

# The Experience of Pregnancy among Women living with HIV in Nordic Countries: First Qualitative Results from the 2BMOM Study

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## Background

The success of antiretroviral therapy has resulted in the normalization of pregnancy among women with HIV and a very low risk of perinatal transmission of HIV. Despite these advances, women living with HIV still face complex medical and psychosocial issues during pregnancy.

## Objectives

Using qualitative data from the 2BMOM Study, the purpose of this study is to describe experiences of pregnancy and the relevance of social support among women living with HIV in Nordic countries.

## Methods

Pregnant women living with HIV were included from sites in Denmark, Sweden, and Finland from 2019 - 2020. Data were collected in the third trimester via individual interviews using a hybrid, narrative/semistructured format. The transcribed interviews were analysed using narrative thematic analysis.

## Results

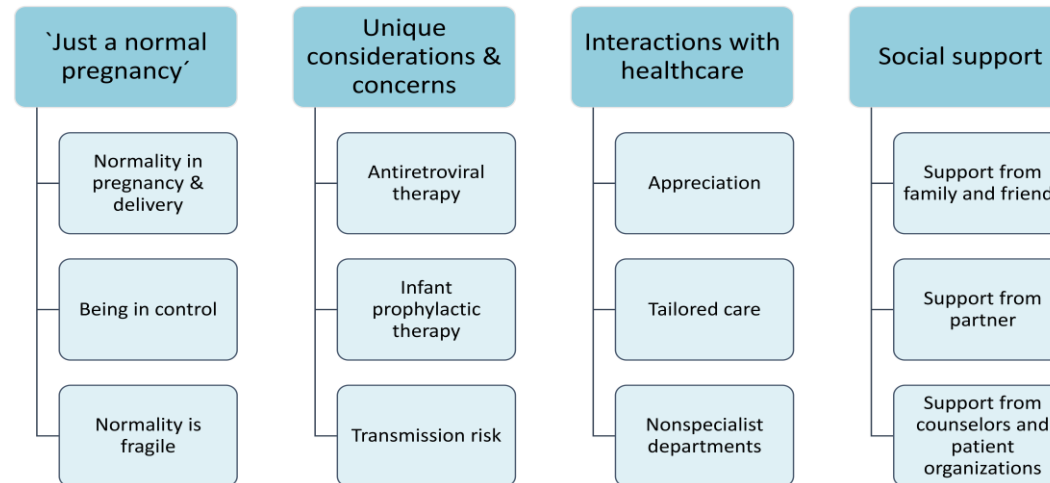
In total, 31 women living with HIV were enrolled, of whom 61% originated from an African country and 29% from a Nordic country (Table 1).

The analysis generated four primary narrative themes highlighting the ways that women living with HIV narrate their pregnancy experience (Figure 1):

- Just a normal pregnancy
- Unique considerations and concerns
- Interactions with healthcare
- Social support

Women living with HIV have a strong desire to have normal pregnancies and to be treated like any other pregnant woman. However, this normality is fragile, and being pregnant and living with HIV does come with unique considerations and concerns, such as fear of transmission, antiretroviral therapy, and the need for specialized care, that are fundamental to the women's experiences. Interactions with health care providers and social support influence their experiences in both positive and negative ways.

Figure 1: Coding Tree



## Conclusion

The findings emphasize a sense of normality in pregnancy among women living with HIV. However, pregnancy does come with unique considerations and concerns, which highly influence the women's experience of pregnancy. Health care providers should focus on person-centred care, ensuring continuity and that women living with HIV do not feel discriminated against throughout their pregnancy.

**Table 1: Demographic characteristics of participating women (n=31)**

Age, median years (IQR)	33.9 (29.5: 36.6)
Relationship status, n (%)	
Married/living with a partner	25 (80)
Have a partner, but not living together	3 (10)
Do not have a current partner	3 (10)
Country of birth, n (%)	
Nordic Country (Denmark; Finland or Sweden)	9 (29)
Africa	19 (61)
Other	3 (10)
Education, n (%)	
Primary/secondary school	11 (35)
Higher education (college/university)	20 (65)
Employment, n (%)	
Yes, part or full time	18 (60)
Comorbidities*, n (%)	5 (16)
Nulliparous, n (%)	14 (45)
Years since HIV diagnosis, median [IQR]	8 [1 – 19]
HIV diagnosis during pregnancy, n (%)	3 (10)
Mode of HIV transmission, n (%)	
Sexual	27 (87)
Perinatal transmission	4 (13)
ART treatment**, n (%)	
NRTIs + NNRTI	7 (23)
NRTIs + PI	12 (39)
NRTIs + InSTI	11 (35)
Other	<3 (3)
CD4 cell count**, n (%)	
>500 cells/mL	21 (68)
≤500 cells/mL	10 (32)
HIV viral load**, n (%)	
<50 copies/mL	24 (77)
≥50 copies/mL	7 (23)

\*Diabetes, psychiatric illness, asthma, anemia, \*\*At enrollment