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Pregnancy, Birth, and HIV

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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***

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The Good News

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

Before You Get 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

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Before You Get 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

Pregnancy Guidelines

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

- **US Department of Health and Human Services (HHS):**
  - Thorough check up for health, status of HIV, resistance test
  - HIV drugs recommended for all pregnant people 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

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HIV Drugs and Pregnancy

- Generally, most HIV drugs safe in pregnancy
- Some drugs should be avoided:
  - Mostly older drugs, such as Videx + Zerit or Zerit + Retrovir
  - Don't start Viramune if CD4 cell count above 250
  - These drugs are rarely used in US today
- Dolutegravir:
  - Benefits outweigh very small risk of birth defects
- Efavirenz:
  - Previous debate, now recommended throughout pregnancy
- In US, National Perinatal HIV Hotline for providers

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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 (zidovudine, AZT) 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 at least 2-6 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

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 ≥ 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

Types of Delivery

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 low risk of transmitting HIV to their baby

After the Baby Is Born

- During at least first 2-6 weeks, baby will need to take Retrovir (AZT) and possibly other HIV drugs
- Blood test called **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

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

- Breastfeeding is standard in resource-limited areas
  - Until recently, was widely discouraged in high-resource countries
- 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
  - Parents with undetectable viral load on HIV treatment should be supported in breastfeeding decision

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Breastfeeding

For parents living with HIV:

- WHO recommends breast milk as only source of food for baby for first six months
  - Feed baby on breast milk alone for six months
  - 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!

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In Conclusion

Deciding to have a baby is a ***big step for anyone***; for someone living with HIV, it may be 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***

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Learn More!

- 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
  - @thewellprojecthiv.bsky.social
  - www.facebook.com/thewellproject
  - www.instagram.com/thewellprojecthiv/
  - www.threads.net/@thewellprojecthiv
  - www.youtube.com/thewellprojecthiv