Pregnancy, Birth, and HIV

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

#onewomanatatime

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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*

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Advances in HIV treatment have *greatly lowered chance that a birthing parent will pass HIV on to their baby*

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

- **Antiretroviral Pregnancy Registry** documents how HIV drugs affect pregnancy; pregnant people 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 that you are on the right treatment plan for your 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
Before Getting Pregnant

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

- **U.S. Department of Health and Human Services (HHS):**
  - Thorough check up for health, status of HIV, resistance test
  - 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
    - Undetectable viral load means no transmission to sexual partners
  - Continue taking after baby’s birth, regardless of CD4 count
HIV Drugs and Pregnancy

• Generally, most HIV drugs safe in pregnancy
• But: some drugs should be avoided:
  – Mostly older drugs, such as Videx and Zerit or Zerit and Retrovir
  – Don’t start Viramune if CD4 cell count above 250
• Dolutegravir:
  – Benefits outweigh very small risk of birth defects
• Efavirenz:
  – Previous debate, but now recommended throughout pregnancy
• In US, provider can call National Perinatal HIV Hotline for advice

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HIV Drugs and Pregnancy

• People not taking HIV drugs:
  – Start treatment right away

• People already taking HIV drugs:
  – Continue taking current HIV drugs, only switch if not working

• Pregnant people in labor and have not taken HIV drugs:
  – Retrovir for parent during delivery
  – Additional 3 doses of Viramune for baby

• Parent did not take HIV drugs before or during labor:
  – Additional 3 doses of Viramune for baby

• All babies:
  – Retrovir for 4-6 weeks after delivery
Tests, Procedures, and Delivery

• Some tests *may increase risk of HIV transmission to baby* (talk to your provider if you need these)
  – Amniocentesis
  – Chorionic villus sampling (CVS)
  – Umbilical blood sampling
  – Forceps- or vacuum-assisted delivery

• Viral load checks recommended when
  – Starting prenatal care
  – Starting HIV drugs (and monthly until undetectable viral load)
  – Every 12 weeks once undetectable
  – At 36 weeks of pregnancy

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Types of Delivery

- **C-Section (Surgical Delivery)**
  - Not recommended for people living with HIV unless they:
    - Have an unknown viral load
    - Have a viral load $\geq$ 1,000 copies
    - Need a C-section for reasons other than preventing HIV transmission
  - Done before labor begins and birthing parent's "water" breaks
    - Reduces baby's contact with parent's blood
    - May reduce risk of transmission in certain cases
  - People who have C-sections more likely to get infections than those who give birth vaginally

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**Vaginal Delivery**

• For someone on combination HIV treatment with a low viral load (less than 1,000 copies), a C-section has not been shown to further reduce their already very low risk of transmitting HIV to their baby
After the Baby Is Born

• During 1\textsuperscript{st} 4-6 weeks, baby will need to take Retrovir and possibly other HIV drugs
• Blood test called \textbf{complete blood count} (CBC) done on newborn baby as baseline (starting point)
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 birthing parent’s antibodies for up to 18 months
- HIV testing done when first born and at one and four months old
- If baby tests negative at one and four months: HIV-negative
- If baby tests positive at one and/or four months, start HIV treatment immediately
- Antibody test in HIV-negative babies at 12-18 months old to check that birthing parent’s antibodies have cleared from baby

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Breastfeeding

Extremely low chance of transmitting HIV through breast milk when on HIV drugs, viral load undetectable

• Breastfeeding is standard in resource-limited areas

• Guidelines in high-resource countries discourage breastfeeding
  — Breast/chestfeeding may be important to parent for emotional, cultural, family and health reasons

• US guidelines now encourage shared decision-making between parent and provider

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Breastfeeding

If safe water is not easy to get:

- Risk from formula feeding with unsafe water is higher than risk of HIV transmission through breastfeeding
  - Feed baby on breast milk alone for six month
  - Continue to take HIV drugs
  - Slowly move baby to other foods between 6-12 months old
  - Wean from breastmilk at 12 months

- Don’t feed baby food that has been pre-chewed by someone living with HIV!
In Conclusion

Deciding to have a baby is a **big step for anyone**; for someone living with HIV, it is even more complicated.

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

With planning, there are **many things you can do to protect your and your baby’s health**
To learn more, and for links to articles featuring more details, please read the full fact sheet:

- [Pregnancy, Birth, and HIV](#)

For more fact sheets and to connect to our community of women living with HIV, visit:

- [www.thewellproject.org](http://www.thewellproject.org)
- [www.facebook.com/thewellproject](http://www.facebook.com/thewellproject)
- [www.twitter.com/thewellproject](http://www.twitter.com/thewellproject)