

A Review of HIV-infected women cared for and delivered at a District General Hospital: Favourable Outcomes Despite Limited Resources

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BACKGROUND

In 1993 in the UK HIV MTCT risk was 25.6 % and intervention was virtually non-existent. Between 2000 and 2006 HIV MTCT rate fell to 1.2%.

The successes of antenatal screening for HIV and the high uptake of interventions, such as anti-retroviral treatment and Caesarean Section, to prevent Mother To Child Transmission (MTCT) have led to this great reduction in the MTCT rate of HIV in the UK.

The current guidance is for vaginal delivery where possible. This is achieved by women taking temporary HAART, therefore achieving viral load < 50 HIV RNA cpm by 36 weeks and allowing vaginal delivery to be possible.

The British HIV Association (BHIVA) guidelines recommend a multi-disciplinary approach to the management of HIV-infected pregnant women.

AIM

The aim of this study was to look at the outcomes for HIV positive pregnant women in a District General Hospital. This incorporates the management of the pregnancy, and both delivery and treatment of the baby.

METHOD

A retrospective review of the case notes of pregnant HIV positive women attending our centre during the period 2008-2011 was conducted.

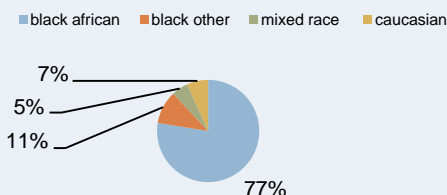
Information such as patient demographics, risks of transmission, point of diagnosis and management of the pregnancy, delivery and neonate were all documented.

RESULTS

- There were 77 pregnancies in 57 women.
- The median age was 34years.
- There were 78 live births.
- **The overall MTCT was 0%.**
- Condom use was the main contraception method reported in 72% women (n=55)
- 63% of pregnancies were unplanned (n=51)
- 68% women reported housing issues (n=55)
- 71% women reported financial issues (n=49)

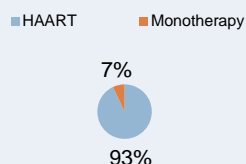
RESULTS cont.

The Distribution of Ethnicities (n=77)

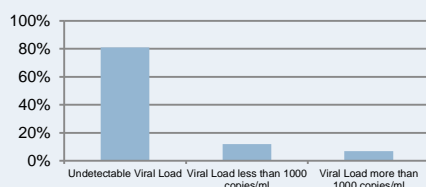


- 74% women (n=77) diagnosed with HIV through routine antenatal screening.
- The mean age at diagnosis was 20weeks gestation with a range of 6-37weeks gestation.
- The mean CD4 count first recorded in pregnancy was 450copies/ml (Range 11-986copies/ml)
- In 60% of women (n=76), antiretroviral therapy was initiated with prevention to MTCT being the sole reason.
- Self-reported adherence was good in 89% women (n=71) .

Anti-viral therapy during pregnancy (n=71)



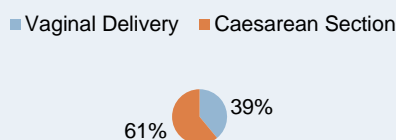
Viral Loads Levels as measured just prior to delivery. (n=75)



Deliveries:

- 89% of women (n=64) delivered at a gestation age of 37 weeks or greater.
- 77% of women (n=60) were able to achieve their planned mode of delivery.

Mode of Delivery (n = 62)

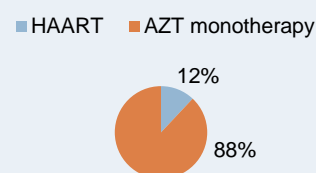


RESULTS cont.

Management of Babies:

100% of babies born were HIV negative (n=74)

Prophylactic antiretroviral therapy for babies (n = 72)



DISCUSSION

Croydon University Hospital (CUH) is a district general hospital in South London. Our HIV unit is a medium-sized department with a total cohort of 740 HIV-infected patients.

Our data shows that HIV-infected pregnant women attending CUH have favourable obstetric and virological outcomes. This is comparable to the standard achieved in large teaching hospitals with dedicated HIV antenatal clinics.

Our HIV antenatal multidisciplinary team (MDT) comprises of an obstetrician, HIV and infectious diseases specialist midwife, paediatrician, paediatric HIV clinical nurse specialist (CNS), HIV specialists, adult HIV CNS, HIV specialist pharmacist, community CNS and social workers. MDT members meet bi-monthly where all cases are discussed with effective and timely communication between different disciplines within the MDT.

The key to success in achieving a high standard of care for HIV-positive pregnant women at a centre with limited resources such as those available within a district general hospital is an effective utilisation of the skill-mix available within the trust.

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