AIDSinfo
A Service of the U.S. Department of Health and Human Services

Delivery Options for HIV Positive Pregnant Women

I am HIV positive and pregnant. What delivery options are available to me when I give birth?

Depending on your health and treatment status, you may plan to have either a cesarean (also called c-section) or a vaginal delivery. The decision of whether to have a cesarean or a vaginal delivery is something that you should discuss with your doctor during your pregnancy.

How do I decide which delivery option is best for my baby and me?

It is important that you discuss your delivery options with your doctor as early as possible in your pregnancy so that he or she can help you decide which delivery method is most appropriate for you.

Cesarean delivery is recommended for an HIV positive mother when:

- her viral load is unknown or is greater than 1,000 copies/mL at 36 weeks of pregnancy
- she has not taken any anti-HIV medications or has only taken AZT (Retrovir or zidovudine) during her pregnancy
- she has not received **prenatal** care until 36 weeks into her pregnancy or later

To be most effective in preventing transmission, the cesarean should be scheduled at 38 weeks or should be done before the **rupture of membranes** (also called water breaking).

Vaginal delivery is recommended for an HIV positive mother when:

- she has been receiving prenatal care throughout her pregnancy
- she has a viral load less than 1,000 copies/mL at 36 weeks, and

Vaginal delivery may also be recommended if a mother has ruptured membranes and labor is progressing rapidly.

Terms Used in This Fact Sheet:

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.*

Prenatal: *the time before birth.*

Rupture of membranes: *when the sac containing the unborn baby bursts or develops a hole. Also known as "water breaking."*

What are the risks involved with these delivery options?

All deliveries have risks. The risk of **mother-to-child transmission** of HIV may be higher for vaginal delivery than for a scheduled cesarean. For the mother, cesarean delivery has an increased risk of infection, anesthesia-related problems, and other risks associated with any type of surgery. For the infant, cesarean delivery has an increased risk of infant respiratory distress.

Is there anything else I should know about labor and delivery?

Intravenous (IV) AZT should be started 3 hours before a scheduled cesarean delivery and should be continued until delivery. IV AZT should be given throughout labor and delivery for a vaginal delivery. It is also important to minimize the baby's exposure to the mother's blood. This can be done by avoiding any invasive monitoring and forceps- or vacuum-assisted delivery.

All babies born to HIV positive mothers should receive anti-HIV medication to prevent mother-to-child transmission of HIV. The usual treatment for infants is 6 weeks of AZT; sometimes, additional medications are also given (see the **HIV Positive Women and Their Babies After Birth Fact Sheet**).

For more information:

Contact your doctor or an AIDS*info* 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-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States* (available at **http://aidsinfo.nih.gov**).

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