Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States

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The most effective way to prevent the development of ARV drug resistance in pregnancy is to use and adhere to an effective combination of ARV drugs to achieve maximal viral suppression.

Several studies have shown that development of nevirapine resistance is significantly decreased (but not eliminated) after exposure to single-dose intrapartum nevirapine (given alone or in combination with antenatal ART) when zidovudine/lamivudine is given intrapartum and administered for 3–7 days postpartum in women who have received single-dose nevirapine. A variety of other regimens (e.g., tenfovir/emtricitabine, zidovudine/didanosine) given for 7–30 days postpartum following maternal single-dose nevirapine have also been shown to be very effective in reducing the development of nevirapine resistance. An alternative strategy is to substitute a protease inhibitor (PI) for the NNRTI prior to the interruption and to continue the PI with dual nucleoside reverse transcriptase inhibitors (NRTIs) for at least 7 days after stopping the NNRTI. The optimal interval between stopping an NNRTI and the other ARV drugs is not known.

References


