Offering routine antenatal testing for HIV and hepatitis B in the rural setting of Cornwall

F E A Keane, J Neale, T Phillips, L Heard, R Jones, B Guttridge, R Bendall

RESULTS

Uptake of antenatal screening for HIV/HBV

In the first year, 3861 women were booked to deliver in Cornwall; of these 3536 (92%) accepted HIV testing and 3599 (93%) HBV testing respectively. Screening identified one case of HIV and five cases of HBV. Screening identified one case of HIV and five cases of HBV. In the first year, 3861 women were booked to deliver in Cornwall; of these 3536 (92%) accepted HIV testing and 3599 (93%) HBV testing respectively. Screening identified one case of HIV and five cases of HBV.

Questionnaire survey of community midwives

The response rate was 72% (68/95).

Most midwives did between six and 10 antenatal booking visits per month. Only half of the respondents ensured that each pregnant woman received the HA leaflet before booking. All respondents used the leaflet to discuss testing. Thirty three (92%) of 36 midwives who obtained feedback from women reported that the leaflet was well understood. Sixty two (91%) respondents used the structured discussion approach of the issues involved in HIV/HBV testing “always” or “mostly.” Only one midwife reported referring any patients for in-depth counselling before testing for HIV/HBV.

Fifty three (63%) midwives reported that up to five women in their cohort had requested extra time to think about the tests. The respondents reported that pregnant women agreed to HIV and HBV testing “always” (10/68 (15%) respondents) or “mostly” (58/68 (85%) respondents). The midwives’ impressions of the pattern of test refusal and the most common reasons given are shown in Table 1. HIV testing alone was more often refused than any other test. In the midwives’ opinion, the most common reason for refusal of HIV/HBV testing among pregnant women was “no risk perceived” (36, 53% of replies).
Many midwives commented that the scheme was working well and some were surprised at how readily HIV and HBV testing had been accepted by the pregnant women in their care. However, it was also noted that extra time had to be devoted to the discussion about HIV and HBV screening during the booking visit, usually between 5 and 10 minutes per patient.

**DISCUSSION**

Antenatal screening for HIV/HBV for women booked to deliver in Cornwall reached the DoH target of a 90% uptake of HIV testing by 31 March 2001 (2 months before the national target). Interestingly, the PHLS Communicable Disease Surveillance Centre has reported that although antenatal HIV screening rates in inner London had improved in the first half of 2000 the same could not be said of areas outside London. The initial success of the Cornish screening programme may be attributed to the commitment of the community midwives, their sole involvement in antenatal booking, and the initial training seminars. The working group met again in May 2001 to review the first year of screening. The general practices where screening rates fell below the county average were discussed and the head of community midwifery agreed to conduct sensitive face to face interviews with the midwives concerned. The results of the midwifery survey were reviewed. Concerns were raised both over written information failing to reach many pregnant women before booking and the large proportion of pregnant women requesting additional time to consider HIV/HBV testing. As a result of the review, all general practices and community midwives have received a written report on the initial success of the screening programme and were urged to improve on areas such as providing women with written information before testing.

The working group also proposed ongoing training sessions for all Cornish midwives on HIV/HBV in pregnancy and individual training for any new community midwives to ensure a continued high uptake of HIV/HBV testing. This model of collaborative multidisciplinary working may be of use to others working in areas of low population density.

**Table 1** The midwives’ perception of test refusal

<table>
<thead>
<tr>
<th>Pattern of test refusal:</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV alone</td>
<td>30 (44)</td>
</tr>
<tr>
<td>HBV alone</td>
<td>0</td>
</tr>
<tr>
<td>HIV and HBV</td>
<td>18 (26)</td>
</tr>
<tr>
<td>Syphilis alone</td>
<td>0</td>
</tr>
<tr>
<td>All tests</td>
<td>6 (9)</td>
</tr>
<tr>
<td>No refusals</td>
<td>10 (15)</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for refusal of HIV or hepatitis B tests:</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of results</td>
<td>10 (15)</td>
</tr>
<tr>
<td>Confidentiality concerns</td>
<td>0</td>
</tr>
<tr>
<td>Insurance concerns</td>
<td>1 (1)</td>
</tr>
<tr>
<td>“Not at risk”</td>
<td>36 (53)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (1)</td>
</tr>
<tr>
<td>No refusals</td>
<td>10 (15)</td>
</tr>
<tr>
<td>More than one reason</td>
<td>10 (15)</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
</tr>
</tbody>
</table>

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**MEMBERS OF THE WORKING GROUP**

Maggie Barlow (public health scientist), Maria Benallick (control of infection nurse), Sue Corcoran (head of women’s services), Paul Munyard (consultant paediatrician) Lynda Quee (health promotion), Edna Richards (head of midwifery, Cornwall Healthcare Trust), Roise Walsh (nurse facilitator, Cornwall and Isles of Scilly Health Authority), Dawn Windsor (substance abuse midwife, RCH).

**CONTRIBUTORS**

FEAK arranged midwife training seminars, devised and analysed questionnaire for community midwives, principal author, member of working group; JN participated in training seminars, contributed to text of manuscript, member of working group; TP coordinated dissemination of questionnaires to midwives, contributed to design of questionnaire and text of manuscript, member of working group; LH participated in training seminars, contributed to text of manuscript, member of working group; RJ contributed to text of manuscript, member of working group, coordinated obstetricians’ role; BG, chairperson of working group, contributed to text of manuscript, member of working group.

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Authors’ affiliations

F E A Keane,* J Neale, Department of Genito-urinary Medicine, Royal Cornwall Hospital (RCH), Truro, Cornwall, UK; T Phillips, Penrice Maternity Unit; L Heard, Infection control team (RCH); R Jones, Princess Alexandra Maternity Wing (RCH); B Guttridge, Cornwall and Isles of Scilly Health Authority; R Bendall, Truro Public Health Laboratory

*On behalf of the working group listed.

Correspondence to: Dr Frances Keane, Department of Genitourinary Medicine, Royal Cornwall Hospital, Truro TR1 3LJ, UK; frances.keane@cornwall.nhs.uk

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