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Birth Weight and Preterm Delivery Outcomes of Perinatally vs. non-Perinatally HIV-infected Pregnant Women in the U.S.: Results from the PHACS SMARTT study and IMPAACT P1025 Protocol

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#P-90

BACKGROUND	TABLE 1. CHARACTERISTICS OF HIV-INFECTED PREGNANT WOMEN AND INFANTS				RESULTS	
	Characteristic	PHIV	NPHIV	Total	P-Value	
The success of antiretroviral					····	• From 1998-2013, 2.270 HIV-
therapy (ART) has resulted in	WOMEN AT FIRST PREGNANCY	(n=235)	(n=2035)	(n=2270)		infected pregnant women
perinatally HIV-infected (PHIV)	Age, years	21 (19, 23)	25 (22, 28)	25 (22, 28)	< 0.01	dolivorod 2 602 nowborns
wouth reaching reproductive age	Race					uenvereu 2,092 new Dorns
	White/Other	91 (39%)	535 (26%)	626 (28%)	< 0.01	(270 born to PHIV and 2,422

Pregnancy outcomes of PHIV women compared to women acquiring HIV non-perinatally (nPHIV) are poorly defined.

OBJECTIVE

To assess whether maternal perinatal infection is associated with adverse birth weight and preterm delivery outcomes.

METHODS

Design: We compared birth weight (BW) and preterm delivery (PTD) outcomes of PHIV versus nPHIV pregnant women enrolled in the PHACS Surveillance Monitoring for

Black	129 (55%)	1,360 (67%)	1,489 (66%)	
Unknown/ Declined	15 (6%)	140 (7%)	155 (7%)	
Hispanic Ethnicity	85 (36%)	545 (27%)	630 (28%)	< 0.01
Year of Delivery				
1996-2005	16 (7%)	670 (33%)	686 (30%)	<0.01
2006-2009	80 (34%)	717 (35%)	797 (35%)	
2010-2013	138 (59%)	647 (32%)	785 (35%)	
BMI, kg/m ²				
<18.5	15 (6%)	54 (3%)	69 (3%)	< 0.01
18.5-24.9	86 (37%)	485 (24%)	571 (25%)	
25.0-29.9	35 (15%)	333 (16%)	368 (16%)	
30-34.9	21 (9%)	217 (11%)	238 (10%)	
35-39.9	8 (3%)	132 (6%)	140 (6%)	
<u>></u> 40	11 (5%)	172 (8%)	183 (8%)	
Tobacco Use in Pregnancy	32 (14%)	397 (20%)	429 (19%)	0.01
CD4 at enrollment, cells/mm ³				
<200	44 (19%)	228 (11%)	272 (12%)	0.01
200-500	107 (46%)	943 (46%)	1,050 (46%)	
>500	81 (34%)	774 (38%)	855 (38%)	
HIV RNA level at delivery, copies/mL				
<u><</u> 400	164 (70%)	1,572 (77%)	1,736 (76%)	< 0.01
>400-1000	12 (5%)	86 (4%)	98 (4%)	
>1000-10000	34 (14%)	158 (8%)	192 (8%)	
>10000	20 (9%)	105 (5%)	125 (6%)	
ART during pregnancy				
>3 classes	54 (23%)	50 (2%)	104 (5%)	< 0.01
INSTI-based	3 (1%)	18 (1%)	21 (1%)	
PI-based	159 (68%)	1,422 (70%)	1,581 (70%)	
NNRTI-based	3 (1%)	158 (8%)	161 (7%)	
NRTI-based	11 (5%)	233 (11%)	244 (11%)	
Non-combination ART regimen	2 (1%)	82 (4%)	84 (4%)	
No ARVs/Unknown	3 (1%)	72 (4%)	75 (4%)	
INFANTS	PHIV	NPHIV	TOTAL	P-Value
	(n=270)	(n=2422)	(n=2692)	
Preterm Deliverv (<37 weeks)	388 (16%)	41 (15%)	429 (16%)	0.67
Small for Gestational Age	265 (11%)	32 (12%)	297 (11%)	0.73
Low Birth Weight (<2500 g)	350 (14%)	48 (18%)	398 (15%)	0.19
Birth Weight Z score	-0.38	-0.38	-0.38	0.06
	(-0.85, 0.18)	(-0.96, 0.03)	(-0.86, 0.15)	

to nPHIV women). **Compared to nPHIV** women, PHIV women were younger (mean age 21 vs. 25 years, *p*<0.01

- After adjustment, BWZ was **0.13 lower in infants of** PHIV vs. nPHIV women (adjusted mean: -0.46 vs. -0.33, p=0.03).
- Black race, tobacco and substance use in pregnancy, and maternal pre-pregnancy BMI <18.5 kg/m² were also significantly associated with lower infant BWZ.
- No associations between maternal PHIV status and **PTD or SGA were observed.**

ART Toxicities Study (SMARTT) or
IMPAACT P1025 protocol.
Inclusion Criteria:

► HIV-infected pregnant women ages 13-30 years old

Singleton live borns

Available birth weight,

gestational age, maternal mode of HIV acquisition information

Exclusion Criteria:

► HIV-infected infants

Primary Outcome:

Birth Weight (BW) measured in the following manners:

 \blacktriangleright BW z scores (BWZ)

► Small for Gestational Age (SGA)

► Low Birth Weight (LBW) <

2500g

 \blacktriangleright PTD (<37 weeks GA) **Predictor Variables:**

ART=antiretroviral therapy; ARVs=antiretrovirals; BMI=Body Mass Index; INSTI=Integrase Strand Transfer Inhibitor; NNRTI=Non-Nucleoside Reverse Transcriptase Inhibitor; NRTI=Nucleoside Reverse Transcriptase Inhibitor

TABLE 2. UNADJUSTED AND ADJUSTED MODELS FOR LBW, SGA, AND PRETERM DELIVERY COMPARING PHIV VS. NPHIV

LBW	SGA	Preterm Delivery
RR (95% CI) p value	RR (95% CI) p value	RR (95% CI) p value

CONCLUSIONS

Infants of PHIV versus nPHIV women may be at greater risk for lower BW, although the absolute difference was small. Future studies are

warranted to understand mechanisms by which the intrauterine environment of PHIV women may affect fetal growth.

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Maternal PHIV status was identified by self-report, medical record review, or HIV infection documented within 5 years of birth. **Statistical analysis:**

BW z-scores (BWZ) and small-forgestational-age (SGA) were calculated using U.S. standards. Mixed effects models were applied to assess the association of maternal PHIV status with infant BWZ. Log binomial models using generalized estimating equations were fit for PTD and SGA outcomes.

Jnadjusted:								
1.22 (0.92,1.62)	0.17	1.06 (0.76,1.	49) 0.72	0.94 (0.70,1.27)	0.69			
Adjusted*								
1.19 (0.88,1.61)	0.25	1.03 (0.71,1.	49) 0.86	0.90 (0.65,1.25)	0.53			
TABLE 3	. MIXED MC	DDEL FOR MEAN BIRT	H WEIGHT Z SCORE CO	MPARING PHIV VS. NPHIV				
Unadjusted	Unadjusted Difference			Adjusted* Difference				
Mean (95% C	I)	<i>p</i> value	Mear	n (95% CI)	<i>p</i> value			
0.11 (-0.22,-0.01)		0.03	-0.13 (-0.24, -	0.01)	0.03			

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