

Poster presentation

## Outcome of pregnancies in HIV-positive women followed up at the Institute of Tropical Medicine (ITM) in Antwerp, Belgium, between 1997 and 2007

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### Purpose of the study

Pregnancy is nowadays a viable option for many HIV-positive women. The purpose of this study was to describe retrospectively HIV-positive pregnant women who were followed up at ITM in Antwerp, and to assess the outcome of their pregnancies and risk factors for adverse outcome.

### Methods

Data from HIV-positive women with reported pregnancy were extracted from the clinical database at ITM. Socio-demographic and clinical data were analysed for all patients. Analysis of pregnancy outcome was restricted to singleton deliveries.

### Summary of results

A total of 168 pregnancies in 127 women were followed up between 1997 and 2007. The women delivered 171 babies (three sets of twins). Thirty women had two pregnancies, four had three pregnancies and one woman delivered four times. The majority of women (76.4%) were from sub-Saharan Africa. Mean age was 30 years (17–42). Fifty-five women (43%) were unaware of their HIV status prior to the pregnancy that was registered at ITM and 93% had acquired HIV through heterosexual contact. Three patients (2.4%) were infected with HIV-2, one (0.8%) had a dual infection.

CD4 count prior to delivery was  $\leq 200$  cells/mm<sup>3</sup> in 6.8% of patients, between 200 and 350 in 16.7% of women,

and  $>350$  in 76.5% of patients. In 56 pregnancies, the women were on antiretroviral therapy prior to their pregnancy, in 106 pregnancies therapy was started (at a mean gestational age of 23 weeks) and in four pregnancies no treatment was taken during pregnancy. Treatment during pregnancy was HAART in 130 (80.2%) of cases, AZT monotherapy in 17 (10.5%), and dual therapy in 15 (9.3%). Of the women on treatment, 84.9% had a viral load of less than 500 copies/ml prior to delivery, 1.9% had 500–1000 copies/ml, and 13.2% more than 1,000 copies/ml.

A total of 165 deliveries were singleton and were analysed on pregnancy outcome. 70.9% were deliveries by Caesarean section of which 67.5% were planned; and 23.0% were vaginal deliveries. For the remainder 6.1%, no data were available. Twenty-two babies (13.3%) were premature babies. Of the 121 babies whose birth-weight was recorded (the 44 missing birth-weights were not from premature babies), 22 babies (18.2%) had a low birth-weight ( $<2500$  g) of which four were very low birth-weight  $<1000$  g. HIV transmission was diagnosed in one newborn.

### Conclusion

HIV transmission from mothers to their babies is very rare in industrialized countries, but other adverse pregnancy outcomes remain a problem. Rates of prematurity and low birth-weight are substantially higher in HIV-infected women.