members, causing distinctions according to gender and age [8]. In this way, the nutritional status of HIV seropositive pregnant women will be affected not only by the metabolic and physiological changes of pregnancy [9,10], but also by socioeconomic determinants and family dynamics affecting the access to an adequate diet, which, together and with their clinical condition, will affect the food intake. All of the above mentioned, can result to insufficient gestational weight gain furthering an increase in maternal and neonatal morbidity in short and long term [11, 12].

Concerning to a cohort study on HIV seropositive pregnant women who started ART, this analysis found that patients who had a weekly gestational weight gain of less than 100 grams, displayed a higher risk of preterm birth and adverse pregnancy-neonatal outcomes such as low birth weight, concluding that the use of ART is not enough in this kind of population to reduce the risk of these results, because is prevailing a poor nutritional status in spite of ART [12,13]. In view of the previous consideration, we considered important to identify the clinical, dietetic and socioeconomic factors that could be affecting the insufficient gestational weight gain of HIV seropositive pregnant women receiving ART.

What is ART? It is not defined

Materials and Methods

In the period between January 2013 and January 2017, a cross-sectional study was performed at the National Institute of Perinatology, Mexico. This is a third-level care institution supporting women with high-risk pregnancies, mainly living in Mexico City. The study included 112 HIV seropositive pregnant women who were in their second or third trimesters of pregnancy, had no other comorbidity identified and accepted to participate freely and informally. The sampling method was non-probabilistic for convenience. The patients were engaged through the prenatal care consultation of the Institute. This research