HIV and Pregnancy

I am HIV positive and pregnant. Should I take anti-HIV medications?

You should take anti-HIV medications if:

- you are experiencing severe symptoms of HIV or have been diagnosed with AIDS
- your **CD4 count** is 200 cells/mm^3 or less
- your **viral load** is greater than 1,000 copies/mL

You should also take anti-HIV medications to prevent your baby from becoming infected with HIV. Specific treatment to prevent **mother-to-child transmission** of HIV is discussed below.

What medications should I take if I am pregnant or think I might become pregnant?

If you are pregnant or may become pregnant, you should consider the risks and benefits of HIV treatment to both you and your child. Some medications (such as Sustiva) should be avoided because they may cause birth defects if taken early in pregnancy. The effects of other anti-HIV medications are not yet known. It is important for you to talk with your doctor before and during your pregnancy so that together you can decide on the best treatment for you and your baby.

To reduce the risk of passing HIV to your baby, your treatment regimen should include a three-part ZDV (also known as zidovudine, AZT, or Retrovir) regimen.

What is the three-part ZDV regimen?

1. HIV infected pregnant women should take ZDV starting at 14 to 34 weeks of pregnancy. You can take either 100 mg five times a day, 200 mg three times a day, or 300 mg twice a day.
2. During labor and delivery, you should receive ZDV intravenously (through an IV in the vein).
3. Your baby should take ZDV (in liquid form) every 6 hours for 6 weeks after he or she is born.

Terms Used in This Fact Sheet:

CD4 count: *CD4 cells, also called T cells or CD4$^+$ T cells, are white blood cells that fight infection. HIV destroys CD4 cells, making it harder for your body to fight infections. A CD4 count is the number of CD4 cells in a sample of blood.*

Mother-to-child transmission: *also called perinatal transmission. HIV may be passed from an HIV infected mother to her baby during pregnancy or delivery. HIV may also be passed from mother to child through breast milk.*

Viral load: *the amount of HIV in a sample of blood.*

I am already on an HIV treatment regimen. Do I need to change my medications?

If you are already taking anti-HIV medications, talk with your doctor about the potential risks and benefits to your baby if you decide to continue your treatment regimen during your pregnancy. You and your doctor may decide to change your medications or change your medication dose. Make sure that your regimen includes the appropriate dose of ZDV.

In general, efavirenz (Sustiva), stavudine (Zerit), hydroxyurea, and the oral liquid form of amprenavir (Agenerase) should not be used during pregnancy.

Will my baby be born HIV infected?

No one can tell you for sure if your baby will be born HIV infected. The three-part ZDV regimen has been shown to reduce the risk of passing HIV to your baby by almost 70%.

Additional anti-HIV medications can treat your infection and may provide extra protection for your baby. However, the possible problems with using multiple medications during pregnancy are not well understood.

Other actions to help you protect your baby include getting regular prenatal care and adhering to your HIV drug treatment plan (see **Adherence** and **Adhering to a Regimen Fact Sheet**).

For more information:

Contact your doctor or an *AIDSinfo* Health Information Specialist at 1–800–448–0440 or **http://aidsinfo.nih.gov**.

This information is based on the U.S. Public Health Service's *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States* (available at **http://aidsinfo.nih.gov**).

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