, 754 women aged between 20-40 years and 183 children under 15 years have been reported seropositive for HIV; 61 were born from HIV-positive mothers (1).

It is not obvious to answer the question whether HIV screening should be performed for all pregnant women or not, although in some areas the necessity of routinely testing is beyond all doubts (2). Various aspects of antenatal HIV screening have been discussed in the literature, not only the number of HIV-positive pregnant women and risk factors identified in some countries (3, 4), but also e.g. the reaction of pregnant women when they are advised to have an HIV test (5).

Both surveys were set up at the request of the National AIDS Council to collect information on the current practice of antenatal HIV screening in Belgium.

METHODS

A first survey was carried out in January 1989 by postal questionnaire sent to all Belgian gynaecologists, listed in the directory updated till 1988 by the Ministry of Public Health (815). Information was sought on their current policy of antenatal HIV testing, the number of HIV-positive pregnant women identified in 1988, and their attitude towards antenatal HIV screening. Some optional questions on the characteristics of their practice were also included: province, number of deliveries per year, age and sex. The forms were anonymous, but the respondents could mention

*Dienst Epidemiologie, Instituut voor Hygiene en Epidemiologie, J. Wytsmanstraat 14, 1050 Brussel, en
**Dienst Microbiologie, Instituut voor Tropische Geneeskunde, Nationalestraat 155, 2000 Antwerpen

their name and address.

A second questionnaire was sent in May 1989 to the identified respondents of the first one (340), and concerned more detailed aspects of antenatal HIV screening, such as the moment at which the test is performed and consent of the patient. They were also asked to mention their target groups for selective screening.

RESULTS

The response rate in the first survey was 54,7% (446/815). Most gynaecologists gave their full identification and answered the optional questions on practice characteristics. The male/female ratio of the respondents is 6,3 (375/59); the majority was less than 50 years (61,9%) and 35,9% was over 50 years or older, which represents the age and sex distribution of gynaecologists in Belgium (M/F ratio=5,1; 58,2% aged $\leq$ 50 years and 41,8% aged $\geq$ 50 years; age not mentioned for 2,2%) (6). Most of them did more than 100 deliveries/year (64,3%). Only 18 mentioned no delivery at all. Figure 1 shows the response rates per province.

As much as 91,0% offers HIV testing during pregnancy, most of them to all pregnant women (49,1%) and 41,9% only to risk groups. Only 6,5% never offers HIV testing. No information

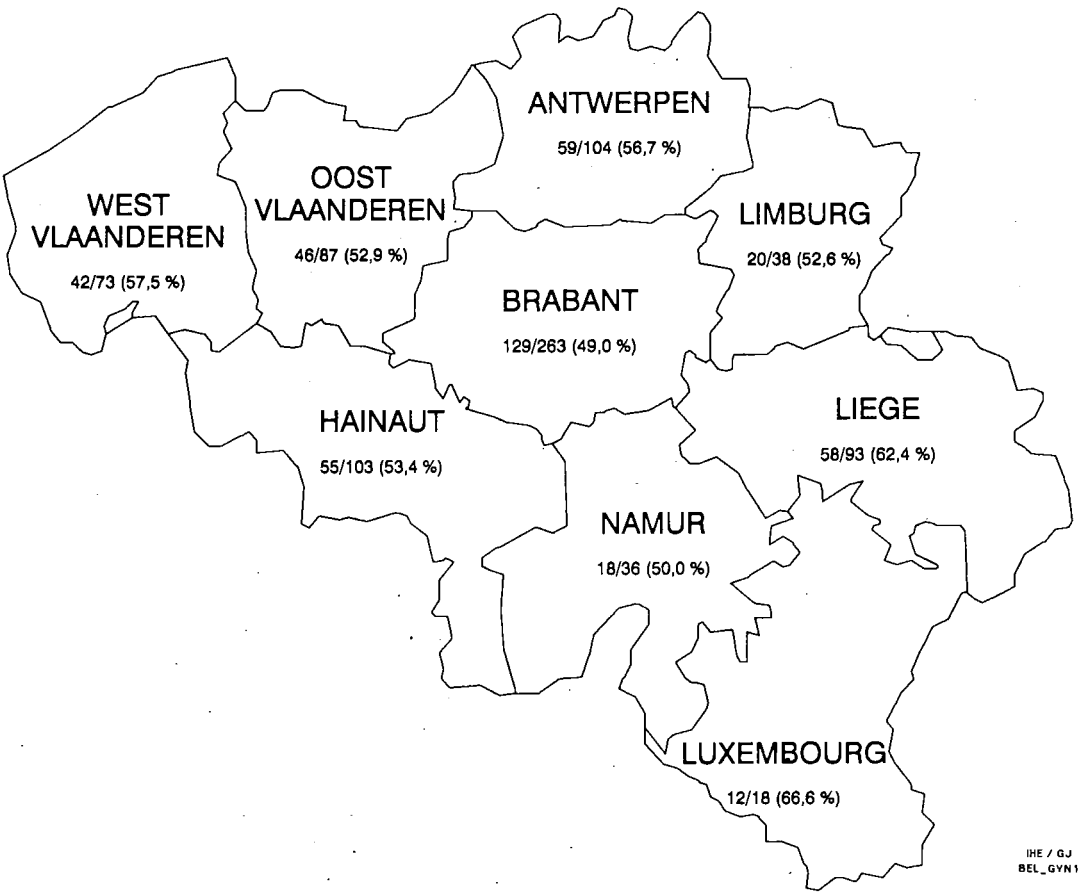

Fig. 1 : Number of gynaecologists addressed in the first survey and number of respondents per province

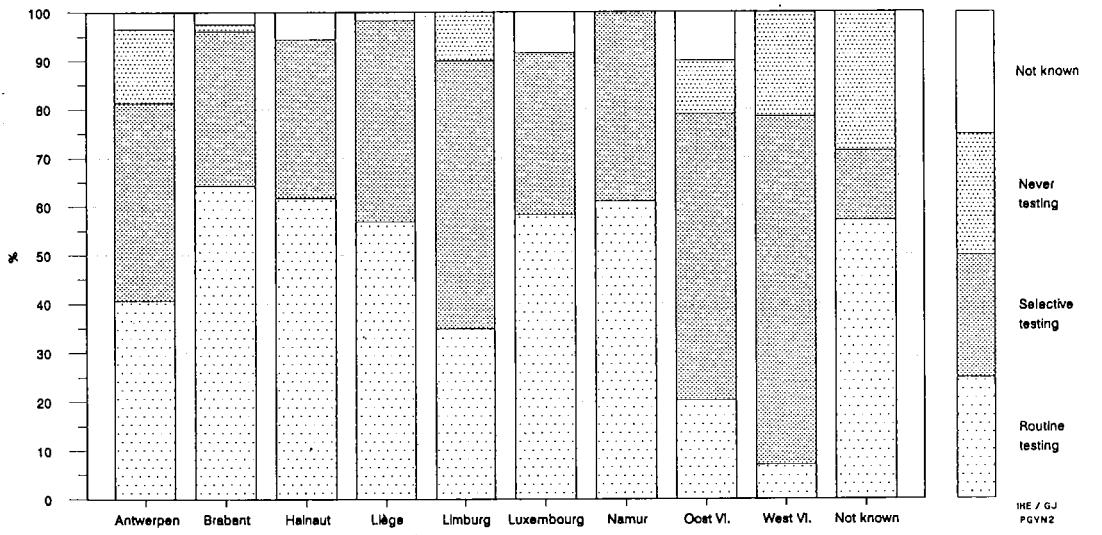

Fig. 2 : Percentage of respondents per province according to their policy of antenatal HIV testing.

about their current testing policy was obtained from 11 gynaecologists (2,5%). Major differences exist in the proportion of gynaecologists per province offering routine testing (ranging from 7,2% to 64,3% of the gynaecologists), selective testing (ranging from 31,8% to 71,4%) or those who never perform HIV testing (ranging from 1,5% to 21,4%) (See figure 2). Gynaecologists aged under 50 years are testing more routinely all pregnant women than their colleagues aged 50 or more. There is no correlation between the routine or selective testing and the age of the gynaecologist.

Information about the number of HIV-positive pregnant women identified in 1988 was given by 444 of the 446 respondents (not answered by one gynaecologist in Brabant who never performs HIV testing, and another in Hainaut whose strategy is not known). No HIV-positive pregnancies were reported by the gynaecologists whose strategy is not known, and, as a matter of course, by those who answered they never offer HIV testing during pregnancy. The majority of both groups - routine and selective testing - had not to deal with seropositivity in pregnancy (See table 1).

In 1988, a total of 106 positive test results were reported by 52 respondents (11,6%); 35 of them recorded 1 HIV-positive pregnancy. 56,6% of these HIV-positive pregnant women were identified by routine testing. Of those gynaecologists offering routine testing (219), 180 (82,2%) did not record any positive test, compared to 93,0% of the gynaecologists offering selective testing.

The number of reported HIV-positive pregnancies (calculated per 100 doctors), however, varies enormously between the different provinces. No HIV-positive pregnancy is reported by the respondents from Limburg and West Vlaanderen (See table 2); 1 in Luxembourg and Namur. The province was not mentioned for 1 case. These results point out that the gynaecologist who is or was frequently confronted with the problem of HIV seropositivity in pregnancy could bend towards routine testing; furthermore, gynaecologists never confronted with HIV-positivity are more frequently performing selective testing.

The opinion of 67,3% of the respondents is that HIV testing should be offered to all pregnant women; 19,9% think that this is only necessary

TABLE 1: NUMBER OF GYNAECOLOGISTS WHO DID NOT IDENTIFY AN HIV-POSITIVE PREGNANT WOMAN AND THOSE WHO REPORTED ≥1 POSITIVE TEST RESULT.

	Routine testing				Selective testing			
Number of HIV-positive pregnancies:	0		≥1		0		≥1	
	N	%	N	%	N	%	N	%
Antwerpen	19	32,2	5	8,5	23	38,9	1	1,7
Brabant	63	48,8	20	15,5	36	27,9	5	3,9
Hainaut	27	49,1	7	12,7	18	32,7	-	-
Liège	28	48,3	5	8,6	21	36,2	3	5,2
Limburg	7	35,0	-	-	11	55,0	-	-
Luxembourg	7	58,3	-	-	3	25,0	1	8,3
Namur	10	55,5	1	5,5	7	38,9	-	-
Oost Vlaanderen	13	28,3	-	-	24	52,2	3	6,5
West Vlaanderen	3	7,1	-	-	30	71,4	-	-
Not known	3	42,8	1	14,3	1	14,3	-	-
Total	180	40,3	39	8,7	174	39,0	13	2,9

TABLE 2: NUMBER OF HIV-POSITIVE PREGNANT WOMEN IDENTIFIED IN 1988 BY MEANS OF ROUTINE AND SELECTIVE TESTING PERFORMED BY THE RESPONDENTS.

Province	Routine testing	Selective testing	Total of HIV-positive pregnancies
Antwerpen	12	1	13
Brabant	33	20	53
Hainaut	8	-	8
Liège	5	11	16
Limburg	-	-	-
Luxembourg	-	1	1
Namur	1	-	1
Oost Vlaanderen	-	13	13
West Vlaanderen	-	-	-
Not known	1	-	1
Total	60	46	106

TABLE 3: MOMENT AT WHICH THE TEST IS OFFERED IN PREGNANCY.

Moment of testing	N	%
First antenatal consultation	172	73,5
At the end of pregnancy	3	1,3
First antenatal consultation and at the end of pregnancy	35	14,9
Any time in pregnancy	20	8,5
Not known	4	1,7

for risk groups, and 6,9% said that HIV testing in pregnancy is useless.

For the second survey information was obtained from 237 of the 340 gynaecologists contacted (69,7%). These respondents are doing significantly more routine testing (62,9% vs. 49,1% for the first survey). The majority (73,5%) performs the test at the first antenatal consultation (See table 3); 14,9% test twice, at the first antenatal consultation and at the end of pregnancy.

No correlation was found between the policy and the moment of HIV testing. 8,5% of the gynaecologists offering selective testing performs the test twice (6/74), compared to 15,1% of those who offer routine testing (20/132).

The patient is informed by 43,4% of the gynaecologists, in contrast with 48,9% testing without consent of the patient (See table 4). Gynaecologists testing all pregnant women are not performing the test more frequently without consent of the patient than those offering selective testing.

Target groups (or risk factors) for selective testing were mentioned by 103 gynaecologists (43,4%). Most of them indicate «foreigners» (68,9%), 64,0% «promiscuity» and 54,4% «IV drug users». STD patients and travels abroad are both mentioned by 22 gynaecologists (21,3%).

DISCUSSION

The high response rate of both surveys reflects the interest of gynaecologists for this subject.

It must be stressed that the number of HIV-positive pregnant women reported by this sample of gynaecologists can not be extrapolated for the whole country. Practice characteristics of the respondents, such as the number of deliveries per

TABLE 4: NUMBER OF GYNAECOLOGISTS INFORMING THE PATIENT AND THOSE TESTING WITHOUT CONSENT OF THE PATIENTS.

HIV testing is performed	N	%
Without consent of the patient	116	48,9
After informing the patient	103	43,4
After informing / without consent of the patient	9	3,8
Only on request of the patient	4	1,7
Not known	5	2,1

year, do not indicate the risk factors of the patients and type of consultation (regional hospital, university, ...). In view of this, it is not surprising that e.g. no association was found between the number of deliveries per year or sex of the gynaecologist and his/her policy of antenatal screening. Nevertheless, it is interesting to compare the policy of antenatal HIV screening and the geographical distribution of the reported HIV-positive pregnancies.

Infections with human immunodeficiency virus among women of reproductive age will undoubtedly increase in the following years and more and more gynaecologists will have to deal with this problem. The importance of antenatal HIV screening has already been demonstrated in other countries; in the UK, Davison et al. recently reported that 46% of the HIV-positive women were identified by antenatal testing (7). It is clear that there is a correlation between the number of HIV-positive pregnancies that will be identified and the policy of antenatal screening (8,9).

These findings let us conclude that there is an urgent need to draft recommendations, not only to assist the gynaecologist in his/her attitude towards antenatal HIV screening, but also to inform the pregnant women on tests useful to monitor pregnancy, including HIV testing. Therefore, the National AIDS Committee decided to draft an information leaflet for distribution to all women attending prenatal care units or private practitioners. Focusing on some selected population groups at risk could indeed cause a feeling of discrimination in those groups. Furthermore, many patients at risk will decline or even ignore risk behaviour (10) .

This information leaflet does not focus on HIV infection only, but also describes other tests necessary for a good follow up of pregnancy (Hepatitis B, rubella, syphilis, toxoplasmosis). It is explained that these infections can be dangerous for the child and that all pregnant women should be screened for. The patients are invited to ask more details about these tests if they think that some tests are not necessary for them.

The patients should be informed of all tests and have the possibility to decline (11). Several studies already demonstrated not only the very high acceptance rate of voluntary testing (>95%), but also the positive attitude towards the policy of offering HIV testing for all pregnant women (12,13). The importance of pre- and post-test counselling has to be emphasized. Counselling is necessary to explain the usefulness of monitoring pregnancy by means of different tests, to cope with a certain anxiety of the patients and to convince them. Meanwhile, it is easier to discuss prevention of HIV infection.

HIV testing also means that positive test results need to be confirmed, without frightening the patients before. The policy in Belgium of sending the positive samples to a reference laboratory limits at a minimum the risk of thoughtless action in case of false positive results. It goes without saying that confidentiality of test results must be respected.

We think that the proposed information leaflet and policy of routinely testing, with informed consent and counselling, assist the pregnant woman and her physician in this very emotional subject.

SAMENVATTING

Om meer informatie te verkrijgen over hun houding tegenover prenatale HIV screening werden 2 vragenlijsten verstuurd naar de Belgische gynecologen.

De eerste vragenlijst werd beantwoord door 446 (54,7%) van de 815 geadresseerde gynecologen. 91,0% voert inderdaad de HIV test uit tijdens de zwangerschap; 49,1% bij alle zwangeren en 41,9% alleen bij zwangeren met risicogedrag. Slechts 6,5% voert nooit de HIV test uit tijdens de zwangerschap. De meerderheid van deze gynecologen (79,8%) werd nog nooit geconfronteerd met een positieve HIV test bij een zwangere.

De tweede vragenlijst behandelde meer gedetailleerde aspecten van HIV screening en werd verstuurd naar de gynecologen die de eerste vragenlijst hadden beantwoord. Hierop werd geantwoord door

237 (69,7%) van de 340 geadresseerden. 48,9% voert de test uit zonder de zwangere in te lichten, terwijl 43,4% hun patiënten steeds inlichten alvorens de test uit te voeren. De meeste gynecologen voeren de test uit bij de eerste prenatale raadpleging (73,5%); 14,9% voert de test tweemaal uit.

Deze resultaten laten ons besluiten dat er nood is aan richtlijnen betreffende prenatale screening en informatie van de patiënten.

RESUME

Deux questionnaires ont été envoyés aux gynécologues belges afin d'avoir plus d'informations sur leur attitude vis-à-vis du dépistage VIH chez les femmes enceintes.

446 (54,7%) des 815 gynécologues contactés ont répondu au premier questionnaire. 91,0% font le dépistage VIH pendant la grossesse; 49,1% chez toutes les femmes enceintes et 41,9% seulement chez les femmes avec un comportement à risque. Seulement 6,5% des gynécologues ne font jamais le test VIH durant la grossesse. La majorité de ces gynécologues (79,8%) n'a jamais été confrontée avec un test VIH positif chez une femme enceinte.

Le deuxième questionnaire concernait des aspects plus détaillés du dépistage VIH et a été envoyé aux gynécologues qui avaient répondu au premier questionnaire. 237 (69,7%) des 340 gynécologues contactés ont répondu à ce deuxième questionnaire. 48,9% font le test sans en informer la femme enceinte, et 43,4% informent toujours leurs patientes avant de demander le test. La plupart des gynécologues (73,5%) font le test à l'occasion de la première consultation prénatale; 14,9% font le test deux fois.

Ces résultats indiquent que des recommendations concernant le screening prénatal et l'information des patients sont nécessaires.

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