



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

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Special Considerations Regarding the Use of Antiretroviral Drugs by HIV-Infected Pregnant Women and Their Infants

Overview (Last updated July 31, 2012; last reviewed July 31, 2012)

Recommendations regarding the choice of antiretroviral (ARV) drugs for HIV-infected pregnant women are subject to unique considerations. These include:

- a. possible changes in dosing requirements resulting from physiologic changes associated with pregnancy;
- b. potential toxicities of ARV drugs that may be exacerbated in pregnant women;
- c. the pharmacokinetics (PKs) and toxicity of transplacentally transferred drugs; and
- d. the potential short- and long-term effects of the ARV drug on fetuses and newborns, including the potential for preterm birth, teratogenicity, mutagenicity, or carcinogenicity.

ARV drug recommendations for HIV-infected pregnant women have been based on the concept that drugs of known benefit to women should not be withheld during pregnancy unless there are known adverse effects on the mother, fetus, or infant and unless these adverse effects outweigh the benefits to the woman.¹ Pregnancy should not preclude the use of optimal drug regimens. The decision to use any ARV drug during pregnancy should be made by a woman after discussing with her health care provider the known and potential benefits and risks to her and her fetus.

Although clinical data are more limited on ARV drugs in pregnant women than in non-pregnant individuals, sufficient data exist on which to base recommendations related to drug choice for many of the available ARV drugs. [Table 5](#) provides information on PKs in pregnancy and pregnancy-related concerns for each of the available ARV drugs; drugs are classified for use in pregnancy as preferred, alternative, use in special circumstances, insufficient data to recommend use, and not recommended (see [General Principles Regarding Use of Antiretroviral Drugs during Pregnancy](#)). This table should be used in conjunction with the [Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents](#) when developing treatment regimens for pregnant women.

Reference

1. Minkoff H, Augenbraun M. Antiretroviral therapy for pregnant women. *Am J Obstet Gynecol*. Feb 1997;176(2):478-489. Available at <http://www.ncbi.nlm.nih.gov/pubmed/9065202>.