Anti-HIV Medications for Use in Pregnancy

I am HIV infected and pregnant. When should I start taking anti-HIV medications?

When to start taking anti-HIV medications depends on your health, how much HIV has affected your body, and how far along you are in your pregnancy. In general, people infected with HIV who are not pregnant begin taking anti-HIV medications when their **CD4 counts** fall below 500 cells/mm^3 or if they develop certain other infections. (See the When to Start Anti-HIV Medications fact sheet.) Pregnant women infected with HIV must also consider whether they need anti-HIV medications for their own health or only to prevent **mother-to-child transmission of HIV**.

Women who need anti-HIV medications ***for their own health***:

- may be taking anti-HIV medications before becoming pregnant; or
- may start taking anti-HIV medications when they become pregnant.

Women who need anti-HIV medications only to prevent mother-to-child transmission of HIV can consider waiting until after the first trimester of pregnancy to take anti-HIV medications. However, starting medications earlier may be more effective at reducing the risk of mother-to-child transmission of HIV.

All pregnant women infected with HIV should be taking anti-HIV medications by the second trimester of pregnancy. Women diagnosed with HIV later in pregnancy should start taking anti-HIV medications as soon as possible.

What anti-HIV medications should I use during my pregnancy?

All pregnant women infected with HIV should take a **regimen** (combination) of at least three anti-HIV medications. However, the specific medications in your regimen will depend on your individual needs. To select a regimen, your health care provider will review your medical history and order blood tests to assess your health and the stage of your HIV infection. Your health care provider will also consider:

- why you need anti-HIV medications—for your own health or only to prevent transmitting HIV to your baby;
- changes in how your body may absorb medications during pregnancy; and
- the potential of anti-HIV medications to harm your baby or cause birth defects.

I am currently taking anti-HIV medications and just learned I'm pregnant. What should I do?

Continue taking your anti-HIV medications until you talk to your health care provider. Stopping treatment could harm both you and your baby.

If you are in the first trimester of pregnancy, tell your health care provider right away if you are taking **Sustiva** (or **Atripla**, an anti-HIV medication that contains Sustiva). Sustiva alone or in Atripla may cause birth defects that develop during the first few months of pregnancy. Your health care provider may recommend safe alternatives for these medications. After the first trimester, Sustiva or Atripla can be used safely.

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 the body to fight infections. A CD4 count is the number of CD4 cells in a sample of blood. A CD4 count measures how well your immune system is working.

Mother-to-child transmission of HIV: the passing of HIV from a woman infected with HIV to her baby during pregnancy, during labor and delivery, or by breastfeeding.

Regimen: Anti-HIV medications are grouped into "classes" according to how they fight HIV. A regimen is a combination of three or more anti-HIV medications from at least two different classes.

Sustiva: an anti-HIV medication in the NNRTI class. Sustiva is also called efavirenz or EFV.

Atripla: a combination of three anti-HIV medications in one pill—Sustiva (also called efavirenz or EFV), Emtriva (also called emtricitabine or FTC), and Viread (also called tenofovir or TDF).

Viral load: the amount of HIV in a sample of blood. Viral load measures how much virus you have in your body and how well anti-HIV medications are controlling the infection.

Drug-resistance testing: a blood test to identify which, if any, antiretroviral (ARV) drugs will not be effective against a person's specific strain of HIV. Resistance testing is done using a sample of blood.

This information is based on the U.S. Department of Health and Human Services' *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* (available at http://aidsinfo.nih.gov/guidelines).

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Talk to your health care provider about the anti-HIV medications in your regimen. Because pregnancy can affect how the body absorbs medications, the doses of some medications you take may change later in pregnancy.

If you are taking anti-HIV medications and your **viral load** is more than 500 copies/mL, your current regimen may not be effective at suppressing HIV. Your health care provider will recommend a test to see if the medications are still working against HIV (**drug-resistance testing**) and use the test results to find more effective anti-HIV medications.

I used to take anti-HIV medications, but I don't anymore. What should I do?

Talk to your health care provider about all anti-HIV medications you have used, the results of past drug-resistance testing, and why you no longer take anti-HIV medications. Your medical history, past drug-resistance test results, and additional drug-resistance testing will help you and your health care provider select a new regimen that is safe for use during pregnancy.

Whether you were on anti-HIV medications before becoming pregnant or are just starting a regimen, your health care provider will:

- explain the risks and benefits of using anti-HIV medications during pregnancy;
- stress the importance of taking anti-HIV medications exactly as directed; and
- arrange for additional medical or social support you may need to help you have a healthy pregnancy.

For more information:

Contact an AIDS*info* health information specialist at 1–800–448–0440 or visit http://aidsinfo.nih.gov. See your health care provider for medical advice.

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