Pregnancy and HIV

Last updated: May 20, 2019

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

#onewomanatatime #thewellproject

www.thewellproject.org
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*
The Good News

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

www.thewellproject.org
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

www.thewellproject.org
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
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 for health, status of HIV
  - 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

• 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
  - Drugs containing dolutegravir (Tivicay, Juluca, Triumeq)

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

- Efavirenz (Sustiva; also in Atripla) during pregnancy:
  - US DHHS:
    - Women intending to become pregnant should not take efavirenz or dolutegravir due to risk of birth defects
    - Efavirenz safe after 8 weeks of pregnancy and if already taken before pregnancy
    - Drugs containing dolutegravir should not be taken in early pregnancy
  - WHO:
    - Efavirenz safe to take during pregnancy, including the first trimester (12 weeks)
    - WHO recommendation is based on a report combining several different studies and finding no increased risk of birth defects

www.thewellproject.org
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)
Types of Delivery

**C-Section**

- Not recommended for women living with HIV unless they:
  - Have an unknown viral load
  - Have a viral load ≥ 1,000 copies
  - 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

www.thewellproject.org
Types of Delivery

**Vaginal Delivery**

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

- 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
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

www.thewellproject.org
Breastfeeding

Possible to transmit HIV through breast milk

- Chances are lower (though not zero) on HIV drugs, viral load undetectable
- 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 from formula feeding with unsafe water may be higher than risk of HIV transmission through breastfeeding
  - Better to feed your baby on breast milk alone, take HIV drugs

www.thewellproject.org
Recently, key U.S. and European HIV treatment guideline updates have **acknowledged desire of some WLHIV in resource-rich countries to breastfeed**

- These guidelines all recommend against breastfeeding when formula is available

Not recommendations; these guidelines suggest ways for providers to support health of women who choose to breastfeed, and their babies
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
In Conclusion

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