

Mother-to-Child Transmission of HIV

How is HIV transmitted?

HIV is transmitted (passed) from one person to another through specific body fluids—blood, semen, genital fluids, and breast milk. Having **unprotected sex** or sharing needles with a person infected with HIV are the most common ways HIV is transmitted.

Mother-to-child transmission of HIV is when a woman infected with HIV transmits HIV to her baby during pregnancy, during labor and delivery, or by breastfeeding. Because HIV can be transmitted through breast milk, women infected with HIV should not breastfeed their babies. In the United States, baby formula is a safe and healthy alternative to breast milk.

Although the risk is very low, HIV can also be transmitted to a baby through food that was previously chewed (pre-chewed) by a mother or caretaker infected with HIV. To be safe, babies should not be fed pre-chewed food.

HIV **cannot** be transmitted through casual contact, such as hugging and closed-mouth kissing. HIV also **cannot** be transmitted by items such as toilet seats, door knobs, or dishes used by a person infected with HIV.

When are anti-HIV medications used to prevent mother-to-child transmission of HIV?

Anti-HIV medications are used at the following times to reduce the risk of mother-to-child transmission of HIV:

- *During pregnancy*, pregnant women infected with HIV receive a **regimen** (combination) of at least three different anti-HIV medications.
- *During labor and delivery*, pregnant women infected with HIV receive **intravenous (IV) AZT** and continue to take the medications in their regimens by mouth.
- *After birth*, babies born to women infected with HIV receive liquid AZT for 6 weeks. (Babies of mothers who did not receive anti-HIV medications during pregnancy may be given other anti-HIV medications in addition to AZT.)

In addition to taking anti-HIV medications to reduce the risk of mother-to-child transmission of HIV, a pregnant woman infected with HIV may also need anti-HIV medications **for her own health**. Some women may already be on a regimen before becoming pregnant. However, because during pregnancy some anti-HIV medications may not be safe to use or may be absorbed differently by the body, the medica-

Terms Used in This Fact Sheet:

Unprotected sex: sex without using a condom.

Mother-to-child transmission of HIV: the passing of HIV from a woman infected with HIV to her baby during pregnancy, during labor and delivery, or by breastfeeding.

Regimen: Anti-HIV medications are grouped into “classes” according to how they fight HIV. A regimen is a combination of three or more anti-HIV medications from at least two different classes.

Intravenous (IV): to give a medication through a needle directly into a vein.

AZT: an anti-HIV medication in the nucleoside reverse transcriptase inhibitor (NRTI) class. AZT is also called zidovudine, Retrovir, or ZDV.

Placenta (also called the afterbirth): tissue that develops within the mother’s uterus during pregnancy to provide the baby with oxygen and nutrition.

tions in a woman’s regimen may change.

How do anti-HIV medications help prevent mother-to-child transmission of HIV?

Taking anti-HIV medications during pregnancy reduces the amount of HIV in an infected mother’s body. Having less HIV in the body reduces the risk of mother-to-child transmission of HIV.

Some anti-HIV medications also pass from the pregnant mother to her unborn baby through the **placenta** (also called the **afterbirth**). The anti-HIV medication in the baby’s body helps protect the baby from HIV infection. This is especially important during delivery when the baby may be exposed to HIV in the mother’s genital fluids or blood.

After birth, babies born to women infected with HIV receive anti-HIV medication. The medication reduces the risk of infection from HIV that may have entered the babies’ bodies during delivery.

For information on what anti-HIV medications to take during pregnancy, see the [Anti-HIV Medications for Use in Pregnancy](#) fact sheet.

For more information:

Contact an AIDSinfo health information specialist at 1–800–448–0440 or visit <http://aidsinfo.nih.gov>. See your health care provider for medical advice.