



Preventing Transmission of HIV During Labor and Delivery

I am HIV infected and pregnant. Will I need anti-HIV medications during labor and delivery?

Women infected with HIV take anti-HIV medications during labor and delivery to reduce the risk of **mother-to-child transmission of HIV**. (See the [Mother-to-Child Transmission of HIV](#) fact sheet.) During labor and delivery, women continue to take the anti-HIV medications they took throughout their pregnancies. They also receive an anti-HIV medication called **AZT intravenously** to protect their babies from HIV in the mother's genital fluids or blood during labor and delivery.

Talk to your health care provider about the use of anti-HIV medications during labor and delivery well before your due date.

Will I have a vaginal or a cesarean delivery?

The risk of mother-to-child transmission of HIV is low for women who take anti-HIV medications during pregnancy and have a **viral load** less than 1,000 copies/mL near the time of delivery.

For some HIV-infected mothers, a scheduled **cesarean delivery** (also called a **C-section**) at 38 weeks of pregnancy (2 weeks before the due date) can reduce the risk of mother-to-child transmission of HIV. A scheduled cesarean delivery is recommended for HIV-infected women who:

- have not received anti-HIV medications during pregnancy;
- have a viral load greater than 1,000 copies/mL or an unknown viral load near the time of delivery.

If, before her scheduled cesarean delivery, a woman's water breaks (also called **rupture of membranes**) or she goes into labor, a cesarean delivery may not reduce the risk of mother-to-child transmission of HIV. If there is not another pregnancy-related reason to have a cesarean delivery, the risks of going ahead with the scheduled cesarean delivery may be greater than the benefits. Depending on an individual woman's situation, a vaginal delivery may be the best alternative to a planned cesarean delivery.

What are the risks of delivery?

All deliveries have risks—even for mothers without HIV infection. In general, a cesarean delivery has greater risks than a vaginal delivery.

Terms Used in This Fact Sheet:

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.

AZT: an anti-HIV medication in the nucleoside reverse transcriptase inhibitor (NRTI) class. AZT is also called zidovudine, Retrovir, or ZDV.

Intravenously: giving a medication directly into a vein through a needle.

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

Cesarean delivery (C-section): delivery of a baby by a surgical incision through the mother's abdominal wall and uterus.

Rupture of membranes: when the amniotic sac ("bag of waters") holding the unborn baby bursts. Also called "water breaking."

For the mother, the risk of infection or a blood clot in the legs or lungs is greater with a cesarean delivery than with a vaginal delivery. All women who have a cesarean delivery, including women infected with HIV, should receive antibiotics to prevent infection. For the infant, the risk of temporary breathing difficulties may be greater with a cesarean delivery.

Talk to your health care provider about the risks and benefits of each type of delivery early in your pregnancy.

For more information:

Contact an *AIDSinfo* health information specialist at 1-800-448-0440 or visit <http://aidsinfo.nih.gov>. See your health care provider for medical advice.