Pregnancy & HIV

A Guide for You and Your Baby

Perinatal transmission is when HIV passes from a pregnant person to their baby during pregnancy, birth, or breast/chestfeeding. While this is a risk, modern medicine makes it possible for people with HIV to give birth to healthy babies without HIV.

What is HIV and how is it treated?

- HIV is a virus that attacks the immune system, making it hard for your body to fight off germs.
- ART (Antiretroviral Therapy) is a mix of medicines that control HIV. It lowers the amount of virus in your body (the viral load).
- An undetectable viral load means the virus level is so low a test can't find it. This means there is almost no risk of passing HIV to a partner or baby.

Planning for Pregnancy

If you are thinking about having a baby, take these steps to stay healthy:

Talk to your health care team:
Ask if your ART is working to bring your viral load to undetectable, and if there would be any changes to your medicine during pregnancy. Let them know if you are having any issues taking your medicine and other health conditions you may have. Work together to be in the best health.

Ask for support:
Talk to your health care team if you are having difficulty adjusting to an HIV diagnosis, feeling depressed, anxious, or unsafe at home.

Get checked:
Both you and your partner should be tested for other sexually transmitted infections. This includes syphilis, chlamydia, and gonorrhea.

Make healthy choices:
Take prenatal vitamins. Eat a mix of healthy foods like fruits, vegetables, and proteins. Avoid alcohol, drugs, smoking, and being around people who smoke. Talk to your health care team if you need help.

Conceive safely:
If your partner has HIV and is on ART with an undetectable viral load, you can have sex without a condom to get pregnant. Undetectable equals untransmittable (U=U).

Consider pre-exposure prophylaxis (PrEP) for partners:
PrEP is a medicine that helps prevent HIV in people who do not have it. PrEP is taken as a pill every day or as a shot every 2 to 6 months. PrEP lowers the chance of getting HIV from sex. If your partner does not have HIV, they can choose to take PrEP.

Care During Pregnancy and Birth

Prenatal care:
Schedule appointments with your HIV and pregnancy care teams as soon as you know you are pregnant. Starting prenatal care as early as possible in pregnancy is important.

Medicine:
Taking your ART as prescribed during pregnancy keeps your viral load low and protects your baby. It's important that you do not stop taking your medicine without speaking with your health care team.

Testing:
Your health care team will check your viral load often to make sure the medicine is working.

Infant feeding:
Every family is different, and how you choose to feed your baby is entirely up to you. Your feeding choices include breast/chestfeeding, formula feeding, or donor milk from a milk bank. If you want to breast/chestfeed, talk to your health care team early to make a plan together. Make sure to share your plan with both your and your baby's health care teams so everyone can help you from day one.

Delivery:
If your viral load is low, you can usually have a vaginal birth. If the viral load is high or unknown, a C-section (surgery to deliver the baby) might be safer for the baby.

Caring for Yourself After Delivery

Take your medicine:
Continue taking your medicine and make sure you have enough.

Schedule your follow-up visits:
Taking care of yourself matters. Make time to see your health care team for your scheduled checkups. You can also talk to them about your future family plans and birth control choices.

Ask for support:
Talk to your health care team if you have concerns related to caring for your baby, needing transportation to get to appointments, getting medicine for yourself or your baby, connecting with community resources, or if you are feeling depressed, anxious, or unsafe at home.

Caring for Your Newborn

Infant feeding:
Your plan for feeding your baby may change after birth. Tell your health care team if your plan changes, if you need help breast/chestfeeding, or if you are having trouble getting formula.

Medicine and follow-up visits:
Your baby will need to take liquid HIV medicine for 2 to 6 weeks after birth. Make sure your baby has enough medicine and you have scheduled your baby's follow-up visits before leaving the hospital.

Testing:
Your baby will have blood tests at birth, 2 to 3 weeks, 1 to 2 months, and 4 to 6 months to confirm they are HIV-negative. If you choose to breast/chestfeed, your baby will need to have blood tests more oft en. Your health care team will let you know.

Questions for Your Health Care Team

- Is my viral load undetectable?
- Is my current medicine the best one for my pregnancy?
- What is my plan if I want to breast/chestfeed?
- How do I get a supply of formula or learn about donor milk?
- Where can I find support if I feel anxious or depressed during my pregnancy or after the baby is born?
- What are my birth control options after I give birth?
- How can my partner learn more about and be prescribed PrEP?

To view this pamphlet online and to see additional resources, scan the QR code:

or visit
fxbcenter.org/fimr-hiv-congenital-syphilis-methodology

Special thanks to the people with lived experience who helped us write and update this booklet

Information in this booklet was taken primarily from the HIV Perinatal Treatment Guidelines. These guidelines are for health care providers in the United States. To read more on the latest information about the safe and effective use of HIV medicines during pregnancy, visit **clinicalinfo.hiv.gov/en/** guidelines website to access the most up-to-date guideline.

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