



HIV + Pregnancy

Perinatal transmission of HIV is when HIV is passed from a pregnant person to their child during pregnancy, childbirth or breastfeeding/chestfeeding. Did you know? In the United States, with medications and other medical interventions, the risk of passing HIV to your baby can be less than 1 percent.

Before Pregnancy

- **Talk to your doctor about your reproductive desires.**
 - Most HIV medications are safe to use in pregnancy. In general, they do not increase the risk of birth defects.
 - Some medications may be preferred over others during pregnancy.
- **Take your medication to keep your viral load undetectable.**
 - HIV medications, when taken as prescribed, prevent HIV from multiplying and lower the level of HIV in your blood so it can not be detected by a blood test.
 - *Having an undetectable viral load is the best thing you can do to prevent transmission to your baby.*
- **Get your partner involved.**
 - If your partner is a person without HIV, they need regular HIV screening tests and counseling on PrEP (pre-exposure prophylaxis). PrEP is medicine given to a person without HIV to prevent them from acquiring HIV.
 - If your partner is a person with HIV, it is important they are also on HIV medicine.
- **Stay healthy and get prenatal care.**
 - Visit your medical provider regularly.
 - Avoid the use of alcohol, tobacco, and illicit drugs.
 - Eat a healthy diet and maintain a healthy weight.
 - Take a multivitamin or prenatal vitamin with 400 mcg of folic acid.
 - Did you know? Vitamins can interact with some HIV medications. Ask your pharmacist how you can safely take both a multivitamin or prenatal vitamin with your HIV medicine.

*There are
several steps to
protect babies
from HIV.*



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HIV + Pregnancy (continued)

During Pregnancy

- Take your HIV medicine as prescribed to stay healthy, keep your viral load undetectable and protect your baby.
- If you have never been on HIV medicine, you should start taking HIV medication as soon as possible.
- If you are already taking HIV medicine and become pregnant, in most cases, you should continue taking the same medicine throughout pregnancy.
- Did you know? Missing doses of your HIV medicine can let the HIV virus multiply, become detectable, and increase the risk of transmission to the baby.
 - Many pregnant patients experience nausea and vomiting, which may make it harder to take your medication. Tell your doctor right away if you are struggling to take your medicine as prescribed for any reason.
- Stay healthy and visit your medical provider regularly.
 - Get your lab work done as recommended. The only way to know if your HIV is undetectable is to get a blood test.
 - Vaccines are vital to protecting you and your baby from serious diseases. Talk to your doctor about whooping cough (Tdap), flu, and Covid-19 vaccines during pregnancy.
- Talk with your doctor about infant feeding.
 - If you are considering breastfeeding/chestfeeding, your doctor can provide counseling on way to reduce the possibility of HIV transmission.
 - You will need laboratory testing prior to breastfeeding/chestfeeding to make sure your HIV is undetectable.
 - You will need monthly HIV viral load testing and check ups while breastfeeding/chestfeeding to make sure you remain undetectable.
 - Your baby will also need HIV viral load testing at least every 3 months while breastfeeding/chestfeeding and at month 1, 3 and 6 after stopping.



During Delivery

- If your HIV viral load is not low enough, a C-section (Cesarean delivery) can help prevent HIV transmission.
- Continue to take your HIV medicine during labor and delivery and continue to take it afterwards.



After Birth

- Give your baby HIV medicine for 4-6 weeks after birth to prevent transmission.
 - You should receive your baby's medicine before you leave the hospital.
 - Be sure to understand how to give your baby's medicine properly. Ask your providers if you have questions.
 - If you choose to breastfeed/chestfeed you may have to continue giving your baby medicine during breastfeeding/chestfeeding and for a month after stopping.
- Talk with your doctor about infant feeding.
 - Achieving and maintaining viral suppression through HIV medicine during pregnancy and postpartum decreases chestfeeding transmission risk to less than 1%, but not zero. Talk with your doctor to see what type of infant feeding is best for you.



Sources: DHHS Perinatal HIV Clinical Guidelines

<https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html>

<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/preventing-perinatal-transmission-hiv>

<https://www.hiv.gov/hiv-basics/hiv-prevention/reducing-mother-to-child-risk/preventing-mother-to-child-transmission-of-hiv>

<https://www.cdc.gov/vaccines/pregnancy/vacc-during-after.html>

For more information about HIV and Pregnancy, visit the QR code below.



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