Abstract

The main objective of this study was to assess to what extent insufficient nutritional intake amongst HIV+ pregnant mothers is associated with the increased risk of multiple birth outcomes. Insufficient nutritional intake leads to foetal IUGR, a direct cause of SGA, pre-term birth and LBW outcomes. Infants born with SGA, pre-term birth or LBW risk contracting neonatal infections and HIV.LBW contributes 60% to 80% of all neonatal deaths, 96.5% of which are in developing countries. 33% results from SGA and 5%-10% from preterm births. Weakened HIV+ mother's body due to low caloric intake impairs metabolism resulting to 50% reduced effects and 33% total failures of ARV and other drugs. Poor access to sufficient food intake and unpredictability lead to increase in none adherence causing a rise in viral load and reduced CD4 counts and vulnerability to OI. Exposed HIV+ pregnant mothers were followed from the 1st trimester through the nine months and six weeks after birth and compared with experience of none exposed at ratio of 1:2. Using multistage sampling technique data was collected from 124 pregnant mothers in 18 of the 115 ANCs in Eastland's. Closed questionnaires were used to collect socio demographic. Chi^2 test of homogeneity was used for analysis of difference between exposed and none exposed risks while association was established through RR for each outcome and located within $100(1-\alpha)$ % CI = $RR^{1\pm z_{\alpha}/\sqrt{Chi^2}}$ at 95% CL. Margin of error provided for random errors while proper selecting of subjects, gathering of information and analysis reduced systematic errors. Keyfinding was that birth outcomes were associated with insufficient nutrients. The study concluded that lack of enough nutrients during the pregnancy is a major challenge for HIV+ mothers with no or inadequate family support.