ABSTRACT

Objective: We identified clinical, dietary and socioeconomic factors that favor insufficient gestational weight gain of Mexican pregnant women with Human Immunodeficiency Virus (HIV). Methods: Cross-sectional study with 112 HIV pregnant women using Antiretroviral Therapy (ART). Data were excerpted from clinical record, including complete blood count, viral load and CD4 count. Inquiry form of socioeconomic level and frequency of food intake were applied. We also request pre-pregnancy weight to obtain pre-gestational Body Mass Index (BMI) and weight gain for gestational age according the US Institute of Medicine. Statistically, 68.7% were in consensual union, 31.3% were single and 33.9% belonged to the two lowest socioeconomic strata. The median age was 27 (IQR: 23-32) and CD4 count around 453 (IQR: 265-602). The adequacy of energy had a median of 92.3% (IQR: 74.1-118.4). The median of energy intake from protein was 13.5% (IQR: 12.2-14.9) and from lipids 35.5% (IQR: 31.1- 40.3). In pregnant with gastrointestinal symptoms due to its physiological condition and CD4 count <350, they were six times more biased to have deficient folate (OR = 7.0, 95% CI: 1.5-32.7, p = .011) and four times more likely to present poor zinc intake (OR = 5.1, CI95%: 2.0-12.6, p = .023). 43.4% consumed iron and folic acid and 54.5% multivitamin supplement. 51.8% had a normal pregestational BMI, 33.9% overweight, and 10.8% obesity; moreover, 40.2% revealing insufficient gestational weight gain. The variables that increased the probability of insufficient weight gain were: consensual union (OR = 3.4, CI95%: 1.2-9.5, p = .019), belong to lowest socioeconomic stratum, E (OR = 5.0, CI95%: 2.0-12.6, p = .000) and a protein intake <12% (OR = 4.5, CI95% 1.5-13.7, p = .008). Conclusion: Dietary strategies to improve an adequate gestational weight gain for Mexican women with HIV and ART, must be approached by clinical and socioeconomic aspects.