PREGNANCY AND HIV MUST BE AN ABSOLUTE INDICATION OF THE CESAREAN SECTION?

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Statement of the problem. Vertical transmission of HIV can occur during pregnancy, delivery and breastfeeding. Cesarean section (C-section) is a surgical procedure that reduces maternal and fetal morbidity and mortality when there is a precise indication to perform it. Until today, HIV infection is incurable. The pregnant woman with HIV should be detected in the first trimester of pregnancy and in week 16, begin prophylactic treatment with highly effective antiretroviral therapy to reduce the possibility of perinatal transmission.

Methods. We reviewed the cases of women with reactive HIV test during pregnancy and prophylactic therapy, the years 2014-2016 and the obstetric outcome of their newborn. Analyzing the mother's viral load before birth and a laboratory test for HIV at birth. We compared the results between delivery and cesarean section.

Results. We analyzed 1,261 births. The termination of the pregnancy was in 1,245 women by cesarean and 16 by vaginal delivery. We observed 103 cases of babies with HIV test reactive at birth. Of these, 87 were born by cesarean section and 16 by vaginal delivery. It observed that 7% of births by caesarean section resulted with a reactive HIV test and 100% of those born by vaginal delivery were reactive (Figure 1). Odds ratio Standard error of O.R. 0.26. Confidence interval 99%, between 86.9 and 22.1.

Women in control, 85% had viral load suppressed, less than 1 thousand copies, 15% had no more than 1 thousand copies (Figure 2).

Conclusions. Since 1985, the WHO has warned about the high rates of caesarean sections. There is a contradiction. A cesarean section can be performed without precise indication in documented cases and, when necessary, sometimes it is not performed. The severity of the perinatal transmission of HIV and the small number of pregnancies with HIV justify the absolute indication. Only 7% of births by caesarean section had a reactive HIV test. Birth by vaginal delivery, 100% was born with reactive HIV test. To achieve the first HIV-free generation, as the WHO mark for the year 2030, it is necessary to use all the resources of science. The absolute indication of cesarean section is a preventive measure and based on the available scientific evidence*.

The process of correct attention. Detection of HIV syphilis before 12 weeks, initiation of antiretroviral after 16 weeks, achieving pregnancy with suppressed viral load, birth by cesarean section at term, intact membranes, without labor and suspension of breastfeeding, minimizes risk to the maximum perinatal transmission, up to 98%. Without prophylactic treatment with antiretroviral, 15-30% of infants become infected during pregnancy and 5-15% more, can become infected through breastfeeding.

Pregnancy, labor and breastfeeding have an implicit risk of HIV transmission. Prevention through effective clinical intervention can prevent infection in the fetus for a lifetime.

The decision to perform a cesarean section must respect the right of parents to decide, with information and special advice, to inform about the risk benefit. The follow-up of the newborn is for two years.

Source: GESTAR System, National Center for Prevention and Control of HIV and AIDS.

* <http://www.censida.salud.gob.mx/descargas/biblioteca/CausalesTVVIHySC.pdf>

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