

PREGNANCY LOSS IN HIV-POSITIVE WOMEN ATTENDING ANTENATAL CARE AT A LONDON CENTRE

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BACKGROUND: There is a paucity of data on late pregnancy loss in HIV. We present data on HIV-positive women attending antenatal care at a London centre, whose pregnancies resulted in either late miscarriage (14–24 weeks gestation) or intrauterine death (beyond 24 weeks gestation).

METHODS: A retrospective case-notes review of HIV-positive women attending antenatal care between 2000–2007.

RESULTS: There were 242 pregnancies during this period. 8% (19/242) resulted in late pregnancy loss. There were 15 reported late miscarriages and 4 intrauterine deaths in 18 women. Maternal age ranged between 23.3–39.4 years (mean 31.6 years). 14/18 women were of sub-Saharan origin. 11/18 women had uncertain immigration status. 7/18 had significant psychosocial problems. 10/18 women were diagnosed with HIV during this pregnancy. 14/19 were CDC Stage A; 1 was CDC Stage C. Mean nadir CD4 = 327 cells/mm³. 8/19 were on HAART during their pregnancy. Median gestational age at loss was 18 weeks. 14/19 postmortems were performed. 10/14 post-mortems demonstrated chorioamnionitis; Group B Streptococcus was identified in one. One post-mortem revealed toxoplasma placentitis. All women in the study group attended for HIV follow-up following their loss.

CONCLUSION: 8% of pregnancies resulted in late pregnancy loss; notably more than in a non-HIV setting. Post-mortems were performed in over 70%. The most common finding was chorioamnionitis, in keeping with the literature. A significant proportion of the women had complex psychosocial issues but all engaged with HIV follow-up after their loss. We advocate further large-scale research to elucidate the mechanisms underlying late pregnancy loss in HIV.

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