ABSTRACT

Increasing numbers of pregnant women of advanced maternal age (AMA) counselled in the prenatal genetic counselling clinics in Johannesburg are human immunodeficiency virus (HIV) positive. This has altered the information these women must consider when deciding about amniocentesis for prenatal diagnosis of chromosomal abnormalities. Antiretroviral treatment (ART) is advised for HIV positive women prior to the procedure, to minimise vertical transmission from mother to child. The risk of mother to child transmission (MTCT) of HIV also necessitates counselling regarding termination of pregnancy (TOP).

A study over two 6-month periods in 2003 and 2004 documented the HIV status of the advanced maternal age women attending genetic counselling clinics at three academic hospitals in Johannesburg, and the choices these women made regarding testing for possible chromosome abnormalities. An interview schedule, conducted over 6 months in 2004, investigated the HIV positive women's perceptions of HIV in pregnancy, and their thoughts on termination of pregnancy based on HIV transmission risk.

Of 169 women seen over six months, February to July 2003, 83 (49%) were HIV negative, 15 (9%) were HIV positive and 71 (42%) were of unknown status. Forty (48%) HIV negative patients had amniocenteses compared to 2 (13%) HIV positive women. In 2004, 181 patients were seen; 100 (55%) were HIV negative, 29 (16%) were HIV positive and 52 (29%) were of unknown status. Thirty-nine (39%) HIV negative patients had amniocenteses compared to 4 (14%) HIV positive women. Data from fifteen completed questionnaires indicated that most women understood the severity of HIV infection, 12/15

(80%), five (33%) considered termination of pregnancy based on the HIV transmission risk, and four (27%) would have had amniocentesis if they had been HIV negative.

A significant percentage of AMA women attending the genetic counselling clinics are HIV positive, and they are faced with difficult issues, including the risk of chromosome abnormalities in the fetus, the risk of transmission of HIV during pregnancy and amniocentesis, and the option of TOP up to 20 weeks gestation based on the risk of vertical HIV transmission. It is vital that cogent policies are developed to provide optimum care for these women. Ideally, the access to highly active antiretroviral therapy (HAART) throughout pregnancy, to reduce the risk of MTCT of HIV to about 1%, would make the option of prenatal diagnosis a safer one for AMA women to consider.