DOI: https://doi.org/10.36489/saudecoletiva.2020v10i52p2280-2295

Clinical and epidemiological profile of pregnant HIV positive pregnants at a municipal hospital in Niterói

Perfil clínico y epidemiológico de embarazadas positivas por VIH embarazadas en un hospital municipal de Niterói

Perfil clínico e epidemiológico de gestantes com HIV positivo atendidas em um hospital municipal de Niterói

ABSTRACT
Objective: To evaluate the epidemiological profile of HIV positive pregnant women, followed up at the Ambulatory of Hospital Municipal Carlos Tortelly de Niterói - RJ. Methodology: This is a retrospective, quantitative and descriptive epidemiological study. There are 103 HIV positive pregnant women aged between 18 and 45 years, attended at the AIDS outpatient clinic / Hospital Municipal Carlos Tortelly (HMCT), from December 2009 to December 2015. Results: The predominant age group between 21 to 30 years (57.3%), with 40.8% having elementary education, 30.1% with family income around one minimum wage, and the majority 60.2% came from the city of Niterói. The detection of HIV, mostly, occurred before pregnancy (57.3%), and only 14.6% of pregnant women did not consume any chemical substance during pregnancy and 45.6% did not suffer opportunistic infection during the follow-up, 28.2 % already had two or more children. Non-elective cesarean was the greatest form of choice for birth (53.4%). Conclusion: The profile is characterized by a vulnerable socioeconomic situation, with a low level of education, and the previous diagnosis precedes the current pregnancy. Prenatal care and ART therapy during pregnancy and childbirth were high. To this end, it is necessary to improve information and actions aimed at expanding care for women, whose integral guarantee and the early diagnosis of HIV are important devices in the reduction of vertical transmission.
DESCRIPTORS: Health Promotion; University; Nursing; Student Health Services.

RESUMEN
Objetivo: evaluar el perfil epidemiológico de las embarazadas VIH positivas, seguidas en el ambulatorio del Hospital Municipal Carlos Tortelly de Niterói – RJ. Metodología: se trata de un estudio epidemiológico retrospectivo, cuantitativo y descriptivo. Hay 103 mujeres embarazadas VIH positivas de entre 18 y 45 años, atendidas en la clínica ambulatoria de SIDA/Hospital Municipal Carlos Tortelly (HMCT), desde diciembre de 2009 hasta diciembre de 2015. Resultados: el grupo de edad predominante entre 21 y 30 años (57.3%), con 40.8% con educación primaria, 30.1% con ingresos familiares alrededor de un salario mínimo, y la mayoría 60.2% provino de la ciudad de Niterói. La detección del VIH, principalmente, ocurrió antes del embarazo (57.3%), y solo el 14.6% de las mujeres embarazadas no consumieron ninguna sustancia química durante el embarazo y el 45.6% no sufrió una infección oportunista durante el seguimiento, 28.2 % ya tenía dos o más hijos. La cesárea no electiva fue la mejor forma de elección para el nacimiento (53,4%). Conclusión: el perfil se caracteriza por una situación socioeconómica vulnerable, con un bajo nivel educativo, y el diagnóstico previo precede al embarazo actual. La atención prenatal y la terapia ART durante el embarazo y el parto fueron altas. Para ello, es necesario mejorar la información y las acciones destinadas a ampliar la atención a las mujeres, cuya garantía integral y el diagnóstico precoz del VIH son dispositivos importantes en la reducción de la transmisión vertical.
DESCRIPTORES: Promoción de la Salud; Universidad; Enfermería; Servicios de Salud Estudiantil.

RESUMO
Objetivo: Avaliar o perfil epidemiológico das gestantes HIV positivo, acompanhadas no Ambulatório do Hospital Municipal Carlos Tortelly de Niterói – RJ. Metodologia: Trata-se de um estudo epidemiológico retrospectivo, quantitativo e descritivo. Consta de 103 gestantes HIV positivo na faixa etária 18 e 45 anos, atendidas no ambulatório de SIDA/Hospital Municipal Carlos Tortelly (HMCT), durante o período de dezembro de 2009 a dezembro de 2015. Resultados: A faixa etária predominante entre 21 a 30 anos (57,3%), sendo que 40,8% tinham ensino fundamental, 30,1% com renda familiar em torno de um salário mínimo, e a maioria 60,2% procedia no Município de Niterói. A detecção do HIV, majoritariamente, ocorreu antes da gravidez (57,3%), e apenas 14,6% das gestantes não consumia alguma substância química durante a gestação e 45,6% não sofreram infecção oportunista durante o acompanhamento, 28,2% já tinham dois ou mais filhos. Cesária não eletiva foi a maior forma de escolha para o nascimento (53,4%). Conclusão: O perfil se caracteriza por situação socioeconômica vulnerável, com baixo nível de escolaridade, e o diagnóstico anterior precedem a gestação atual. A realização do pré-natal, e a terapia TARV na gestação e no parto foi alto. Para tanto, faz-se necessário o melhoramento das informações e ações direcionadas à ampliação da atenção às mulheres, cuja garantia integral e o diagnóstico precoce do HIV constituem artifícios importantes na redução da transmissão vertical.
DESCRITORES: Promoção da Saúde; Universidade; Enfermagem; Serviços de Saúde para Estudantes.

RECEIVED ON: 01/10/2020 **APPROVED ON:** 01/12/2020

Danielle Pinheiro Campos
Pharmaceutical. Master in Maternal and Child Health, Universidade Federal Fluminense. Multinational Pharmaceutical Industry https://orcid.org/0000-0003-1642-6359

Salim Kanaan
Physician. Master in Biophysics. Adjunct Professor, Department of Pathology, Faculty of Medicine, Universidade Federal Fluminense. https://orcid.org/0000-0001-5759-731X

Luciano Garcia Lourenção
Nurse. PhD in Health Sciences. Full Professor at the School of Nursing at the Federal University of Rio Grande. https://orcid.org/0000-0002-1240-4702

Vânia Glória Silami Lopes
Physician. PhD in Pathological Anatomy and Clinical Pathology. Full Professor, Department of Pathology, Faculty of Medicine, Universidade Federal Fluminense. https://orcid.org/0000-0002-6656-5763

Analúcia Rampazzo Xavier
Pharmaceutical-Biochemistry. PhD in Biochemistry. Associate Professor, Department of Pathology, Faculty of Medicine, Universidade Federal Fluminense. Head of the Department of Pathology, Faculty of Medicine, Universidade Federal Fluminense. https://orcid.org/0000-0003-4501-1857

INTRODUCTION

The Acquired Immunodeficiency Syndrome (AIDS) happened in the early 1980s, more precisely in 1981 in the United States, however it is observed that the number of carriers has increased significantly in recent years[1,2]. It is caused by the presence and multiplication of the human immunodeficiency virus (HIV), which, over the years, leads to a clinical condition that slowly compromises the person's immune system, culminating in AIDS[3,4].

AIDS and opportunistic infections caused by immune deficiency are always the focus of medical attention in all countries in the world. The fact that it is, until now, an incurable and deadly disease, makes AIDS an important object for study, both for the medical sciences and for the social and behavioral sciences. Despite efforts to find a cure for the disease, the branch of medical sciences has made considerable progress in relation to treatment, as well as, the knowledge about the mechanisms of action of the virus in the human body has been deepened[4].

This syndrome is one of the clinical situations that most concern the world population today, mainly due to its endemic character and the fact that it does not differentiate sex, age, socioeconomic conditions, in addition to being highly lethal. Concomitant to this fact, attitudes, risk behaviors and clinical complications commonly associated with the presence of HIV, are some complicating factors difficult to control[5]. HIV transmission can occur through blood, unprotected sex or vertical transmission (from mother to fetus). In this, contagion can occur during the gestational period, at the time of delivery or through breastfeeding[6].

According to the United Nations Program to fight AIDS (UNAIDS), there are 36.7 million people in the world infected with the HIV virus, of whom about 40% are women. The number of women infected with HIV is growing, and humanity finds a scenario of feminization of HIV/AIDS. Worldwide, about 17.8 million women are HIV positive, aged 15 and over[5].

This number of infected women results in an increasing number of children being born with the HIV virus. Since the 1980s, vertical transmission (TV), that is, the transmission of HIV from the infected mother to the child via the transplacental route, during labor, delivery or breastfeeding, has predominantly prevailed, with the first case being reported and confirmed seropositivity for this type of exposure in 1985[7].

Over the thirty years of AIDS history in Brazil, the epidemic has changed in its epidemiological characteristics. From the 1990s, there was an increase in the number of cases of the disease among injecting drug users, followed by an increase in cases in heterosexual men and women[8]. The interiorization, impoverishment and feminization of the epidemic was observed, showing the spread of HIV infection to smaller municipalities and with lower per capita income[9], increase in the number of cases in people with low education and greater vulnerability of women to virus infection[10].

Considering the importance of the aggravations caused by the disease and the complexity of the treatment, the coverage and quality of prenatal care are significant factors so that the measures to be taken contribute considerably to minimize maternal mortality and frequency of HIV TV. Thus, the objective of this work is to find a higher success rate in preventing VT in HIV positive pregnant women who make the correct use of antiretroviral (ARV) and complete prenatal medication. At the same time, we hope to find a positive correlation between greater early treatment at the beginning of the treatment and

the positive outcome in preventing HIV transmission to newborns and thereby providing support for multiprofessional prevention programs.

The importance of epidemiological studies on the population characteristics of individuals infected with HIV and AIDS for prevention programs, associated with the little epidemiological information in Niterói, RJ, the present study sought to know the profile of HIV-positive pregnant women who are followed up in Hospital Municipal of Niterói - RJ; currently considered a pole of HIV treatment by the Ministry of Health, through the IST/AIDS Program.

The objective was to evaluate the epidemiological profile of HIV positive pregnant women monitored at the Ambulatory of Hospital from Niterói - RJ.

METHODOLOGY

This is a retrospective, descriptive and qualitative epidemiological study.

The study was carried out at the Hospital Municipal from Niterói - RJ, in Niterói, Rio de Janeiro. This outpatient unit has seven adult and two children's offices. It assists patients who are victims of rape or who have been contaminated by partners who are dependent on drugs and/or with Sexually Transmitted Infections (STIs), and patients with conditions resulting from their clinical conditions. Carlos Tortelly Municipal Hospital is considered a reference center in the city of Niterói for STIs and HIV/AIDS.

The study population comprised HIV positive pregnant women, between 18 and 45 years old, who were being followed up at the AIDS/HMCT outpatient clinic, from December 2009 to December 2015.

The inclusion criteria in the study were HIV positive pregnant women aged 18 to 45 years, regardless of the outcome, that is, the success or failure of the TV. HIV positive pregnant women whose data were not properly filled out in the medical records were excluded.

From a national and international bibliographic survey about HIV in pregnant women, a semi-structured form of data collection instrument was developed, and the variables were obtained from the documentary analysis of the consultation records, performed by the multiprofessional service team , the data being compiled for an instrument developed by the authors.

The following variables of the pregnant women were evaluated:

a) Socioeconomic and demographic variables:
   * Family income: numerical variable stratified at: R$ 100.00 to R$ 600.00, R$ 700.00 to R$ 1,200.00, R$ 1,300.00 to R$ 1,800.00, R $ 1,900.00 to R$ 2,200.00, R$ 2,300.00 to R $ 2,800.00 and R$ 2,900.00 to R$ 3,500.00.
   * Age group: numerical variable stratified in decades (10, 20, 30, 40 or more).
   * Education: ordinal categorical variable stratified into: Illiterate, Elementary, High School and Higher Education.

b) Clinical profile of pregnant women:
   * Date of attendance: numeric variable established in complete years.
   * Origin: nominal variable.
   * Numbers of pregnancies: numeric variable.
   * Moment of HIV diagnosis in relation to prenatal care: nominal variable categorized in before, during, during childbirth, without information.
   * Injecting drug use: nominal variable categorized as yes, no and without information.
   * Previous abortions: numeric variable.
   * Other STIs: nominal variable categorized as none, Syphilis, Herpes and no information.
   * Antibiotic use: nominal variable categorized as yes, no or data not found.
   * Type of delivery: nominal variable categorized as elective cesarean, non-elective cesarean, and normal delivery.

The study sample consisted of 103 medical records registered at the AIDS/HMCT clinic. The procedures for data collection started immediately after approval by the Ethics Committee. Data collection took place from March 2017 to 2018.The study was approved by the Research Ethics Committee of the Faculty of Medicine of Universidade Federal Fluminense, on March 20, 2017, CAAE nº 56261816.8.0000.5243, under Opinion no. 1,972,883, following the recommendations contained in CNS Resolution No. 466/2012.

The data obtained were entered into a Microsoft Excel® spreadsheet and submitted to descriptive analysis, using the Statistical Package for the Social Sciences (SPSS), version 18.0. In the statistical analysis, an absolute and relative frequency distribution was performed to build the profile of pregnant women. The results were presented using tables.

RESULTS

One hundred and three HIV positive pregnant women were monitored from 2009 to 2015. There were a greater number of visits in 2009 (27.2%) and 2015 (20.4%). The patients were predominantly from Niterói (60.2%), aged between 21 and 30 years (57.3%), elementary school (40.8%) and income between R $ 700.00 and R $ 1,200.00 (30.1%) (Table 1).

As shown in Table 2, the number of pregnancies varied from one to seven, with a prevalence of primiparous (27.2%) or multiparous (28.2%) pregnancies. Most women (57.3%) were diagnosed with HIV before prenatal care. Although 12.6% were identified as injecting drug users, most medical records (72.8%) did not have a clear record about this variable. Seventy-seven percent of women (77.7%) had no history of previous abortion. It was observed that 45.6% of women

did not have another STI, however, 15.5% had congenital syphilis. Non-elective cesarean section was the form of choice for birth (53.4%), followed by elective cesarean section and normal delivery, with 22.3 and 24.3%, respectively.

DISCUSSION

Although the notification of HIV positive pregnant women was introduced in Brazil from the year 2000, in Niterói, until 2014, there was still a slow process of registration due to underreporting. There are no recent data on the frequency of dropouts or losses from follow-up for this group of patients, the last official epidemiological data provided by the Ministry of Health being dated 2014. In Niterói between the years 2000 to 2012, 5873 HIV positive pregnant cases were reported, most of whom were in the age group of 20 to 29 years, making up 52.9% of the total number of pregnant women notified[2].

In the State of Rio de Janeiro, from 2000 to 2018, 10,936 cases of HIV-infected pregnant women were identified, without distinction between Municipalities, and this number has remained stable over the past 10 years. In 2017, 497 new cases were reported, with a detected TV rate of 2.3 cases per 1000 live births[11].

Our results reveal an increase in the absolute frequency of HIV-positive pregnant women attended in the years 2009 and 2015. Between the years 2010 and 2014 there was a drastic drop in attendance. These variations over the years demonstrate the need to intensify the development of strategies with a focus on preventing and reducing the increasing increase in TV.

When the geographical origin of the pregnant women is verified, the municipality of Niterói has the highest number of HIV positive pregnant women, followed by the municipality of Maricá and São Gonçalo. There is a great absence of this information in the patients' medical records, as well as in the official records.

The sociodemographic profile referring to the age group showed the highest frequency of HIV-infected pregnant women aged 21 to 30 years, which is an expected fact, as it is the peak of the reproductive period. The respective result is close to the data found in the literature, in a research by Assis and collaborators[12], on sexual knowledge and practice of HIV positive pregnant women attended at a Federal University Hospital located in the city of Rio de Janeiro, which observed an age range of 30 and 34 years. Likewise, researchers highlighted in a survey at the Hospital das Clínicas of the University of São

Table 1: Sociodemographic and economic profile of HIV positive pregnant women treated at the Hospital Municipal, Niterói, RJ, 2009-2015.

Variáveis	n	%
Ano do Atendimento		
2009	28	27,2
2010	6	5,8
2011	11	10,7
2012	11	10,7
2013	17	16,5
2014	9	8,7
2015	21	20,4
Procedência		
Niterói	62	60,2
São Gonçalo	14	13,6
Maricá	15	14,6
Sem informação	12	11,7
Faixa Etária		
18 a 20 anos	13	12,6
21 a 30 anos	59	57,3
31 a 40 anos	29	28,2
41 anos ou mais	2	1,9
Escolaridade		
Analfabeta	3	2,9
Ensino fundamental	42	40,8
Ensino Médio	15	14,6
Nível superior	1	1,0
Sem informação	42	40,8
Renda		
R$100,00 a R$600,00	15	14,6
R$700,00 a R$1.200,00	31	30,1
R$1.300,00 a R$1.800,00	13	12,6
R$1.900,00 a R$2.200,00	1	1,0
R$ 2.300,00 a R$2.800,00	3	2,9
R$2.900,00 a R$3.500,00	3	2,9
Sem informação	37	35,9

Table 2: Clinical profile of HIV positive pregnant women, attended at Municipal Hospital, Niterói, RJ, 2009-2015.

Variáveis	n	%
Número de Gestações		
Uma	28	27,2
Duas	29	28,2
Três	17	16,5
Quatro	18	17,5
Cinco	10	9,7
Sete	1	1,0
Momento do Diagnóstico de HIV em Relação ao Pré-Natal		
Antes	59	57,3
Durante	29	28,2
No parto	14	13,6
Sem informação	1	1,0
Uso de Drogas Injetáveis		
Não	15	14,6
Sim	13	12,6
Sem informação	75	72,8
Abortos Anteriores		
Não	80	77,7
Um	18	17,5
Dois	4	3,9
Três	1	1,0
Outra IST		
Não	48	45,6
Sífilis	14	15,5
Herpes	3	2,9
Sem informação	38	38,8
Uso de Antibiótico		
Não	21	20,4
Sim	11	10,7
Dado não encontrado	71	68,9
Tipo de Parto		
Cesárea eletiva	23	22,3
Cesárea não eletiva	55	53,4
Parto normal	25	24,3

Paulo (USP), identifying an average age of 25 to 34 years[13]. On the other hand, Menezes and collaborators[14], in the state of Pará, in a reference service in health for women and children, most young people aged between 18 and 23 years were evaluated.

In Brazil, in general, the age group most affected by HIV/AIDS in women is between 20 and 24 years old[11]. in the state of Pará, in a reference service in health for women and children, most young people aged between 18 and 23 years were evaluated.

In Brazil, in general, the age group most affected by HIV/AIDS in women is between 20 and 24 years old[15]. Regarding Latin American countries, there is disagreement as to the age group. In a study carried out in Chile, by Wu and collaborators[16], identified a prevalence of infected pregnant women between 14 and 24 years of age in Colombia, according to Gómez, Carrillo and Rodríguez[17] most women were in the reproductive phase (15 to 49 years), however, the percentage of pregnant women infected in this study was low, reaching a percentage of 1%. Coincidentally, in Argentina, a survey carried out showed a reduction in the incidence of HIV-infected women at reproductive age[18], and in Honduras, the average age was 26 years and the reproductive age group was evidenced with ages between 19 to 38 years, similar to our data[19].

As for education, our investigations found that the predominance in registered cases occurred in HIV positive pregnant women with less than eight years of study, which demonstrates a low educational level. The same was found by Silva and collaborators[20], in an epidemiological study conducted in northeastern Brazil, they found that 30.5% of HIV-infected pregnant women had low education. Similar results in Passos (MG), when authors Souza and collaborators[21] showed low schooling in 80% of the investigated pregnant women. Likewise, in the study of HIV positive pregnant women attended at a public maternity in the state of Pará[22], it was observed that 50.4% of its total sample attended Elementary School and only 38.2% High School. According to the Ministry of Health[22], that when investigating AIDS in the pregnant population in Brazil, he observed that 30.1% of women had incomplete 5th to 8th grade.

Thus, the level of education has been used as an important comparative indi-

cator for socioeconomic variables. Thus, the increase in the proportion of AIDS cases in individuals with less education has been indicative of the outbreak of the epidemic to disadvantaged sections of society, described as poor[14].

As for income, it was observed that the prevalence of HIV positive pregnant women declared family income, around one minimum wage. The same finding was identified in a study carried out at a women's health reference center in the municipality of Santarém[23].

In the present study, we observed that multigestation was more frequent than single pregnancy, just as there were no reports of previous abortions, these data are different, in relation to another study of epidemiological variables, by Silva et al[20], showed that 21.75% of pregnant women were primiparous and had abortions in previous pregnancies.

When analyzing the moment of HIV diagnosis in relation to prenatal care, the largest number of confirmatory diagnoses of HIV occurred before prenatal care. The coverage of 57.3% of prenatal HIV infection identification in this group is lower than that found in northern Brazil, which was 75.1%[24].

However, our data exceeded the expectations of national surveys which, according to the information collected from the Sentinel Study of HIV-infected parturients conducted in Brazil, revealed that the effective coverage of HIV serology during pregnancy was 52%[25]. It is known that between 30 and 40% of Brazilian HIV-positive women have already obtained knowledge about their own infection (HIV) before pregnancy[26].

Unfortunately, there is still a considerable rate of women without diagnosis during prenatal and childbirth, as our investigations are recorded, probably due to failure to perform the exam or related to the health care conduct itself. Among the possible factors that contribute to the non-coverage of HIV detection during pregnancy, the following stand out: the absence of prenatal care, the absence of the request for the test, the denial of pregnant women and the lack of knowledge about the result in childbirth[25].

The concomitant existence of HIV with other infections during pregnancy generates many complications during pregnancy and childbirth. In the present study, there is a prevalence for syphilis, a relevant data, since syphilis presents a risk of placental damage and an increase in intrauterine HIV VT, and also a risk of congenital syphilis[30].

Even though the availability of anti-HIV testing in public prenatal care has existed since 1998, it was found that most women are unaware of the possibility of testing[27]. This is a delicate circumstance, as it demonstrates the need to reach a larger number of people, because of the risk of direct transmission and important repercussions for the mother-child binomial, also for public health, and indicates a gap in the implementation of this practice in primary care[28].

In our studies, most pregnant women did not have a clear record of injecting drugs, although a small proportion were drug users. In contrast, the study by Barbosa and collaborators[29], involving risk factors related to HIV TV pointed out that 10% of them reported injecting drug use during pregnancy, and this is an important factor in characterizing the health habits of these women. The number of users of psychoactive substances in this situation is relevant, and they tend to show deficiency in self-care. Adequate treatment in the face of TV prophylaxis conducts is likely to decrease the chain of HIV transmission with parenteral or injectable drugs.

The concomitant existence of HIV with other infections during pregnancy generates many complications during pregnancy and childbirth. In the present study, there is a prevalence for syphilis, a relevant data, since syphilis presents a risk of placental damage and an increase in intrauterine HIV VT, and also a risk of congenital syphilis[30]. The data presented were even more significant than a cross-sectional study at the reference service in the Outpatient Clinic for Infectious Diseases in Gynecology and Obstetrics at the Hospital das Clínicas of the Ribeirão Preto Medical School of the University of São Paulo (USP), in which it was found 5.3% of diagnosed syphilis[13].

As for the type of delivery performed in these women, the results in the me-

dical records show that, in the HMCT, 24.3% were submitted to vaginal delivery, 22.3% to elective cesarean section and 53.4% to non-elective cesarean section. Burges and Weiser[31] suggest the best option for elective cesarean section before labor, or even in the early stages of labor. The choice of the form of birth has an influence on the transmission of HIV to the child, due to the time of contact with the contaminated blood and maternal fluids.

In a meta-analysis study by The International Perinatal HIV Group[32], it was highlighted that the procedures involving childbirth are extremely relevant on TV. Initially, the results of 15 studies revealed that the elective cesarean section, performed before the rupture of the amniotic membranes, decreased the HIV transmission rate by 50%, when compared to other forms of birth. In addition, he proposed that elective cesarean section, together with the use of a protocol that combines ART therapy until delivery and the intravenous dose administered before and during delivery, led to a reduction in transmission by up to 90%[32]. Then, another meta-analysis published by the Cochrane group in 2008[33], analyzed 26 studies that certified the efficacy and safety of elective cesarean section in preventing HIV VT.

All studies corroborated that elective cesarean section was effective for the prevention of HIV VT in women who did not use ARV during pregnancy, and in those who used only zidovudine (AZT). However, this same analysis found a higher probability of death for the mother due to complications of elective cesarean section, such as sepsis, endometritis and thromboembolism[33].

Attention is drawn in this work to the fact that most pregnant women did not follow up on the STI/HIV program. The high number of these women who did not participate in the program is a worrying fact, as it means the failure to develop prophylactic measures to reduce HIV/AIDS TV. Thus, it is possible to question whether they were also instructed on contraceptives and STI prevention, which would represent a violation of these individuals' sexual and reproductive and health rights[30].

Thus, it is observed that the real need to inform the population about HIV / AIDS, in order to optimize the adherence of women to prenatal care, as well as to treatment.

CONCLUSION

HIV positive pregnant women monitored at the Ambulatory of Hospital Municipal from Niterói - RJ are included in the age group 21 to 30 years old, predominantly pregnant women of local origin, in vulnerable socioeconomic situation, with low level of education, and the previous diagnosis precedes the current pregnancy.

Regarding the form of contagion, the use of drugs and abuse was not significant. Contamination was most evident through sexual intercourse with infected single and multiple partners.

The number of pregnant women who received prenatal care, and ART therapy during pregnancy and childbirth was high, despite not having participated in the monitoring of the STI/AIDS program. The frequency of concomitant sexually transmitted diseases was high.

The scope of the results of this study refers to the secondary source of information, in addition, the high number of sub-records in some items compromises the quality of the evaluation and reaffirms the scope of documentary studies. There is a clear need to improve the information acquired by these databases, as well as the training of health professionals who supply the essential measures for the most adequate assessment of HIV TV prevention. It is relevant to carry out epidemiological research of this type, as they highlight the local reality, enabling managers and professionals involved, such as multiprofessionals, to evaluate the issues under analysis and to plan and execute guided preventive measures.

ACKNOWLEDGMENT

The authors would like to thank the nurse Lorrana da Silva Motta and Marcio Oliveira Ramos responsible for the Biostatistics sector at the Municipal Hospital Carlos Tortelly, Erick da Silva Bernardes for reviewing the text in Portuguese, and the Professional Master's Program in Maternal and Child Health (Faculdade de Medicine/UFF). ■

REFERENCES

1. Sabino, E. C.; Barreto, C. C.; Sanabani, S. S. Infecção por HIV e AIDS. In: Focaccia, R. Veronesi: Tratado de infectologia. 4 ed. São Paulo: Edi¬tora Atheneu, 2009.

2. Boletim Epidemiológico HIV/AIDS. Ministério da Saúde. Coordenação Nacional de DST e AIDS. Brasília (DF); 2014.

3. Duarte G. Síndrome da Imunodeficiência Adquirida. In: Monteleone PPR, Valente CA. Infectologia em Ginecologia e Obstetrícia. São Paulo: Atheneu, 1997. P. 198-218.

4. Goldmeier MK. Dificuldade de adesão ao tratamento antirretroviral sob opinião da enfermagem. Boletim da saúde. jul/dez.2003; v.17,n.2.

5. Joint United Nations Programe on HIV/AIDS (UNAIDS). Data 2017. Program HIV/AIDS [Internet]. 2017;1–248. Available from: http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

6. Sbalqueiro R, Reggiani C, Tristão E. Estudo da prevalência e variáveis epidemiológicas da infecção pelo HIV em gestantes

REFERENCES

atendidas na maternidade do Hospital de Clínicas de Curitiba. DST J Bras Doenças. 2004;16(2):40–7.

7. Calazans, G. et al. Plantões Jovens: acolhimento e cuidado por meio da educação entre pares para adolescentes e jovens nos Centros de Testagem e Aconselhamento – CTA. Saúde e Sociedade, v.15, n.1, p.22-36, jan/abr, 2006.

8. Barbosa Junior A, Szwarcwald CL, Pascom ARP, Souza Júnior PB. Tendências da epidemia de AIDS entre subgrupos sob maior risco no Brasil, 1980-2004. Cad Saúde Pública. 2009;25(4):727-37.

9. Brito AM, Castilho EA, Szwarcwald CL. AIDS e infecção pelo HIV no Brasil: uma epidemia multifacetada. Rev Soc Bras Med Trop. 2000;34(2):207-17.

10. Fonseca MGP, Bastos FI. Twenty-five years of the AIDS epidemic in Brazil: principal epidemiological findings, 1980- 2005. Cad Saúde Pública. 2007; 23 (suppl. 3): S333-S343.

11. Boletim Epidemiológico – AIDS. Ministério da Saúde. Secretaria de Vigilância em Saúde - Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/AIDS e da Hepatites Virais. Brasília (DF) 2018.

12. Assis MR De, Lima DS, Paiva MS. Conhecimento e prática sexual de gestantes HIV positivo atendidas em hospital universitário Resultados e Discussão Caracterização dos sujeitos. 2016;24(6):1–6. DOI: http://dx.doi org/10. 12957/re-Uerj.2016.12536.

13. Pimentaa ATM, Duarteb G, Couto-Fernandezc JC, Corread IA, Mellie PP dos S, Quintana SM. Hiv-Infected Pregnant Women Attending Reference Service: Clinical and Sociodemographic Features. Rev Atenção à Saúde. 2015;13(45):20–5. DOI: 10.13037/rbcs. vol13n45.2719.

14. Boletim Epidemiológico HIV/AIDS. Ministério da Saúde. Coordenação Nacional de DST e AIDS. Brasília (DF); 2017.

15. Figueiró-Filho EA, Senefonte FRA, Lopes AHA, GS Júnior V, Botelho CA, Duarte G. Perfil epidemiológico da infecção pelo HIV-1 em gestantes do estado de Mato Grosso do Sul – Brasil. DST – J Bras Doenças Tropicais. 2005; 17(4): 281-287.

16. Wu E, Galaz MI, Larranaga C, Chavez A, Gonzalez M, Alvarez AM, et al. Infeccion por VIH/SIDA en ninos y adolescentes: cohorte chilena 1987-2014. Rev Chilena Infectol. 2016; 33(Supl-1):11-19.

17. Gómez-Ríos AC, Carrillo-Rozo ME, Rodríguez-Ortiz JA. Morbimortalidad materno-perinatal en pacientes con infección por VIH, Hospital Simón Bolívar, 2003-2011, Bogotá (Colombia). Rev Colomb Obstet Ginecol. 2014;65(4):308.

18. Antropológicos H, Alegre P. Cuerpo y narrativa. 15:247–72.

19. Parham L, Murillo W, Rivera IL. Resistencia del VIH en mujeres embarazadas de Honduras durante el ano 2015. Rev Cienc Tecnol. 2016.

20. Silva CM da, Alves R de S, Santos TS Dos, Bragagnollo GR, Tavares CM, Santos AAP Dos. Epidemiological overview of HIV/AIDS in pregnant women from a state of northeastern Brazil. Rev Bras Enferm. 2018;71(suppl 1):568–76.

21. Souza CP, Piantino CB, Queiroz CA, Maia MAC, Fortuna CM, Andrade RD. Incidência de transmissão vertical do HIV entre gestantes soropositivas cadastradas em um serviço de referência regional. J Res: Fundam Care. 2016;8(2):4526-37.

22. Menezes L do S, Palácios VR, Alcântara MS, Bichara CN. Prevalência da infecção Por Hiv em Grávidas no norte do Brasil. J Bras Doenças Sex Transm. 2012;24(4):250–4.

23. Nascimento VB, Nascimento NVM, Oliveira JSS, 114 J Health Sci Inst. 2018; 36(2): 109-14 Bezerra LO, Faria DN, Ciosak SI, et Aspectos epidemiológico e clínico de gestantes com HIV/AIDS atendidas em um centro de referência em saúde da mulher do município de Santarém, Pará, Brasil. Health Sci Inst. 2018;36(2):109-14.

24. Menezes LSH, Palacios RCM, Peixoto AS, Alcântara MSC, Bichara CNC. Perfil epidemiológico de grávidas HIV positivo atendidas em maternidade pública de referência. J.bras Doenças Sex Transm. 2012;24(4):250-254.

25. Souza Junior PRB, Szwarcward CL, Barbosa Júnior A, Carvalho MF, Castilho EA. Infecção pelo HIV durante a gestação: estudo-sentinela parturiente, Brasil, 2002. Rev Saúde Pública Rio de Janeiro. 2004; 38(6): 764-72.

26. Silva NEK, Alvarenga AT, Ayres JRCM. Aids e gravidez: os sentidos do risco e o desafio do cuidado. Rev Saúde Pública. 2006;40(3):474-81.

27. Morimura MCR, Mendes MDC, Souza AI, Alencar LCA. Frequência de testagem rápida para o HIV durante a admissão para o parto em puérperas no Instituto Materno Infantil Prof. Fernando Figueira, IMIP. Rev Bras Matern infant. Recife. 2006; 6(Supl. 1):569-576.

28. Darmont MQR, Martins HS, Calvet GA, Deslandes SF, Menezes JA. Adesão ao pré-natal de mulheres HIV+ que não fizeram profilaxia da transmissão vertical: um estudo sócio-comportamental e de acesso ao sistema de saúde. Cad. Saúde Pública Rio de Janeiro. 2010; 26(9): 1788-1796.

29. Barbosa BLFA, Marques AK, Guimarães JV et al. Gestantes HIV Positivo e os Fatores de Risco Relacionados à Transmissão Vertical do HIV. Rev enferm UFPE on line., Recife, 12(1):171-8, jan., 2018.

30. DST/AIDS. BM da SS de V em SPN de. Recomendações para profilaxia da transmissão vertical do hiv e terapia antirretroviral em gestantes - 2010. Aids. 2010;1–146.

31. Burges H, Weiser B. Biology of HIV-1 in women and men. Clin Obstet Gynecol. 2001 jun; 44(2):137-43.

32. The International Perinatal HIV Group. The mode of delivery and the risk of vertical transmission of human immunodeficiency virus type 1: a meta-analysis of 15 prospective cohort studies. N Engl J Med. 1999 abr; 340(13): 977-87.

33. Read JS, Newell ML. Eficacia y seguridad del parto por cesárea para la prevención de la transmisión maternoinfantil del VIH-1 (Revisión Cochrane traducida). En: La Biblioteca Cochrane Plus, 2008; 4.