CHARACTERISTICS OF HIV-POSITIVE PREGNANT WOMEN IN DR. SOETOMO HOSPITAL, SURABAYA

Salsabila Shahab1, Eighty Mardiyan K2, Erwin Astha Triyono3
1Medical Doctor Study Program, Faculty of Medicine, Airlangga University, Surabaya
2Department of Obstetric and Gynecology, Faculty of Medicine, Airlangga University, Surabaya
3Department of Internal Medicine, Faculty of Medicine, Airlangga University, Surabaya

ABSTRACT

HIV infection is a pathological condition caused by Human Immunodeficiency Virus (HIV). HIV virus can be transmitted from a mother to her baby. A program known as PMTCT which contains three measures is carried out to prevent this occurrence. A study is conducted to investigate the characteristics of expectant mothers with HIV-positive which undertake a treatment in hospitals Dr. Soetomo by looking at several variables such as maternal ARV consumption, method of child delivery, degree of breastfeeding, and so on, and the outcomes of a positive or negative HIV of the babies. The study was a descriptive-observational-retrospective type with a cross-sectional design employing a 41 expectant mothers with a positive HIV who underwent a treatment in a hospitals of Dr. Soetomo Surabaya during the period of January 2008 till May 2011. The results of the study revealed that all expectant mothers with HIV-positive followed the PMTCT program with several differences in the consumption of ARV. The foremost infections detected are Candidiasis oris and most CD4 count of the expectant mothers with HIV-positive is under 500 cells/mm3. Nearly all mothers with HIV-positive delivered their babies using SC method and all mothers with HIV-positive which are observed in this study do not breastfeed their babies. Only 25% of the infants born from HIV mother received a closer examination. (FMI 2012;48:77-80)

Keywords: HIV, expectant mother, child covers

Correspondence: Salsabila Shahab, Medical Doctor Study Program, Faculty of Medicine, Airlangga University, Jalan Prof dr Moestopo 47, Surabaya 60131, Indonesia. Phone. 62-31-5020251.

INTRODUCTION

People with HIV has spread all over the world, both in the developed countries as well as in developing countries such as Indonesia. According to estimation of the Ministry of Health, around 7000 pregnant women in Indonesia infected with HIV every year. The proportion women infected with HIV in current national has reached 40 percent and most of these women are in that time span flourish. It means that, it is possible for a woman was to have a family, pregnancy, and gave birth to children. In developing countries, risk of contracting in the intra a postpartum diuresis estimated at around 7 percent, at the time a postpartum diuresis 15 percent, and transmission through breast milk around 13 percent,so that the risk industry transmission of HIV from pregnant women to the baby is approximately 35% (Diauzi & Yunihastuti 2008).

Pregnant women with HIV positive are able to experience various consequences that do not be expected. During pregnancy, the current HIV positive can lead to an abortion spontaneously, fetal death in the fetus, and may also inhibit fetal growth. While in the
final delivery, the risk that may be experienced is the emergence premature infants, the low birth weight infants (BBLR), and krioanamnetais (Diauzzi & Yunihastuti 2008).

Pregnancy on mothers with HIV positive needs to get monitoring. Efforts should be done to HIV virus from mother so does not spread to her baby. Prevention programs that are encouraged is the child covers, the program, consisting of 4 Prong: prevention of HIV outbreaks in primary women’s reproductive age; counseling women with HIV-positive to prevent pregnancy that is not in desired, to prevent transmission for pregnant women with HIV-positive to their babies; and providing treatment, medication, and providing support in women with HIV-positive, and their children, and their families. While for an elaboration of Prong 3, there will be three measures: the antiretroviral drugs during pregnancy, cectio caesaria as the first choice for the process, and to avoid giving ASI.

The characteristics for pregnant women with HIV-positive in Regional Hospital Dr. Soetomo period of January 2008 until May 2011 will be discussed in this research. The variables that can be found on consumption ARV, time began to consume, loyalty in consuming/adherence, opportunistic infection accompanied, the number of CD4 before getting a ARV, labor which is performed, the breastfeeding, and outcome in baby, which is HIV-positive or HIV-negative. These research results are expected to be able to provide the picture about the characteristics for pregnant women with HIV-positive in Regional Hospital Dr. Soetomo Surabaya in order to further research and also can be a consideration to draw up the actions to deal with these patients.

MATERIALS AND METHODS

Types of research that is used descriptive observational retrospective with design cross-sectional. This method is descriptive observational method that explains or explaining the event on activities focused on an object to use the entire a sensory organ, with how to observe through sight, smell, palpability, hearing and taste (Arikunto 2006). While for retrospective reflect evaluate events that has been going on (Sastroasmor & Ismael 2008). Target population research is all pregnant women with HIV positive diagnosis Dr. Soetomo Hospital Surabaya with samples during the period of January 2008 until May 2011 used total sampling techniques.

Technical data collection, to collect all secondary data, namely by using medical records patients who will then be extracted her status. Medical records to know ARV consumption, time began to consume ARV, adherence mother, IO that accompany, the number of CD4 before getting a ARV, pervaginam labor that done (or seksio saesaria), breast feeding, and outcome in baby, which is HIV-positive or HIV-negative. In a cross-sectional study processing and data analysis will be done descriptive and served in the form narratives.

RESULTS AND DISCUSSION

From the data obtained at this research, the total samples are as much as 41 patients consume ARVs. In percentage terms, we can say that 100% for pregnant women with HIV-positive consuming ARV. In accordance with the child covers (Prevention Mother-to-Child Transmission), all patients who used as sample in this research do ARV consumption. The difference from the patients is the time began to consumption ARV.

Numbers of pregnant women with HIV-positive that consuming ARV since pregnancy age over 28 weeks there are 21 people (51.22 percent), pregnant women with HIV-positive that consuming ARV with pregnancy exactly 28 weeks there are 6 people (14.63 percent), and pregnant women with HIV-positive that consuming ARV in pregnancy under 28 week there were 14 people (34.15 percent). It means that, more patients started ARV consumption in over 28 weeks compared with patients who started ARV consumption right or less than 28 weeks. This shows that was not obeyed the guidelines for pregnant mothers giving ARV with HIV-positive which was written by the Department of Health Republic of Indonesia (2006).

Causes from the above is because some pregnant women who recently attending him to go to the doctor 1 week to 1 days before his birth. As a result, the provision ARV for the mother is delayed very much, period of administration became very short too, and the adherence became not to be evaluated. Of course, this has an impact on the fetus that was born later on. Besides that, because the time to do a medical physical conditions check-up for pregnant women Dr. Soetomo Hospital before giving birth only a short time, the number of CD4 before receive ARV from the mother does not have a chance to garment or leather. This is the reason that there was no data CD4 from 13 patients

Results of the study showed that all patients have data adherence in the ARVs consumption. As many as 31 pregnant women with HIV-positive's adherence to the symbol of number T1 (75.61 percent). While the number of rest, as many as 10 patients (24.39 percent) is not to be evaluated her adherence because patients was
only consume ARV one or two days before labor would be done. There are no patients who have adherence T2 and T3.

Results of the study showed that most of expectant mothers with HIV-positive, not affected by opportunistic infections. But in some pregnant women who are affected by opportunistic infections, the number of opportunistic infection that has been suffered more than 1 types. Thus, the count was done not based on pregnant women on the number of affected IO, but number of cases that have happened. From the data obtained by number of cases that have happened as many as 16 cases, namely: PCP (Pneumocystis Carinii pneumonia) 1 cases (6.25 percent), pleuritis TB 1 cases (6.25 percent), candidiasis (about a third oris 5 cases (31.25 percent), diarrhea chronic 2 cases (12.5 percent), sepsis 2 cases (12.5 percent), alcohol abusus cases (6.25 percent), infiltrate submandibula region and faecal 1 cases (6.25 percent), Herpes Zoster thoracalis 1 cases (6.25 percent), TB=cu lung 1 cases (6.25 percent), CAP (Community acquired pneumonia) 1 cases (6.25 percent) .

This result inappropriate when compared with the article that issued by the World Health Organization (2010), which contains opportunistic infections that are most often happened in individuals with HIV-positive is TB lungs. It is also found in research results by Ghate et al (2009) in Pune, India, said TB is opportunistic infections that are the most suffered by patients with HIV.

These research results show that not all patients have data about the number of CD4 before getting a ARVs. Out of 41 patients as data in this research, as many as 13 patients (31.70 percent) do not have data about the number of CD4. For the 28 other patients, the distribution of CD4 before getting a ARV is as follows: 2 patients (4.88 apiece per cent) has a number of CD4 below 100 cell/mm 3 , 5 patients (12.20 percent) has a number of CD4 in between 101 - 200 cell/mm 3 , 5 patients (12.20 percent) has a number of CD4 in between 201-300 cell/mm 3 , 8 patients (19.51 percent) has a number of CD4 in between 301 - 400 cell/mm 3 , and 6 patients (14.63 percent) has a number of CD4 in between 401 - 500 cell/mm 3 . The percentage of pregnant women with CD4 below 500 is 63.41 percent. For patients who have a number of CD4 in over 501 cell/mm 3 gained as much as 2 patients (4.88 apiece per cent). From literature review that had been done, obtained data that the number of CD4 in normal people, that is between 500 - 1500 cell/mm 3 (Varney et al 2007). The obtained data from the research is proven supports literature.

Results of these studies indicate that all patients have data about the species delivery that has been done. Out of 41 patients who used as data in this research, only 4 patients (9.76 percent) that pervaginam conduct according to the plan’s doctors, while the rest, namely as many as 37 patients (90.24 percent) as delivery method with cesarean saecaria (SC). However, was still found pregnant HIV-positive woman that do pervaginam or spontaneous labor. After being investigated, state agencies to take care or to deal with a pregnant woman said that the doctor gave permission did spontaneous childbirth because mother viral load could not be detected so that percentage for transmitting HIV virus in baby populations relatively small.

In percentage terms, we can say that 100% for pregnant women with HIV-positive, not breast feeding her baby. These research results show that not all patients have data about outcome of the baby who was born, namely HIV-positive or HIV-negative. From 41 patients who used as data in this research that are only 10 patients (24.39 percent) that have data about outcome baby. Baby from 10 patients had been declared HIV-negative. While 31 babies from the other patients (75.61 percent) is not can be declared HIV-positive or HIV-negative. There is no baby who was declared HIV-positive. Most of expectant mothers with HIV-positive was included in the community with the economy profile is weak.

CONCLUSION

All pregnancies with HIV-positive that follow the PMTCT program during the January 2008 - May 2011 did ARV consumption with adherence T1 although as many as 21 patients started ARV consumption in pregnancy in over 28 weeks, 6 patients started exactly 28 weeks pregnant, and 14 people started in pregnancy under 28 weeks. Opportunistic infections are the most appears is about a Candidiasis oris, which is as much as 5 cases from 16 cases that emerged. Most of them (63.41 percent) number of CD4 pregnant women with HIV-positive is below the 500 cell/mm 3 with the number many in range 301 - 400 cell/mm 3. As many as 90.24 percent for pregnant women with HIV-positive conduct by the method SC labor. All pregnancies with HIV-positive sample did not give breastfeeding to her baby. Only 24.39 percent baby from samples which had been known his condition, HIV-positive or HIV-negative.

REFERENCES
