

Treatment Regimens for HIV Positive Pregnant Women

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

Yes. If you are HIV positive and pregnant, it is recommended that you take anti-HIV medications to prevent your baby from becoming infected with HIV, and in some cases, for your own health. Anti-HIV medications are recommended for all pregnant women regardless of **CD4 count** and **viral load**. HIV treatment is an important part of preventing your baby from becoming infected with HIV and maintaining your health.

When should I consider starting anti-HIV treatment?

When you start treatment will depend mostly on whether you need treatment only to prevent your baby from becoming infected with HIV or if you also need treatment for your own health. In general, it is recommended that pregnant women who are starting therapy for their own health be treated as soon as possible, including in the first trimester. For women who are beginning therapy only to prevent **mother-to-child transmission**, delaying anti-HIV medication until after the first trimester can be considered. You should discuss when to begin treatment with your doctor.

How do I find out which HIV treatment regimen is best for me?

Decisions about which HIV treatment regimen you will start should be based on many of the same factors that women who are not pregnant must consider. These factors include:

- risk that the HIV infection may become worse
- risks and benefits of delaying treatment (see [Starting Anti-HIV Medications Fact Sheet](#))
- potential drug toxicities and interactions with other drugs you are taking (see [Safety and Toxicity of Anti-HIV Medications during Pregnancy Fact Sheet](#))

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.

Drug resistance testing: a laboratory test to determine if an individual's HIV strain is resistant to any anti-HIV medications. HIV can mutate (change form), resulting in HIV that cannot be controlled with certain medications.

Highly active antiretroviral therapy (HAART): the name given to treatment regimens that aggressively suppress HIV replication and progression of HIV disease. The usual HAART regimen combines three or more anti-HIV drugs.

Intravenous (IV): the administration of fluid or medicine into a vein.

Mother-to-child transmission: the passage of HIV from an HIV positive mother to her infant. The infant may become infected while in the womb, during labor and delivery, or through breastfeeding. Also known as perinatal transmission.

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

- the need to adhere to a treatment regimen closely (see [Fact Sheet: What is Treatment Adherence?](#))
- the results of **drug resistance testing**

In addition to these factors, pregnant women must consider the following issues:

- benefit of lowering viral load and reducing the risk of mother-to-child transmission of HIV
- unknown long-term effects on your baby if you take anti-HIV medications during your pregnancy
- information available about the use of anti-HIV medications during pregnancy

You should discuss your treatment options with your doctor so that together you can decide which treatment regimen is best for you and your baby.

Treatment Regimens for HIV Positive Pregnant Women (continued)

What treatment regimen should I follow during my pregnancy if I have never taken anti-HIV medications?

Your best treatment options depend on when you were diagnosed with HIV, when you found out you were pregnant, at what point you sought medical treatment during your pregnancy, and whether you need treatment for your own health. Women who are in the first trimester of pregnancy and who do not have symptoms of HIV disease may consider delaying treatment until after 10 to 12 weeks into their pregnancies. After the first trimester, pregnant women with HIV should receive at least AZT (Retrovir or zidovudine); your doctor may recommend additional medications depending on your CD4 count, viral load, and drug resistance testing.

I am currently taking anti-HIV medications, and I just learned that I am pregnant. Should I stop taking my medications?

Do not stop taking any of your medications without consulting your doctor first. Stopping HIV treatment could lead to problems for you and your baby. If you are taking anti-HIV medications and your pregnancy is identified during the first trimester, talk with your doctor about the risks and benefits of continuing your current regimen. Your doctor may recommend that you change the medications you take. If your pregnancy is identified after the first trimester, it is recommended that you continue with your current treatment. No matter what HIV treatment regimen you were on before your pregnancy, it is generally recommended that AZT become part of your regimen.

Will I need treatment during labor and delivery?

Most mother-to-child transmission of HIV occurs around the time of labor and delivery. Therefore, HIV treatment during this time is very important for protecting your baby from HIV infection. Several treatments can be used together to reduce the risk of transmission to your baby.

1. **Highly active antiretroviral therapy (HAART)** is recommended even for HIV-infected pregnant women who do not need treatment for their own health. If possible, HAART should include AZT (Retrovir or zidovudine).
2. During labor and delivery, you should receive **intravenous (IV) AZT**.
3. Your baby should take AZT (in liquid form) every 6 hours for 6 weeks after birth.

If you have been taking any other anti-HIV medications during your pregnancy, your doctor will probably recommend that you continue to take them on schedule during labor.

Better understanding of HIV transmission has contributed to dramatically reduced rates of mother-to-child transmission of HIV. Discuss the benefits of HIV treatment during pregnancy with your doctor; these benefits should be weighed against the risks to you and to your baby.

For more information:

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