Background

- In the United States, most HAART regimens used during pregnancy include a protease inhibitor in order to meet two goals:
  1. Optimal treatment for the health of the woman and the fetus.
  2. To prevent perinatal HIV transmission.

- Data are available in the published literature on nelfinavir and several other PIs, however, data are not available on many of the newer agents.

- Atazanavir has a pregnancy category B label. While uncharacterized hyperbilirubinemia has been associated with atazanavir use in non-pregnant adults, it is not known if this will occur during pregnancy.

- The drug is also delivered to the baby through the placenta, so delivery to confirm HIV status is required. In the first eight pregnancies, no transmission has occurred. In the United States, most HAART regimens used during pregnancy are composed of and are comparable to reports of other PI based regimens in this cohort has been excellent and the risk of an adverse outcome.

- Mean birth weight and height were 3091.2 grams and 50.17 cm, respectively.

- The newborn infants had a mean total serum bilirubin of 11.5 mg/dL; three infants were treated briefly with phototherapy.

- All pregnancies were full term. There were 8 singleton and one twin pregnancies for a total of 10 infants.

- The mean CD4 count increased from 366 to 450 cells/mm3 during the course of pregnancy.

- The highest infant bilirubin was 11.5 mg/dL; three infants were treated briefly with phototherapy.

- No hepatic, renal, or pulmonary abnormalities were seen in the mothers during pregnancy.

- The regimens were well tolerated in all women.

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- The PCRs on 8 infants are negative at age 6.

- The twins delivered to the ninth woman are also HIV seronegative.

Methods

- This is a retrospective, observational study of all pregnant women treated with atazanavir in one clinical practice setting.

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Discussion

- The immunologic and virologic response to atazanavir based regimens during pregnancy is excellent and is comparable to reports of other PI based regimens in this cohort has been excellent and the risk of an adverse outcome.

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Conclusion

- Atazanavir based regimens in this cohort of pregnant women were well tolerated in all the mothers and infants.

- To date all have had good responses immunologically and virologically and no infant has been infected.

- Infants’ serology will continue to be followed 1 year post delivery as do those born to PI based regimens.

- Until prospective data are available, this series helps to inform the field.

References
