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Managing HIV in pregnancy in Glasgow

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Purpose of the study

The number of pregnant patients with HIV in Glasgow has increased over the past 3 years but is insufficient to justify a dedicated HIV/antenatal clinic. Instead we enhanced a multidisciplinary team approach to the care of HIV-positive pregnant women. We report our outcomes and key learning from this experience.

Methods

Data were collected on all pregnancies occurring between 1 July 2005 and June 2008. Women already attending the Brownlee Centre for their HIV care who became pregnant and pregnant women found to be HIV- positive following antenatal screening were included in the study. Antenatal care was centralised mainly at Princess Royal Maternity, Glasgow, and HIV care provided at the Brownlee Centre, Glasgow. Monthly case management meetings were held between centres. All cases were reviewed at annual audit meetings.

Summary of results

There were 71 pregnancies resulting in 50 singleton deliveries, nine miscarriages and 12 terminations. Black African women constituted 57 (80%) of whom 32 were asylum seekers, and 14 (20%) were Caucasian European. Thirty-five women (49%) were diagnosed HIV-positive following routine antenatal screening. Sixty-six (93%) received HAART during pregnancy and in the five who did not all had a spontaneous abortion or termination. Thirty women were already on HAART at the time of conception and of the 36 who commenced treatment during pregnancy the only indication in 24 of them was to reduce the risk of mother-to-child transmission (MTCT). Of the 50 who delivered live infants, just eight (16%) had a detectable viral load at delivery. This was due to late diagnosis or difficulty accepting the diagnosis with poor adherence. Twenty-six (52%) delivered by Caesarean section and 24 (48%) had vaginal deliveries. Three women (6%) delivered at gestation <37 weeks. To date there has been no MTCT and only one foetal abnormality (cleft lip and palate). The average birth weight was 3.09 kg (excluding a pre-term infant of 780 g).

Conclusion

A significant proportion of pregnancies occurred within our existing HIV cohort, most of these women conceiving on HAART. In centres without sufficient numbers to run dedicated antenatal/HIV clinics, it is possible to obtain good results through close team working. There was no increased rate of pre-term delivery and no increased risk of low birth-weight. Non-adherence was the most important factor in failing to achieve undetectable viral load at delivery.