

Comparison of pregnancy outcomes for mothers living with perinatally acquired HIV, behaviourally acquired HIV and those not living with HIV

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Aim

To compare antenatal, perinatal and postnatal outcomes for infants between:

- ❖ Mothers living with perinatally acquired HIV (MLWPaHIV),
- ❖ Mothers living with behaviourally acquired HIV (MLWBaHIV) and
- ❖ Mothers not living with HIV (MHIV-)



Methods

All MLWPaHIV at a single London centre from 2015-2022 were matched by age and nearest date of delivery to MLWBaHIV. The same cohort of MLWPaHIV were matched to MHIV- by age, ethnicity and year of delivery. Data was extracted from electronic health records.

Results

All women were of black ethnicity except one MLWBaHIV from South Asia. All infants of MLWHIV were uninfected. There was one intrauterine death in a MLWPaHIV at 32 weeks gestation.

Table 2: Comparison of postnatal outcomes of MLWPaHIV, MLWBaHIV & MHIV-

	MLWPaHIV (n=19)	MLWBaHIV (n=17)	MHIV- (n= 33)
Preterm delivery <37/40	6(33.3%)	3(17.6%)	3(9%)
Low birth weight (LBW) <2500g	8(47%)	4(23.5%)	4(12%)
Neonatal Unit admission	5(29.4%)	2(11.7%)	2(6%)
Any breast feeding	0	5(31.2%)	32(97%)

Table 1: Comparison of demographics, antenatal and perinatal outcomes of MLWPaHIV, MLWBaHIV & MHIV-

	MLWPaHIV (n=19)	MLWBaHIV (n=17)	MHIV- (n= 33)
Booking age(years) median(IQR)	25(4)	35(9)	24(4)
Maternal BMI n(%)			
<18	0	1(5.9%)	1(3.1%)
18-24	15(78.9%)	6(35.3%)	15(45.5%)
25-29	1(5.3%)	5(29.4%)	11(33.3%)
>30	3(15.8%)	5(29.4%)	6(18.1%)
Booking gestation n(%)			
<13 weeks	11(64.7%)	8(47.1%)	21(63.6%)
13-26 weeks	6(35.3%)	8(47.1%)	9(27.3%)
>27 weeks	0	1(5.8%)	3(9.1%)
Booking VL >200 c/ml	6(31.6%)	3(17.6%)	-
Delivery VL >200 c/ml	0	1(5.9%)	-
Social Care	11(57.9%)	7(41.2%)	8(24%)
Child protection plan	5(26.3%)	1(5.9%)	1(3%)
Maternal hypertension	3(15.8%)	1(5.9%)	1(3%)
Mode of delivery n(%)			
Elective C/section	6(31.6%)	7(41.2%)	0
Emergency C/section	5(26.3%)	3(17.6%)	5(15.2%)
Vaginal delivery	8(42.1%)	7(41.2%)	28(84.8%)

Conclusion

MLWPaHIV were more likely to have hypertension and delivery preterm LBW infants who required neonatal input. MLWPaHIV had a higher percentage of infants with social care input and child protection plans. Preterm delivery was high in all MLWHIV.