Pregnant Women With HIV Often Don’t Receive Treatment per Guidelines

A study of more than 1,800 HIV-positive pregnant women looked at whether they were prescribed guideline-recommended antiretrovirals.

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HIV-positive pregnant women often are not prescribed antiretroviral (ARV) treatment in line with federal treatment guidelines, according to a study funded by the National Institutes of Health (NIH).

Kathleen M. Powis, PhD, of Massachusetts General Hospital, which is affiliated with Harvard Medical School, led a research team that analyzed data on 1,867 women with HIV enrolled in the Surveillance Monitoring for ART Toxicities in HIV Uninfected Children Born to HIV Infected Women (SMARTT) study between 2008 and 2017.

The SMARTT study, conducted at 18 U.S. research hospitals, enrolled women with HIV during pregnancy or at delivery.

The authors of the new analysis compared each woman’s ARV regimen with the treatment guidelines of the Department of Health and Human Services. These guidelines categorize ARV treatment for pregnant women as follows: preferred, meaning safe for pregnant women; alternative, meaning there are no known safety concerns; insufficient data for use; and not recommended for pregnancy except in special circumstances.

On average, the women were 29 years old at conception. A total of 1,264 (68%) were Black, and 480 (26%) were white.

Seven hundred ninety (42%) of the women started ARVs before conceiving, 625 (34%) resumed ARV treatment during pregnancy and 452 (24%) started ARVs for the first time during pregnancy.

Overall, 925 (50%) of the women were prescribed regimens designated as preferred or alternative, 492 (27%) received regimens backed by insufficient data and 136 (7.3%) were prescribed regimens that were not recommended for use during pregnancy.

Three hundred sixteen (70%) of the women who started ARVs during pregnancy were prescribed preferred or alternative regimens, as were 325 (52%) of the women who resumed treatment

during pregnancy and 284 (36%) of the women who were taking ARVs prior to conception.

Ninety-one (20%) of the women who started ARVs during pregnancy were prescribed ARVs with insufficient evidence for use during pregnancy or that were not recommended for use.

Among women who resumed ARV treatment during pregnancy, those with a viral load greater than 1,000 during early pregnancy were about twice as likely than those with a viral load of 400 or lower to be prescribed guideline-recommended treatment.

“This study suggests that U.S. ARV prescribing practices for pregnant women living with HIV do not align well with national guidelines,” the study authors concluded. “This finding is particularly concerning when treatment is initiated during pregnancy. Further research is needed to understand disparities between prescribing practices and evidence-based guideline recommendations.”

To read a press release about the study, click here.

To read the treatment guidelines, click here.

To read the study, click here.

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