

**A study of basic profile ( socio demographic profile) in HIV infected pregnant women visting antenatal clinic and delivering at New Civil Hospital Surat between January 2013 to December 2013.**



**Medical Science**

KEYWORDS :

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**ABSTRACT**

*BACKGROUND | HIV can affect the fetus and mother in various ways. Very few data have been available about the maternal outcome in HIV pregnant women in India. Our study was aimed at assessing basic profile in HIV pregnant women in a tertiary care hospital.*

**INTRODUCTION:**

India is home to the third largest number of people living with HIV in the world. The epidemic disproportionately affects women, who account for 38% of the estimated 2.4 million people living with HIV in India. Several studies have reported that HIV infected pregnant women are at an increased risk of adverse pregnancy outcomes such as spontaneous abortion, still births and preterm labor, low birth weight, intrauterine growth retardation. Maternal HIV infection has also been associated with an increased risk of infant death.. There have been very few studies characterizing the impact of HIV infection during pregnancy on mother and infant. Studies need to be conducted to know that impact, so that we can improve the management of HIV positive mothers and the infants born to them and decrease the morbidity and mortality in them. Our study was aimed at assessing fetal outcome in HIV pregnant women in a tertiary care hospital.

**METHODS**

This study was an observational study conducted between January 2013 to December 2013(12 months) in the Department of Obstetrics and Gynaecology, New Civil Hospital, Surat.. Data was collected through interviews with the subjects and access to their medical records. All pregnant women who came for Antenatal registration and check up were routinely tested for their Hemoglobin level, Blood group, HIV, HBsAg and VDRL test after proper counseling at the Mamta Clinic (PPTCT Centre) about necessity and benefits of the same in reduction of vertical transmission to the newborn. The women tested HIV infected were again counselled by Mamta Clinic counselors and referred to ART centre of New Civil Hospital, Surat for further evaluation of the disease, CD<sub>4</sub> cell level and WHO clinical staging. According to all these factors subjects were started on ART if needed and were called for regular visit in ART centre at every month. Those not eligible for ART were allotted a pre-ART number and also kept under regular follow up at the ART centre. All subjects underwent a thorough initial antenatal assessment at the Antenatal Clinic as per the enclosed proforma. They also underwent an antenatal ultrasonography. All HIV infected pregnant women were called for regular antenatal check up monthly till 28 weeks of pregnancy, then at every fifteen days till 36 weeks of pregnancy and then every weekly after 36 weeks to delivery. During all these visits their history was elicited and examination was done as per routine antenatal check up protocol of our department (enclosed proforma). During the pregnancy they were given information about chances of transmission of HIV infection to baby in both routes of delivery- vaginal as well as caesarean delivery. Accordingly baby was delivered as per subject's choice of route for delivery. The subjects who wanted delivery by caesarean section were given date for elective caesarean at 38 completed weeks of gestation.

**TABLE: shows socio demographic profile of HIV infected pregnant women.**

Variables	No. of participants	Variables	No. of participants
Age in years		Parity	
<20 yrs	5(9.09%)	Primi	30(54.54%)
20-25yrs	31(56.36%)	2 <sup>nd</sup>	10(18.18%)
>25yrs	19(34.54%)	3 <sup>rd</sup> or more	15(27.27%)
Educational status		Residence	
Illiterate	18(32.72%)	Rural	09(16.36%)
Primary	36(65.45%)	Urban	46(83.63%)
Till 12 <sup>th</sup>	01(1.81%)	Wife`s marriage order	
Graduate	0(0%)	1 <sup>st</sup>	45(81.81%)
Husband`s marriage order		2 <sup>nd</sup>	10(18.18%)
1 <sup>st</sup> marriage	48(87.27%)	Husband`s occupation	
2 <sup>nd</sup> marriage	07(12.72%)	Farmer	02(3.63%)
Duration of marriage		Textile worker	14(25.45%)
<5 years	40(72.72%)	Diamond worker	05(9%)
5-10 years	11(20%)	Others	34(61.81%)
>10 years	04(7.27%)	Knowledge about positive HIV status	
Husband`s sero-status		In this pregnancy	37(67.27%)
Positive	34(64.81%)	Before this pregnancy	18(32.72%)
Negative	19(34.54%)	Site of diagnosis	
Unknown	02(3.63)	Mamta clinic	38(69.09%)
WHO clinical stage		Labor room	2(3.63%)
1	41(74.54%)	Private hospital	2(3.63%)
2	10(18.18%)	ICTC	13(23.65%)
3	03(5.45%)	ART status at enrolment	
4	01(1.81%)	On ART	32(58.18%)
CD <sub>4</sub> count at time of enrolment		Not on ART	23(41.81%)
<250	13(24.07%)	Gestational age at registration	
250-500	21(38.88%)	< 12 weeks	14(25.45%)
>500	21(38.88%)	12-28 weeks	26(47.27%)
Haemoglobin status at enrolment		>28 weeks	13(23.63%)
10-12 gm%	10(18.18%)	Direct in Labour	2(3.63%)
8-10 gm%	39(70.90%)		
<8 gm%	06(10.9%)		

**RESULTS**

Majority of the participants in the study group i.e. 31/55 (56.36%) were in age group of 20-25 years and 30/55(54.54%) were primigravidae. Majority of the participants 36/55(65.45%) had primary education and 46(83.63%) lived in urban area. All participants were married. Out of the 55 participants,10(18.18%) had second marriage and husbands of 7(12.72%) participants had history of second marriage. The husbands of 14(25.45%) participants were textile mill workers,5(9.0%) were diamond workers, 2(3.63%) were farmers and 34(61.81%) had other occupation. Majority of the participants i.e. 40(72.72%) had been married for less than 5 yrs. 37(67.27%) participants came to know about their positive HIV status during the current pregnancy while 18(32.72%) knew about it before the current pregnancy. The serostatus of the husband of 34(64.15%) participants was positive and of 19(35.84%) was negative. Majority of the participants i.e.38 (69.09%) were diagnosed in our Mamta clinic, 2(3.63%) were diagnosed for the first time when they presented as emergency admissions directly in the labour room. 13(23.65%) were referred from other ICTCs and 2(3.63%) were referred from private hospitals after diagnosis of their HIV infected status. Majority of the participants i.e. 41(74.54%) were in clinical stage1. Out of the 55 participants, 32(58.18%) were on ART and 23(41.8%) were not on ART according to the NACO guidelines between January 2013 to December 2013. Out of the 54 participants

13(24.07%) had CD4 count less than 250, 21(38.88%) had between 250-500 and 21(38.88%) had more than 500 at the time of registration to our clinic. Out of the 55 participants, 14(25.45%) registered at less than 12 wks gestation, 26 (47.27%) registered between 12-28 weeks and 13(23.63%) registered at more than 28 weeks in our antenatal clinic and two (3.63%) presented directly in labour. Majority of the participants-45(81.81%) had anemia of which 39(70.90%) had hemoglobin between 8-10 gm% and 6(10.9%) had haemoglobin of less than 8 gm%. Only 10(18.18%) participants had haemoglobin levels more than 10g/dL. Haemoglobin levels of less than 8gm/dL were noted in 17.39% participants who were not on ART versus 6.25% participants who were on ART. Out of 55 participants of this study none had STI/RTI. Though 26 (47.27%) participants had used condoms for STI/RTI protection.

**CONCLUSION:**

Proper antenatal care of the HIV nfectcd pregnant women should be done so that the mother can assessed for various factors like stage of the disease ,CD4 count ,haemoglobin status,feeding options and counselling can be done and those who require ccan be started onART. This will lead to decrease in adverse outcome of the pregnancy and will help mother and baby to have a better health and outcome.