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IMPACT OF VAGINAL MICROBES ON POSTPARTUM INFECTIOUS MORBIDITY AMONG HIV INFECTED AND UNINFECTED WOMEN

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OBJECTIVES: To determine the prevalence of lower genital tract pathogens amongst HIV infected compared to uninfected pregnant women, and establish the association with postpartum sepsis.

METHODS: Women of known HIV status were recruited during the antenatal period, and baseline haematological bloods in addition to other routine antenatal blood tests were performed. CD 4 counts were performed for HIV infected women. During labour, vaginal swab specimens were obtained during by speculum examination prior to any digital vaginal examination. Diagnosis of bacterial vaginosis (BV) using the Nugent's criteria. Standard laboratory techniques were used to diagnose other infections such as trichomoniasis, B hemolytic streptococci and others. All patients' syphilis serology results were noted. Patients were followed up in the immediate postdelivery period (within 72 hours), as well as at 7, 14 and 42 days postdelivery for clinical indications of postpartum sepsis (which included pyrexia, mastitis, lower abdominal tenderness, offensive lochia and infected episiotomy wounds).

RESULTS: 326 HIV infected and 572 HIV uninfected women were screened for pathogens. All women were comparable for all baseline parameters. The mean CD 4 count amongst HIV infected was 439 cells/ μ L. Overall, HIV infected women were more likely to have pathogenic organisms than uninfected women, (51.2% compared to 36.5% $p < 0.0001$), as well as being seropositive for syphilis (7.9% compared to 3.6%, $p = 0.006$) Postpartum sepsis was significantly associated with presence of trichomoniasis amongst HIV infected women, (RR=3.3, 95% CI=1.16-9.57) but not uninfected women (RR=1.29, 95% CI=0.45-3.49). Group B streptococcus was associated with infectious morbidity irrespective of HIV status (RR=3.16, 95% CI=2.3-4.4), whereas the presence of BV organisms did not influence morbidity in both HIV groups (RR=1.0, 95% CI=0.6-1.68).

CONCLUSIONS: HIV infected women carry more pathogenic vaginal microbes during pregnancy, which subsequently lead to increased postpartum sepsis.



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Pathogenesis and Treatment in Women

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