ART During Pregnancy GUIDANCE FOR MEDICAL PROVIDERS

- Among persons with HIV, approximately 68% of pregnancies are unplanned.1
- Continually discuss reproductive desires with persons of childbearing potential.
- Support shared decision-making about ART.1
- Offer contraception as appropriate.
- Scan the QR code to the right for more guidance regarding contraceptives.

National Clinical Consultation Center: Perinatal HIV/AIDS: 888-HIV-8765 (888-448-8765) Available 24/7

### DHHS GUIDELINE HIGHLIGHTS: INITIAL REGIMENS FOR PREGNANT PEOPLE WHO ARE ART NAIVE

#### Preferred Regimens

<table>
<thead>
<tr>
<th>Dual NRTI Backbones</th>
<th>INSTI + Preferred Dual NRTI</th>
<th>PI + Preferred Dual NRTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC/3TC* HLA-B*5701 negative</td>
<td>DTG Preferred in Acute HIV with TDF or TAF plus FTC or 3TC</td>
<td>ATV/r</td>
</tr>
<tr>
<td>TAF + FTC or 3TC</td>
<td>RAL Must be dosed twice daily</td>
<td>DRV/r Must be dosed twice daily</td>
</tr>
<tr>
<td>TDF + FTC or 3TC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Alternative Regimens

<table>
<thead>
<tr>
<th>Dual NRTI Backbones</th>
<th>NNRTI + Preferred Dual NRTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZDV/3TC</td>
<td>EFV * Screen for depression antenatal and postpartum</td>
</tr>
<tr>
<td></td>
<td>RPV Not recommended with VL &gt; 100,000 copies/mL or CD &lt; 200 cells/mm³ Viral rebound possible in 2nd/3rd trimester, consider monitoring VL more frequently (every 1-2 months)</td>
</tr>
</tbody>
</table>

#### Not Recommended

- ATV/c, DRV/c, EVG/c Changes in pharmacokinetics in 2nd/3rd trimesters result in risk of low drug levels, viral breakthroughs have occurred
- IM CAB/RPV Limited data in pregnancy

#### Insufficient Data

- BIC/TAF/FTC
- DOR
- 2 drug regimens (DTG/RPV, DTG/3TC)
- IBA

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* ABC/3TC plus ATV/r or EFV is not recommended if pretreatment HIV RNA is >100,000 copies/mL ¹
**ART During Pregnancy**

**GUIDANCE FOR SPECIFIC SITUATIONS**

In general, persons on a fully suppressive, well tolerated regimen who become pregnant should continue their regimens.1

- Changes in regimens carry a risk of viral rebound, decisions to change or continue current ART should consider the risks and benefits of each option.

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**HIGHLIGHTS FOR CONTINUING ART FOR PEOPLE WHO BECOME PREGNANT ON A FULLY SUPPRESSIVE, WELL-TOLERATED REGIMEN**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| RPV (oral) | Continue with more frequent viral load monitoring  
- PK changes in 2nd/3rd trimester can result in low drug levels |
| DTG/3TC \(^a\) | Switch or add additional agents or  
Continue with frequent viral load monitoring |
| DTG/RPV \(^a\) | Continue with frequent viral load monitoring |
| ATV/c, DRV/c, EVG/c | Continue with frequent viral load monitoring or consider switching  
- PK changes in 2nd/3rd trimester can result in low drug levels |
| IM CAB/RPV | Insufficient data, not recommended.  
Switch to a recommended oral regimen  
- Timing of switch must factor the long half-life of injectable  
- Change should occur within 4 weeks of last IM CAB/RPV dose |
| BIC/TAF/FTC \(^b\) | Insufficient Data |
| DOR \(^b\) | Insufficient Data |

*On a regimen with: d4T, ddl, FPV, IDV, NFV, RTV (as sole PI), SQV, TPF, or ABC/ZDV/3TC*

These medications should NOT be used in pregnancy. Switch to a recommended regimen.

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\(^a\) No data exists on oral two-drug regimens in pregnancy. DHHS guidelines recommend if pregnant persons present to care on DTG/3TC or DTG/RPV and are virally suppressed, they can continue with more frequent viral load monitoring (every 1-2 months).1

\(^b\) For virally suppressed persons who present to care on regimens with insufficient data (BIC, DOR), providers should weigh whether to continue or change the regimen, as changes carry risk of viral rebound. Viral load should be monitored more frequently if the regimen is continued.1

**Key:** 3TC = lamivudine; ABC = abacavir; ART = antiretroviral therapy; ARV = antiretroviral; ATV/c = atazanavir/ritonavir; BIC = bictegravir; CAB = cabotegravir; CD4 = CD4 T lymphocyte cell; d4T = stavudine; ddl = didanosine; DOR = doravirine; DRV = darunavir; DRV/c = darunavir/cobicistat; DRV/r = darunavir/ritonavir; DTG = dolutegravir; EFV = efavirenz; EVO/c = elvitegravir/cobicistat; FFV = fosamprenavir; FTC = emtricitabine; FTR = fostemsavir; IBA = ibalizumab; IDV = indinavir; IM = intramuscular; IM CAB and RPV = long-acting intramuscular formulations of cabotegravir and rilpivirine; INSTI = integrase strand transfer inhibitor; NFV = nelfinavir; NNRTI = non-nucleoside reverse transcriptase inhibitor; NRTI = nucleoside reverse transcriptase inhibitor; NTD = neural tube defects; PI = protease inhibitor; PK = pharmacokinetic; RAL = raltegravir; RPV = rilpivirine; RTV = ritonavir; SQV = saquinavir; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; TPV = tipranavir; VL = Viral load; ZDV = zidovudine

**A note about Dolutegravir:** The latest data from Botswana indicates there is no longer a significant difference in NTDs when comparing DTG to non-DTG containing regimens at time of conception.1


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**June 2023**