Pregnancy and HIV

Together, we can change the course of the HIV epidemic...one woman at a time.

#onewomanatatime #thewellproject
Pregnancy and HIV

Many women living with HIV are *living longer, healthier lives...*

...As they think about their futures, *some are deciding to have the babies they always wanted*
Advances in HIV treatment have **greatly lowered chance that a mother will pass HIV on to her baby**

- Known as **perinatal, "mother-to-child" or vertical HIV transmission**
  - World Health Organization (WHO): HIV perinatally transmitted in as many as 45% of cases when mother is not taking HIV drugs
  - U.S. Centers for Disease Control and Prevention (CDC): chance of transmission can be **<1 in 100** if mother takes HIV drugs, is virally suppressed
- Being pregnant will not make HIV progress faster in mother

- **Antiretroviral Pregnancy Registry** documents how HIV drugs affect pregnancy; pregnant women living with HIV encouraged to register (through their providers) at [www.APRegistry.com](http://www.APRegistry.com)
Before Getting Pregnant

• Discuss plans with HIV care provider
  – Confirm woman is on the right treatment plan for her own health and to reduce risk of perinatal transmission

• Find an obstetrician (OB) or midwife who is familiar with HIV care
  – Can explain best options for getting pregnant

• Ask HIV provider and your OB/midwife to talk to each other, coordinate care before/during pregnancy

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Before Getting Pregnant

- Screen for STDs/STIs, hepatitis B/C, tuberculosis
- Try to give up smoking, drinking, drugs
  - Can be bad for your/your baby’s health
- Start taking prenatal vitamins that contain folic acid
  - Can reduce rates of some birth defects
- Put together support network of people who are caring, non-judgmental, well educated about HIV and pregnancy
  - Can include providers, counselors, other women living with HIV who are considering pregnancy or who have had children

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Pregnancy Guidelines

Recommendations of expert groups on care/treatment for women with HIV who are/may become pregnant:

- **U.S. Department of Health and Human Services (DHHS):**
  - Thorough check up to find out about health, status of HIV infection
  - HIV drugs recommended for all pregnant women regardless of CD4 count and viral load
  - Drugs must be taken just as prescribed to have best chance of working
  - Also reduces chance of transmitting HIV to sexual partners
  - Continue taking after baby’s birth, regardless of CD4 count

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HIV Drugs and Pregnancy

• According to DHHS, some drugs to avoid or use with caution:
  – Videx (didanosine, ddI) + Zerit (stavudine, d4T)
  – Zerit + Retrovir (zidovudine or AZT)
  – Viramune (nevirapine) should not be started in women living with HIV who have CD4 cell counts >250

• Discuss risks/benefits of HIV drugs with health care provider to decide which treatments are best for mother and baby

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Regimens for Pregnant Women

- Efavirenz (Sustiva; also in Atripla) during pregnancy:
  - Some past debate regarding safety of efavirenz during pregnancy
  - US DHHS guidelines as of October 2016 match WHO:
    - Efavirenz safe to take during pregnancy, including the first trimester (12 weeks)
    - Women who become pregnant, and are on a successful treatment regimen (virally suppressed) that includes efavirenz, should continue on efavirenz throughout pregnancy

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Tests, Procedures, and Delivery

- Invasive prenatal tests or delivery procedures that may increase risk of HIV transmission to baby (talk to your provider if you need these tests)
  - Amniocentesis
  - Chorionic villus sampling (CVS)
  - Umbilical blood sampling
  - Forceps- or vacuum-assisted delivery

- DHHS recommends women have CD4 counts checked every 3 months during pregnancy
  - Pregnant women whose viral loads remain consistently low can get CD4 counts checked every trimester (12 weeks)
• **C-Section**
  
  - Not necessary unless for women living with HIV unless they:
    - Have an unknown viral load
    - Have a viral load $\geq 1,000$ copies at 36 weeks of pregnancy
    - Need a C-section for reasons other than preventing HIV transmission
  
  - Done before labor begins and mother's "water" breaks
  - Reduces baby's contact with mother's blood
  - May reduce risk of transmission in certain cases
  - Women who have C-sections more likely to get infections than those who give birth vaginally

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Types of Delivery

Vaginal Delivery

- For a woman on combination HIV treatment with a low viral load (less than 1,000), a C-section has not been shown to further reduce her already very low risk of transmitting HIV.

Decision of which type of delivery is best should be discussed with health care provider early in pregnancy.
• During 1\textsuperscript{st} 4-6 weeks, baby will need to take HIV meds
• Blood test called \textbf{complete blood count (CBC)} done on newborn baby as baseline
• Baby will also need to take medication to prevent pneumonia after finishing HIV meds
  – Unless there is adequate information to confirm that infant does not have HIV
  – Taking these medications does not mean the baby is sick
  – Precaution to decrease chance of getting HIV, other illnesses
After the Baby Is Born

- Baby will receive test for *HIV viral load*:
  - HIV viral load test looks for HIV virus, not antibodies; babies carry mothers’ antibodies for up to 18 months
  - HIV testing done at one and four months
  - If baby tests negative at one and four months: HIV-negative
  - If the baby tests HIV positive, start HIV treatment immediately

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Breastfeeding

Possible to *transmit HIV through breast milk*

- Guidelines advise not to breastfeed, in U.S. and other high-resource countries
  - Water safe; formula available, affordable
  - *Can still have strong bond with baby* even if you bottle feed
- If safe water is not easy to get:
  - Risk to your baby of life-threatening conditions from formula feeding with unsafe water may be higher than risk of HIV infection through breastfeeding
  - Formula may also be too expensive or not regularly available
  - Better to feed your baby on breast milk alone, take HIV drugs

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Breastfeeding

- Breast milk contains many *antibodies to keep baby healthy*
- Found to have protein Tenascin-C that helps neutralize HIV
- Possibility of transmission less if you are on HIV drugs and viral load is undetectable
- Mixed feeding (baby given breast milk + other liquids – formula, sugar water, gripe water) *not recommended*
  - May damage lining of babies' stomachs, make them more likely to get HIV when exposed to it in breast milk
  - If you cannot feed your baby on formula alone, use breast milk alone
- Do not feed your baby food that has been pre-chewed by someone who is living with HIV
  - Can spread HIV to your child
Deciding to have a baby is a **big step for any woman**; for a woman living with HIV, it is even more complicated.

Talk to HIV health care provider and OB or midwife before trying to get pregnant.

With planning, there are **many things women can do to protect their health and the health of their baby**

[www.thewellproject.org](http://www.thewellproject.org)
• To learn more, and for links to articles featuring more details, please read the full fact sheet:
  – Pregnancy and HIV

• For more fact sheets and to connect to our community of women living with HIV, visit:
  – www.thewellproject.org
  – www.facebook.com/thewellproject
  – www.twitter.com/thewellproject