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## ABSTRACT PREVIEW

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Pregnancy and Disparities in Care for Women Living with HIV

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### Abstract

Pregnancy outcomes from successful antiretroviral therapy in women living with HIV (WLHIV) have improved from a clinical but not from a socio-cultural perspective. Identified barriers and facilitators of reproductive decision-making include behaviors, interactions, and advice of the Health Care Provider (HCP). This chronological study explored what is known about interactions between HCPs and WLHIV related to decision-making in pregnancy since the first published research. The subset of data was extracted from a larger systematic review focused on the reproductive decisions of WLHIV. The CINAHL, PubMed, Scopus, ISI Web of Knowledge, Cochrane Library, Embase and PsycInfo, were searched from 1990 to 2016, using the keywords "pregnancy", "reproductive", "decision-making", "HIV", "AIDS", "women". This subset of research included articles that explored behaviors, relationships, and interactions of WLHIV with HCPs focused on pregnancy decision-making. Thirteen studies were included in this review, all published in English and conducted in OECD countries. The HCP approach to reproductive decision-making with WLHIV has not evolved over the last two decades. Similar complaints voiced in the 90's continue to be reported as WLHIV feel marginalized, judged, discouraged, and isolated. WLHIV perceive ineffective communication with their HCPs, often perceiving encouragement to terminate their pregnancies. However, two studies in specialty HIV clinics indicated HCPs are supportive. WLHIV interact with care systems that are neither individualized nor holistic. HCP competencies need to improve to reflect current knowledge for pregnancy in WLHIV. Specific studies evaluating nursing care and competencies are needed since most studies focus on physicians.