

Background

Although most women living with HIV (WLWH) are fertile-aged, little is known about the rates and risk factors of induced abortions among them. Most data come from limited questionnaire studies with varying rates of non-response.

Study aims

- Determine the rate of induced abortions of WLWH in Finland before and after HIV diagnosis 1987–2019
- Assess risk factors associated with terminating a pregnancy during the whole follow-up period and specifically in pregnancies conceived after HIV diagnosis 1998–2018
- Estimate prevalence of undiagnosed HIV at induced abortions to assess the need for routine testing

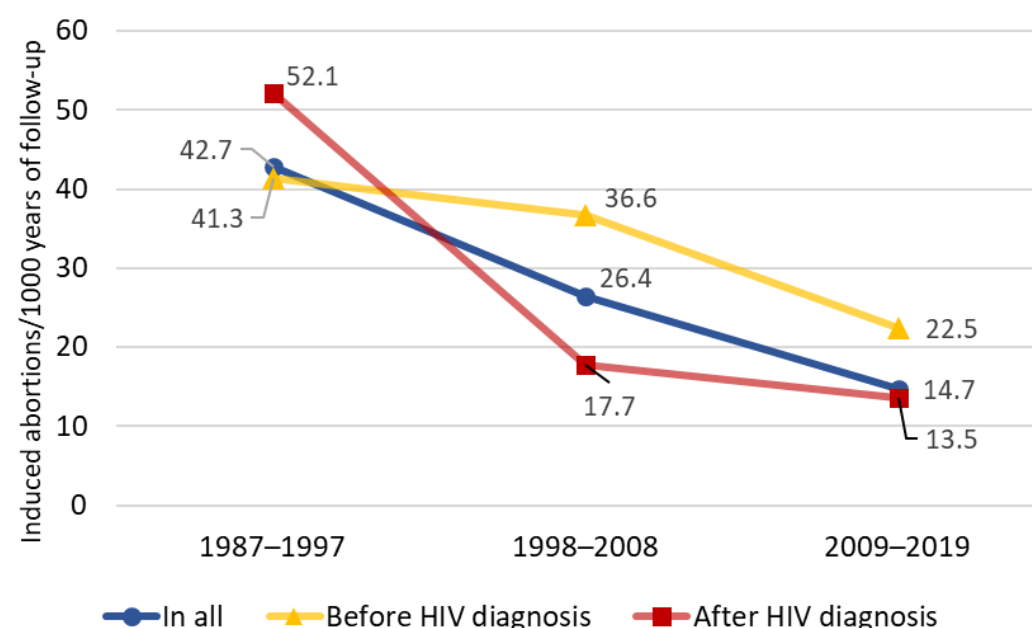
Materials & Methods

- A retrospective nationwide register study comprising all WLWH and their abortions before and after HIV diagnosis in Finland 1987–2019
- Data for the study were compiled from several national registers maintained at the Finnish Institute for Health and Welfare
- Risk factors for terminating a pregnancy were assessed with multi-effect logistic regression models examining all pregnancies ending in induced abortion or delivery
- A maximum prevalence for undiagnosed HIV at induced abortions was estimated by identifying all induced abortions of WLWH 0–5 years before HIV diagnosis 1987–2014 and comparing them to the total number of induced abortions in Finland

Results

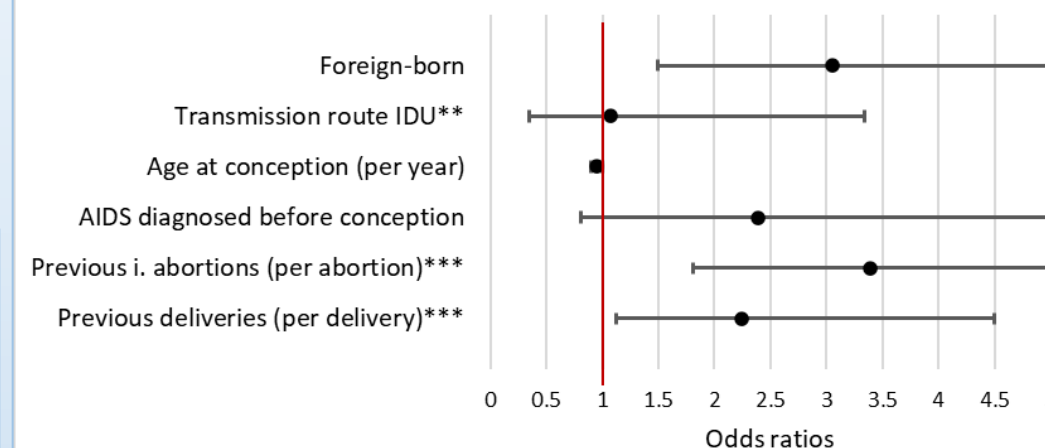
- A total of 1017 women with 15 807 years of follow-up had 396 induced abortions. The rate of abortions decreased from 1987–1997 to 2009–2019 with the decrease more pronounced in induced abortions after HIV diagnosis (Figure 1).

Figure 1. Rate of induced abortions by year of follow-up



- HIV diagnosed before or during pregnancy was associated with a decreased risk of induced abortion after 1997 when compared to 1987–1997, and the decrease was more pronounced in Finnish-born women (2009–2019 vs. 1987–1997 OR 0.16, 95% CI 0.06–0.49).
- In pregnancies conceived after HIV diagnosis in 1998–2018, not being born in Finland and having previous induced abortions or deliveries were associated with an increased risk for terminating a pregnancy (Figure 2)
- The estimated maximum prevalence of undiagnosed HIV at the time of induced abortion was 0.22/1000 abortions.

Figure 2. Factors associated with risk of terminating a pregnancy conceived after HIV diagnosis 1998–2018*



*Due to model complexity, not all of the variables included in the model are shown here.

**IDU=intravenous drug use. Reference category transmission by sex.

***Risk increase until 3-4 prev. abortions and 2-3 prev. deliveries

Conclusions

- The rate of induced abortions has decreased markedly during the 33 years and is approaching the rate of the background population (7.7/1000 fertile-aged women in Finland in 2019¹)
- In the last two decades being diagnosed with HIV has not been associated with an increased risk of terminating a pregnancy. These changes possibly reflect the trust in diminishing risk of MTCT of the women and their caregivers but the rate still is higher than in the background population. The reproductive plans and contraception should be discussed at every appointment.
- Screening all women at the time of induced abortion does not seem to be cost-effective in our low-prevalence setting.

Funding

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