

Poster number (eg P03.19, or OP02.06).

**Evaluation of Amniotic Fluid Index in Third Trimester Singleton Pregnancies
among HIV Sero-Positive and Sero-Negative Women**

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Introduction

HIV in pregnancy is high risk, affecting fetal growth and well-being.

AFI is a key measure in fetal surveillance.

Few studies assess AFI in HIV-positive pregnancies.

Objectives

- Compare AFI in HIV+ and HIV- women in the third trimester.
- Assess pregnancy outcomes.
- Determine relationship between CD4 counts and AFI.

FINDINGS

- AFI: Lower in HIV+ at 28 & 32 weeks ($p < 0.05$), no difference at 36 & 40 weeks.
- CD4 Relationship: Higher CD4 = higher AFI ($p < 0.001$).
- Birth Outcomes:
 - Low birth weight: 24.7% HIV+ vs 6.7% HIV- ($p = 0.003$)
 - Preterm birth: 13% HIV+ vs 4% HIV-
 - More neonatal unit admissions in HIV+ group

Methodology

Design: Comparative prospective case-control.

Setting: FMC Keffi, Nigeria.

Participants: 80 HIV+ & 80 HIV- women (28–40 weeks).

Procedure:

AFI measured every 4 weeks via ultrasound.

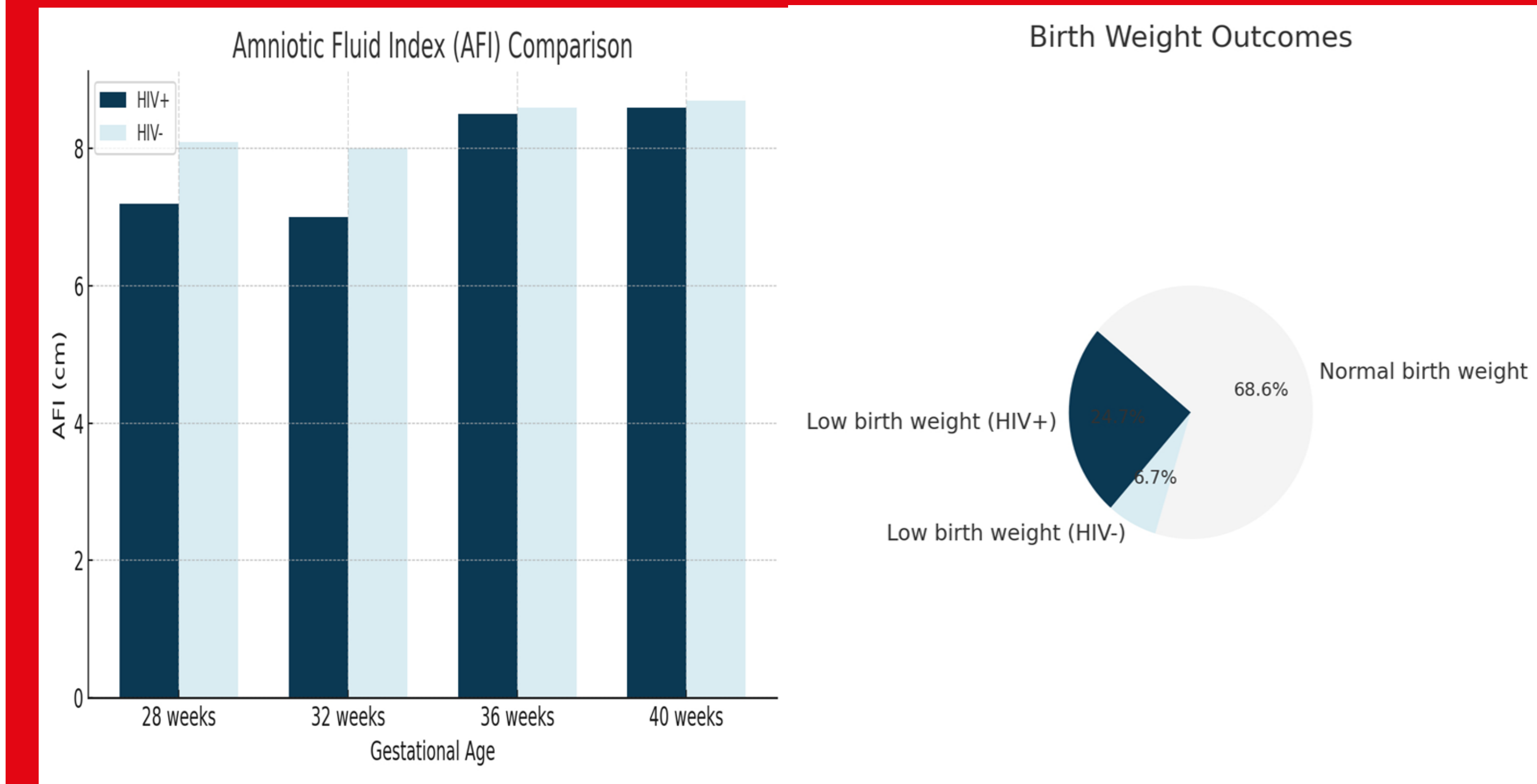
Delivery outcomes recorded post-birth.

Analysis: t-test, Chi-square, Pearson correlation, regression.

Conclusion

HIV+ pregnant women have lower AFI.

- Higher CD4 counts improve AFI. CD4 is directly proportional to AFI.
- HIV+ mothers have higher risk of low birth weight and preterm birth.
- Oligohydramnios when seen in HIV positive pregnant women should be managed conservatively and expectantly as its pathophysiology is clearly elucidated. Except if other causes are identified.



CD4 vs AFI correlation

- X-axis: Categories → AFI at 28 weeks, AFI at 32 weeks, Low Birth Weight %, Preterm Birth %
- Y-axis: Values (AFI in cm)
- Bars: Two bars per category (HIV+ in Deep Blue, HIV- in Light Blue)
- Include data labels:
 - AFI 28 weeks: HIV+ = lower than HIV-
 - AFI 32 weeks: HIV+ = lower than HIV-
 - Low birth weight: HIV+ 24.7%, HIV- 6.7%
 - Preterm birth: HIV+ 13%, HIV- 4%