HIV Meds Early in Pregnancy Linked to Low Risk of Birth Defects

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Pregnant women who take antiretrovirals (ARVs) to treat HIV early in their pregnancies appear to have a low risk of birth defects in their infants. Publishing their findings in JAMA Pediatrics, researchers studied 2,580 HIV-negative children born to HIV-positive mothers who took ARVs during their first trimesters. The children were enrolled between 2007 and 2012 in the ongoing Pediatric HIV/AIDS Cohort Study (PHACS) Surveillance Monitoring of ART Toxicities (SMARTT) study.

There were no general classes of drugs that were linked with a raised risk of birth defects, and few individual ARVs that were. Reyataz (atazanavir) increased the risk of birth defects by about twofold, in particular musculoskeletal and skin problems. There was also an elevated risk of defects when Reyataz was combined with newer ARVs, including Viread (tenofovir) or Emtriva (emtricitabine), which are the two drugs that make up Truvada. However, there was no significantly elevated risk of birth defects when Reyataz was paired with older ARVs, including Retrovir (zidovudine, AZT) or Epivir (lamivudine).

“As World Health Organization 2013 ARV guidelines are implemented globally, an increasing percentage of women with HIV will be expected to enter pregnancy already receiving ARVs. This heightens the need to identify optimal regimens based on their safety profiles as well as their effectiveness in preventing HIV transmission,” Paige Williams, PhD, a senior lecturer on biostatistics at Harvard School of Public Health and the study’s lead author, said in a press release.

To read the press release, click here.

To read an overview of the study, click here.

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