

Mothers living with HIV with high CD4+ counts may benefit from continuing ART postpartum

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Mothers in the early phases of HIV infection who continued antiretroviral therapy (ART) postpartum experienced a significantly slower rate of disease progression than those who stopped using ART after delivery, according to a study published May 10, 2017, in the open-access journal *PLOS ONE* by Judith S. Currier of the University of California, Los Angeles, and colleagues from the International Maternal Pediatric and Adolescent and Adult AIDS Clinical Trials Networks.

Previously, it was unclear whether [women](#) in the early stages of HIV infection would incur any clinical benefit from continuing ART in the [postpartum period](#) due to a lack of clinical data from randomized trials, and concerns about drug toxicity and long-term maternal ART adherence. In this clinical trial, nearly 2000 young, postpartum women who were not breastfeeding their infants, with pre-ART CD4+ T-cell counts greater than 400 cells/mm³ were recruited across 52 sites in eight countries. Those enrolled were randomized to either continue their ART regimen after delivery or discontinue ART after delivery until ART was needed for their own health or by the choice of the study clinician or participant.. The participants' HIV load and CD4+ cell counts were measured after four weeks, 12 weeks, and every 12 weeks thereafter over a 2.3-year period, with study clinicians starting or changing ART regimens for both groups based on patient needs.

Participants who continued ART after delivery experienced half as many

mild to moderate clinical events associated with [disease progression](#) (WHO Stages 2 and 3) as those who did not, indicating that it may be beneficial for mothers to continue ART after delivery into the postpartum period. However, all participants showed a very low rate of severe non-AIDS clinical events, such as progression to WHO Stage 4 or death, over the median 2.3 years of follow-up.

Although ART continuation in the postpartum period may be optimal, adherence to the prescribed ART regimens was a considerable challenge, with 23 percent of participants having an elevated viral load during the study period.

Continuation of ART in the postpartum period therefore appears to be of clinical benefit to women with early HIV infection and preserved CD4+ cell counts. This study highlights the need to develop better ways to improve adherence to long-term ART in this vulnerable population.

Dr Currier concludes: "The data from this randomized trial provide further evidence of the benefits of continuing [antiretroviral therapy](#) after [delivery](#) in women with early stage HIV. The study also highlights the challenges of adherence to ART over the long term, an issue we must find ways to address to maximize the benefits of treatment for women living with HIV."

More information: Currier JS, Britto P, Hoffman RM, Brummel S, Masheto G, Joao E, et al. (2017) Randomized trial of stopping or continuing ART among postpartum women with pre-ART CD4 > 400 cells/mm³ . *PLoS ONE* 12(5): e0176009.
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