

HIV Positive Women and Their Babies

After Birth

I am an HIV positive pregnant woman, and I am currently on an HIV regimen. Will my regimen change after I give birth?

Many women who are on an HIV treatment regimen during pregnancy decide to stop or change their regimens after they give birth. You and your doctor should discuss your **postpartum** treatment options during your pregnancy or shortly after delivery. Don't stop taking any of your medications without consulting your doctor first. Stopping HIV treatment could lead to problems.

How will I know if my baby is infected with HIV?

Babies born to HIV positive mothers are tested for HIV differently than adults. Adults are tested by looking for antibodies to HIV in their blood. A baby keeps antibodies from its mother, including antibodies to HIV, for many months after birth. Therefore, an antibody test given before the baby is 18 months old may be positive even if the baby does NOT have HIV infection. For the first 18 months, babies are tested for HIV directly, and not by looking for antibodies to HIV. When babies are more than 18 months old, they no longer have their mother's antibodies and can be tested for HIV using the antibody test.

Preliminary HIV tests for babies are usually performed at three time points:

- birth to 14 days
- at 1 to 2 months of age
- at 3 to 6 months of age

If babies test *negative* on two of these preliminary tests, they should be given an HIV antibody test between 12-18 months. Babies who test negative for HIV antibodies at this time are not HIV infected.

Babies are considered HIV positive if they test *positive* on two of these preliminary HIV tests. Babies who test positive for HIV antibodies will need to be retested at 15 to 18 months. At 18 months, babies should have an HIV

Terms Used in This Fact Sheet:

Adherence: how closely you follow, or adhere to, your treatment regimen. This includes taking the correct dose at the correct time as prescribed by your doctor.

Anemia: a condition in which there are too few red blood cells in the blood. Without enough red blood cells, not enough oxygen gets to tissues and organs. Symptoms of anemia include fatigue, chest pain, and shortness of breath.

CDC (Centers for Disease Control and Prevention): an agency of the U.S. Federal government that focuses on disease prevention and control, environmental health, and health promotion and education. <http://www.cdc.gov>.

Complete blood count (CBC): a routine blood test that measures white and red blood cell counts, platelets (cells involved in blood clotting), hematocrit (amount of iron in the blood), and hemoglobin (an iron-containing substance in red blood cells). Changes in the amounts of each of these may indicate infection, anemia, or other problems.

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.

Oral: to be taken by mouth.

P. carinii/jiroveci pneumonia (PCP): a common opportunistic infection in which fluid develops in the lungs. It is caused by the fungus *Pneumocystis carinii/jiroveci*. PCP is considered an AIDS-defining illness by the CDC.

Postpartum: the time after giving birth.

antibody test to confirm HIV infection. A positive HIV antibody test given after 18 months of age confirms HIV infection in children.

Are there any other tests my baby will receive after birth?

Babies born to HIV positive mothers should have a **complete blood count (CBC)** after birth. They should also be monitored for signs of **anemia**, which is the main negative side effect caused by the 6-week AZT (Retrovir, or zidovudine) regimen infants should take to reduce the risk of HIV infection. They may also undergo other routine blood tests and vaccinations for babies.

HIV Positive Women and Their Babies After Birth (continued)

Will my baby receive anti-HIV medication?

Yes. It is recommended that all babies born to HIV positive mothers receive a 6-week course of **oral AZT** to help prevent **mother-to-child transmission** of HIV. This oral AZT regimen should begin within 6 to 12 hours after your baby is born. Some doctors may recommend that AZT be given in combination with other anti-HIV medications. You and your doctor should discuss the options to decide which treatment is best for your baby.

In addition to HIV treatment, your baby should also receive treatment to prevent **P. carinii/jiroveci pneumonia (PCP)**. The recommended treatment is a combination of the medications sulfamethoxazole and trimethoprim.* This treatment should be started when your baby is 4 to 6 weeks old and the 6-week course of AZT is complete. The treatment should continue until your baby is confirmed to be HIV negative. If your baby is HIV positive, he or she will need to take this treatment indefinitely.

What type of medical follow-up should I consider for my baby and me after I give birth?

Seeking the right medical and supportive care services is important for you and your baby's health. These services may include:

- routine medical care
- HIV specialty care
- family planning services
- mental health services
- substance abuse treatment
- case management

Talk to your doctor about these services and any others you may need. He or she should be able to help you locate appropriate resources.

* The combination of sulfamethoxazole and trimethoprim is known by other names. For more information, see the [Sulfamethoxazole/Trimethoprim Drug Fact Sheet](#).

What else should I think about after I give birth?

The **CDC** recommends that women not breastfeed in areas where safe drinking water and infant formula are available (such as the United States). This is recommended to avoid transmission of HIV to infants through breast milk.

Physical and emotional changes during the postpartum period, along with the stresses and demands of caring for a new baby, can make it difficult to follow your HIV treatment regimen. **Adherence** to your regimen is important for you to stay healthy (see [Fact Sheet: What is Treatment Adherence?](#)). Other issues you may want to discuss with your doctor include:

- concerns you may have about your regimen and treatment adherence
- feelings of depression (many women have these feelings after giving birth)
- long-term plans for continuing medical care and HIV treatment for you and your baby

For more information about HIV and pregnancy, your doctor can contact the National HIV Telephone Consultation Service (Warmline), a service that provides health care professionals with HIV information. The number is 1-800-933-3413.

If you are interested in joining a pregnancy registry that monitors HIV positive women during their pregnancies and after giving birth, please visit the Food and Drug Administration's Guide to Pregnancy Registries at <http://www.fda.gov/womens/registries>. Researchers are especially interested in learning more about the effects of anti-HIV drugs during pregnancy. HIV positive pregnant women are therefore encouraged to register with the Antiretroviral Pregnancy Registry at 1-800-258-4263 or <http://www.APRegistry.com>.

For more information:

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