

## Women Infected with HIV and Their Babies After Birth

### I am HIV infected and pregnant. What are the chances my baby will be born with HIV?

In the United States and Europe, fewer than 2 babies in 100 born to mothers infected with HIV are infected with the virus. This is because most women infected with HIV and their babies receive anti-HIV medications to prevent **mother-to-child transmission of HIV** and do not breastfeed. If you take anti-HIV medications during pregnancy and labor and delivery, if your baby receives anti-HIV medications after birth, and if you do not breastfeed your baby, the risk of passing HIV to your baby is very low.

### Will my newborn baby receive anti-HIV medications?

Yes. Within 6 to 12 hours after delivery, babies born to women infected with HIV receive an anti-HIV medication called AZT. AZT helps prevent mother-to-child transmission of HIV. The babies receive AZT for 6 weeks. (In certain situations, some babies may receive other anti-HIV medications in addition to AZT.)

### When will my baby be tested for HIV?

HIV testing for babies born to women with known HIV infection is recommended at 14 to 21 days, at 1 to 2 months, and again at 4 to 6 months. Testing for babies is done using a **virologic HIV test**. Virologic HIV tests look directly for the presence of HIV in the blood.

- To be **diagnosed with HIV**, a baby must have **positive results from two virologic HIV tests**.
- To know for certain that a baby is **not infected** with HIV, the baby must have **two negative virologic HIV tests**, the first at 1 month of age or older, and the second at least 1 month later.

Babies who are HIV-infected receive a combination of anti-HIV medications to treat HIV. At 4 to 6 weeks of age, babies infected with HIV also start a medication called **Bactrim**. (Bactrim is also given as a precaution when it's not known if a baby is HIV infected or not.) Bactrim helps prevent ***Pneumocystis jiroveci* pneumonia (PCP)**, a type of pneumonia that can develop in people with advanced HIV.

### What is the best way to feed my baby?

Because HIV can be transmitted through breast milk, women

#### 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.

**Virologic HIV test:** a laboratory test that measures the amount of HIV in a sample of blood.

**Bactrim:** an antibiotic used to prevent and treat infection with *Pneumocystis jirovecii* pneumonia (PCP). Bactrim is also called Septra, Sulfatrim, Sulfamethoxazole/Trimethoprim, or TMP-SMX.

***Pneumocystis jiroveci* pneumonia (PCP):** a lung infection caused by a fungus that occurs in people with weakened immune systems.

**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

**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 the immune system is working.

**Viral load:** the amount of HIV in the blood.

infected with HIV who live in the United States should not breastfeed. In the United States, infant formula is a safe and healthy alternative to breast milk. Although the risk is very low, HIV can be transmitted to a baby through food that was previously chewed (pre-chewed) by a mother or caretaker infected with HIV. To be safe, babies should not be fed pre-chewed food.

### Will my anti-HIV medications change after I give birth?

After your baby is born, you and your health care provider may decide to stop or change your anti-HIV **regimen**. The decision to continue, change, or stop your anti-HIV medications will depend on several factors:

- current expert recommendations on the use of anti-HIV medications

- your **CD4 count** and **viral load**
- issues that make it hard to take medications exactly as directed
- whether or not your partner is infected with HIV
- the preferences of you and your health care provider

Don't stop taking any of your anti-HIV medications without first talking to your health care provider. Stopping your medications may limit the number of anti-HIV medications that will work for you and may cause your HIV infection to worsen.

Having a new baby is exciting! However, caring for a new baby while dealing with the physical and emotional changes that follow childbirth can be stressful. It may be difficult to take your anti-HIV medications exactly as directed. If you feel sad or overwhelmed or have concerns about taking your medications, talk to your health care provider. Together you can make a plan to keep you and your baby healthy.

### **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.