

BACKGROUND

- HIV retesting during pregnancy and postpartum is critical to reduce mother-to-child HIV transmission (MTCT) due to incident maternal infections
- Widespread scale-up of retesting policy may confer additional strain on health systems
- HIV self-testing (HIVST), either at the clinic or at home, may be innovative solution for maternal retesting by addressing client access barriers and staffing shortages
- Maternal preferences for testing location, operator, and sample type are unknown

OBJECTIVES

- To determine maternal preferences for home- vs clinic-based testing, saliva vs blood sample, and self vs health care worker operated tests
- To identify correlates for test choice

METHODS

- HIV-negative pregnant women enrolled between November 2017 and August 2018 in Nyanza and Nairobi regions in Kenya
- Retesting preferences assessed for
 - location (clinic or home)
 - test type (saliva- or blood-based rapid)
 - test performer (self or provider)
- Reasons for preferences were assessed and women were asked to select test strategy for retesting at enrollment: blood-based testing by a provider in clinic (clinic-based testing [CBT]) or self-testing at home using a saliva-based test (home-based testing [HBT])
- Statistical analysis: Chi-squared and t-tests used to compare reasons for choice, generalized linear models (log link, binomial family) used to assess cofactors for testing strategy

RESULTS

- 1,000 pregnant women enrolled
 - median gestational age: 28 weeks (IQR): 22-32
 - median age 24 years (IQR: 21-27)

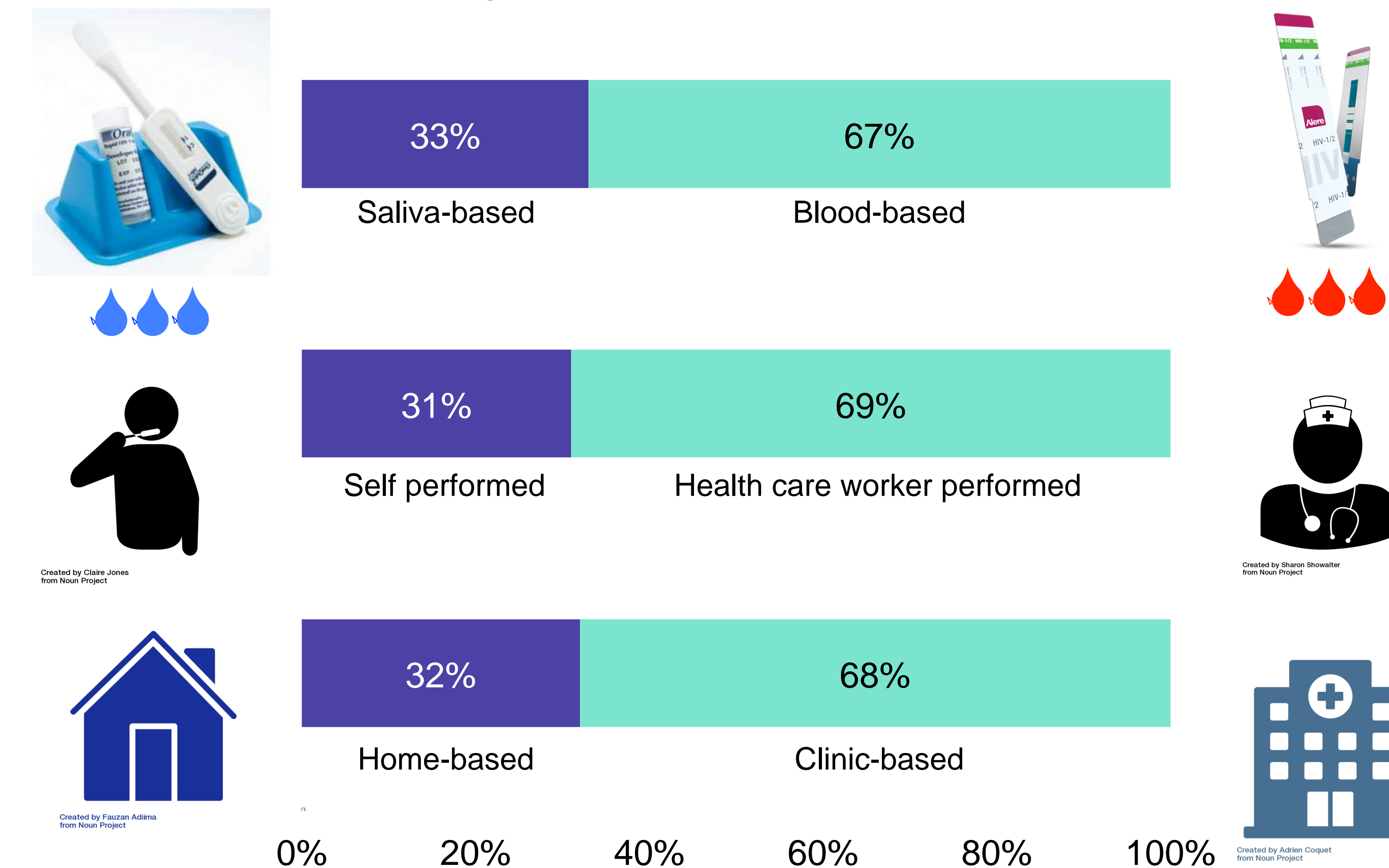


Figure 1: Preferences for test sample, operator, and location

- More women elected CBT (665 [67%]) than HBT (335 [34%]) for retesting (p<0.001)**
- Preferences for test location, operator, and type mirrored choice of HBT or CBT (Figure 1)



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RESULTS

Table 1: Cofactors for testing choice

	PR	95%CI	p-value
Gestational age (per week)	0.99	(0.98, 1.00)	0.04
Maternal age	0.99	(0.97, 1.01)	0.35
Parity	0.89	(0.75, 1.06)	0.20
Income	1.00	(1.00*, 1.00)	0.20
Relationship duration	0.99	(0.96, 1.01)	0.27
Partner testing history	0.88	(0.72, 1.07)	0.19

- Few demographic factors predicted choice of CBT or HBT (Table 1)
- Women who elected HBT were more likely to report being **unavailable during clinic hours** (18% vs 10%, p<0.001) and report **longer clinic wait times** (73 vs 53 minutes, p<0.001) than women who elected CBT

CONCLUSIONS

- Pregnant women generally preferred CBT for HIV retesting
- HIVST at home was preferred by one-third of women, particularly those with challenges accessing health centers
- As maternal HIV retesting scales up, HBT may reduce burden on health systems, increase retesting rates, and facilitate efforts to eliminate MTCT**



ACKNOWLEDGEMENTS