

Title:	Pregnancy outcomes in women growing up with HIV acquired perinatally or in early childhood
<ul style="list-style-type: none"> • Please do not add the names of authors or affiliations on this form • Use a concise title that indicates the nature of the study. • Please capitalise the first letter of the title and use lower case for the rest of the title (with the exception of proper nouns or abbreviations). • Please do not use a full stop at the end of the title 	

<p>Abstract:</p> <ul style="list-style-type: none"> • Your abstract must be pasted into the space to the right and use the Arial font in size 10. • Your abstract must not exceed a maximum of 2,500 characters (including spaces and tables) • Please ensure that your abstract is thoroughly proof read for grammatical inaccuracies 	<p>Background: The first generation of women infected with HIV perinatally or in early childhood are becoming pregnant, with little published data for fertility and pregnancy outcomes in these women. We present multi-centre audit data on pregnancy outcomes in this population.</p> <p>Methods: Case note audit across participating centres in the UK and Ireland of a cohort of women who were reported to have been infected with HIV perinatally or in early childhood and who conceived prior to September 2009.</p> <p>Results: From 172 women aged 12+ yrs under follow up in 19 centres, 36 pregnancies were reported in 27 women (15.6%). 19 (70%) were black African, 5 (19%) caucasian and 3 other ethnicities. 14 women (56%) had previous AIDS defining diagnoses. Median age at first pregnancy was 18 yrs (range 14-29). 18 women (67%) had involvement with social services. Of the 36 reported pregnancies: 27 (75%) were unplanned, 7 (19%) planned and 2 unknown. 31/36 (86%) involved regular partners (4 casual, 1 unknown), 22 (61%) of whom were reported to be aware of maternal HIV status. The pregnancies resulted in 5 (14%) 1st trimester miscarriages, 9 (25%) elective terminations, 18 (50%) live births and 4 (11%) pregnancies were ongoing. Data nearest to conception gave a median CD4 count of 244 cells/ul (range 0-837), and 4/27 and 3/27 had dual and triple class resistance respectively. 17 (47%) were on HAART, although 8 of the 10 women not on HAART had CD4 counts below 200 cells/ul. At delivery, 16/18 (89%) mothers were on HAART, with a median CD4 count of 252 cells/ul (range 54-437), median viral load 79 c/ml (range < 50 to 588,844) . 7 women delivered with VL <50 cells/ul, four had VL >1,000c/ml. 2 women were admitted for Directly observed therapy and 2 were non-adherent to HAART at delivery. Mode of delivery was 9 elective and 5 emergency C-sections with 4 vaginal deliveries. 6 (33%) infants delivered at <37/40, five of whom required Neonatal Intensive Care. All babies are uninfected with HIV, 5 (28%) are fostered and 3 have ongoing developmental concerns. No congenital anomalies are reported.</p> <p>Conclusion: Despite access to contraceptive services young women growing up with HIV have significant rates of unplanned pregnancy with complex social needs and increased rates of premature delivery. Reassuringly prevention of mother-to-child transmission was successful despite advanced disease and suboptimal virological control in a proportion of women.</p>
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