

# HIV and Pregnancy

## **I am pregnant and I just found out I have HIV. What should I do?**

It is very important that you seek health care from someone who knows how to treat HIV during pregnancy for the full time you are pregnant. You will need to take medicines to help protect your baby from catching HIV. You should see two medical providers during your pregnancy: your primary care HIV specialist and an OB/GYN specialist who is comfortable taking care of women with HIV. Your baby will need to follow-up at two weeks after delivery with a medical provider who knows how to test for HIV in infants.

## **What medicines do I need to take?**

If you have never been on HIV medications before or are on medications but your viral load (the amount of HIV virus in your blood) is not less than 1000, your medical provider will run a special test called a genotype. This test looks at your particular virus to find out which HIV medications will work to treat it. If your CD4 cells (cells that fight infection) are low, you may start HIV medicines during your first trimester. Otherwise usually you will begin medicines after the 14<sup>th</sup> week of pregnancy. Your medicines will be a grouping of at least three different medicines; all of the medicines are important to protect you and your baby and need to be taken as prescribed. AZT or zidovudine, found in Retrovir and Combivir and Trizivir, is usually one of the three medicines in your treatment during pregnancy unless there is a reason you cannot take AZT.

## **Are there HIV medicines I can't take while I am pregnant?**

There are two medicines or medicine groupings to be concerned about if you are pregnant. Efavirenz (Sustiva, Atripla) should not be taken during pregnancy because it can cause defects in the baby. Stavudine (Zerit) cannot be taken with didanosine (Videx) during pregnancy because it can make your blood become very acidic. The other HIV medications have not been shown to cause problems in pregnancy.

## **What about delivery? Can I deliver my baby naturally?**

Your viral load should be checked every 6 weeks during the pregnancy. If your viral load is more than 1000 late in the pregnancy, you should be scheduled at 36-38 weeks for an elective c-section. This decreases the chance your baby will have HIV by 50%. If your viral load is less than 1000, you can deliver the baby vaginally. You should be placed on the AZT by IV (into your vein) at the time you are ready to deliver. The baby is then started on AZT by mouth within 6 hours after the birth.

## **How likely is my baby to have HIV?**

If you do not take any medicines to treat your HIV during the pregnancy, your baby has about a 25% (1 in 4) chance of becoming HIV+. If you take your medicines really well during pregnancy and your viral load is less than 1000 when you deliver, your baby only has a 1-2% (1 in 50 to 1 in 100) chance of having HIV. It is very, very important that you take your medicines as prescribed during the pregnancy.

**If you have further questions, be sure to talk to your primary care provider  
or your health educator or nurse.**



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