

# Instrumental births in women with HIV in the UK and Ireland: data from national surveillance, July 2008 to December 2011

## INTRODUCTION

- Invasive procedures in labour have been discouraged for women with HIV because of a potentially increased risk of mother-to-child HIV transmission. However, as more women achieve undetectable viral load and planned vaginal delivery becomes increasingly common, it is likely that the rate of instrumental deliveries will rise.
- The new BHIVA guidelines for management of HIV in pregnancy propose normalising delivery as far as possible for women with successfully suppressed virus.

## AIM

- To investigate and describe the use of instrumental delivery in vaginal births in women diagnosed with HIV.

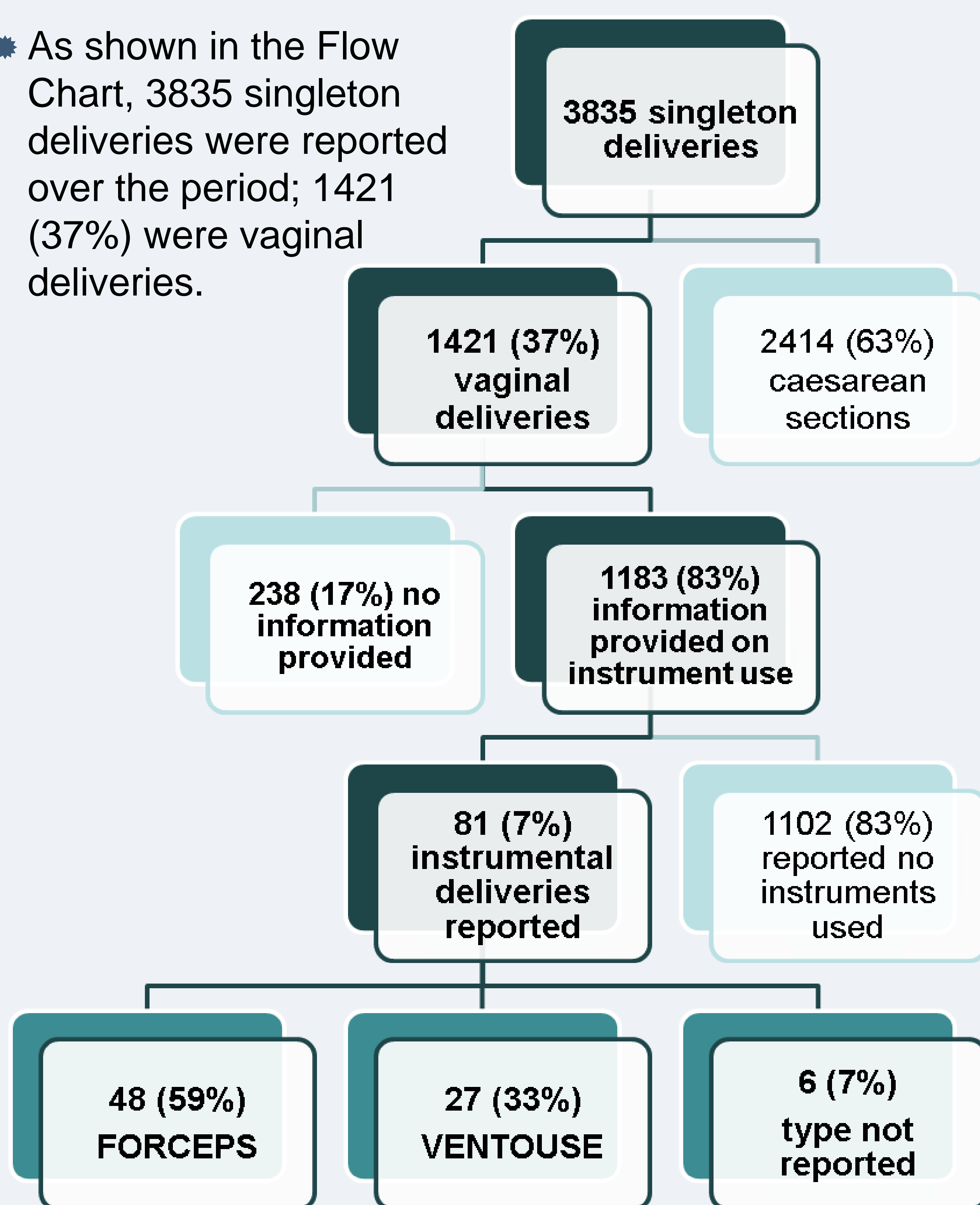
## METHODS

- Routine surveillance data on pregnancies in HIV-infected women in the UK and Ireland are collected through the National Study of HIV in Pregnancy and Childhood (NSHPC) (details at [www.nshpc.ucl.ac.uk](http://www.nshpc.ucl.ac.uk)).
- Since July 2008 details of instrumental delivery have been requested.
- Singleton vaginal births in women diagnosed with HIV by the end of pregnancy, and reported and delivered between July 2008 and December 2011 (42 months) were included.
- Data on instrumental deliveries for England were taken from Health Episode Statistics ([www.HESonline.nhs.uk](http://www.HESonline.nhs.uk)) for 2008-2011.

## RESULTS

### Deliveries July 2008 – December 2010

- As shown in the Flow Chart, 3835 singleton deliveries were reported over the period; 1421 (37%) were vaginal deliveries.



- Information on whether instruments were used was available for 1183 deliveries; 81 (7%) were instrumental.
- Forceps were used twice as often as ventouse.
- Numbers were small in individual years, but there was some evidence that the use of forceps increased a little over time, from 3.6% to 4.8%, while the use of ventouse was stable.
- Type of forceps, and indication for instrumental delivery, were both poorly reported.
- Among 81 infants delivered operatively 58 are confirmed uninfected; final test results are outstanding for 23 infants.

### Comparative data

- As shown in the Table below, about 15% of vaginal deliveries were operative in England over this period, with approximately equal use of forceps and ventouse.

**Table: Use of instruments at vaginal delivery among women with HIV (UK and Ireland) and the general population (England)**

Instrument	HIV (singletons)	Comparative data (England)
Forceps	4.1%	7.4%
Ventouse	2.3%	8.0%
Not specified	0.5%	
Total	6.8%	15.4%

- There were about half as many operative deliveries in the diagnosed HIV group compared with the general population.
- While ventouse and forceps are used in similar proportions in the general population, forceps are favoured over ventouse for HIV-positive women, in line with the 2008 BHIVA guidelines which recommended low cavity forceps in preference to ventouse.
- Updated BHIVA guidelines ([www.bhiva.org](http://www.bhiva.org)) are likely to recommend using the instrument considered appropriate by the operator, in accordance with NICE guidelines, for women with viral load <50.

## CONCLUSIONS

- Operative vaginal deliveries are less common in the HIV-positive population than in the general population, with forceps used more often than vacuum delivery; this may reflect earlier BHIVA/RCOG advice to use forceps in preference to vacuum delivery to reduce the risk of neonatal trauma.
- Instrumental deliveries are likely to increase in number as more women achieve undetectable viral load and deliver vaginally.
- It is encouraging that so far no perinatal transmissions have been reported in infants delivered instrumentally, but numbers are low. As the obstetric management of women with HIV is normalised, the NSHPC provides an important tool for monitoring the impact of changes in practice, including the use of invasive procedures during pregnancy and at delivery.

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