**BACKGROUND**

Raltegravir (RAL) is an HIV-1 integrase inhibitor known to rapidly reduce HIV RNA viral load (VL). RAL was first licensed by the European Medicines Agency (EMA) in 2007, with initial therapeutic indications for the treatment of HIV-1 infection in combination with other antiretroviral therapy (ART).

RAL is often used in pregnancy to reduce risk of mother-to-child transmission, particularly for women presenting and/or diagnosed late in pregnancy. However, safety data have been limited.

**METHODS**

The National Study of HIV in Pregnancy and Childhood (NSHPC) conducts active surveillance of pregnancies in women living with HIV in the UK and Ireland, infants born to diagnosed women living with HIV, and all children living with HIV.

We aimed to describe trends and patterns of “real-world” RAL use in pregnancy and outcomes among live- or stillbirths in 2008-2016 (reported to the NSHPC by March 2017).

Trends were assessed using logistic regression. Differences among treatment group were assessed using Kruskal-Wallis tests for medians and chi-squared tests for proportions.

**RESULTS**

RAL was used in 709 (7%) of 10,144 reported pregnancies in the period 2008-2016. The proportion of pregnancies with RAL use increased steadily over time from 0.5% (13/2605) of pregnancies in 2008-2009 to 14.4% (252/1747) in 2015-2016 (Figure 1, p<0.001).

Characteristics and outcomes of pregnancies by treatment group are presented in Figure 3. Six pregnancies ended in stillbirth and there were 728 live-born infants (50%).

**CONCLUSIONS**

RAL use is steadily increasing in pregnancy in the UK/Ireland, particularly from before conception.

The group of pregnant women receiving RAL is heterogeneous. Pregnancies in women with perinatal HIV accounted for nearly four percent of all pregnancies receiving RAL in 2008-2016, suggesting the importance of this drug for this emerging, highly treatment-experienced group.

Half of pregnancies with late (third trimester) ART initiation received RAL in 2015-2016, consistent with recommendations for RAL usage in the UK.

Data on infant outcomes, particularly congenital abnormalities, in RAL-exposed pregnancies are reassuring, but more work is needed to assess overall safety and rates of vertical transmission in exposed infants.