

Control of maternal HIV-1 disease during pregnancy.

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ISSUE: Recently released Principles of Therapy of HIV Infection (NIH, 11/97) specify that women should receive optimal antiRetroviral therapy regardless of the pregnancy status. However, reports of experience with the use of these therapies in pregnancy have not yet appeared.

PROJECT: Areas Perinatal AIDS Center at San Francisco General Hospital (BAPAC) has cared for over 200 HIV-1 infected mothers and their exposed children since 1989, stressing continuity of care, case management and meticulous attention to basic principles of maternal and child health in conjunction with ongoing counseling, peer advocacy and education. The Center has been able to offer maternal viral load assessment and state-of-the-art combination drug therapy for treatment of maternal disease and control of maternal plasma viremia since 1995.

RESULTS: Client choice of available therapies has shifted markedly during this period. The majority of clients delivered in 1996 elected to take ZDV monotherapy, while in 1997, 16/23 mothers delivered took double combination therapy and 6/23 took triple combination therapy. Ten of 12 women currently pregnant in 1998 have chosen triple combination therapy. At BAPAC, combination therapy has been well-tolerated and no maternal or pediatric complications have been observed. It has been possible to lower maternal viral burden in all mothers, usually to non-detectable levels. Multiple problems with maternal ability to adhere to therapy have been encountered, particularly during the late first trimester and the post-partum period. These therapies have also had a profound impact on vertical transmission rates. Of the 60 BAPAC infants born since May, 1995, 43 are uninfected with all DNA-PCR testing negative through 6 months of age. Of 17 infants less than 6 months who have not yet completed testing 9 are presumed uninfected with negative PCR at birth and 6 weeks while 8 are negative at birth with no evidence of infection.

LESSONS LEARNED: Despite adherence problems associated with pregnancy and the post-partum period, the use of combination antiRetroviral therapeutic strategies to treat maternal HIV-1 disease during pregnancy results not only in improved maternal health, but also in rates of maternal-to-fetal transmission that approach zero.

Keywords: AEGIS, HIV-1, Disease Transmission, Vertical, HIV Infections, Viral Load, Zidovudine, Pregnancy Complications, Infectious, Mothers, Drug Therapy, Combination, Acquired Immunodeficiency Syndrome, Parturition, Pregnancy Outcome, Labor, Obstetric, San Francisco, Pregnancy, Human, Female, Child, Infant, prevention & control, transmission, ICA12