

FAQs HIV and Pregnancy

HIV Basics

What is human immunodeficiency virus (HIV)?

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS).

How do you get HIV?

HIV is passed through contact with an infected person's body fluids, such as semen, vaginal fluid, or blood. Once HIV is in your body, it invades and attacks the immune system. As the immune system weakens, it is less able to resist diseases and infections.

How do you get AIDS?

AIDS is diagnosed when a person with HIV develops diseases that the immune system would normally fight off. These diseases include pneumonia, certain types of cancer, and infections.

How long does it take for HIV to develop into AIDS?

It can take months or years for HIV infection to develop into AIDS. Unless you get tested, you may never know you have HIV until you get sick.

Can HIV be treated?

HIV infection cannot be cured. But if you have HIV, there are medications that can help you stay healthy for a long time. The earlier you start treatment, the better for your long-term health. Early treatment also reduces your risk of passing the virus to others, including your fetus.

If I have HIV, how can I protect my partner?

Even though you are pregnant, it is important to use condoms during sex:

- If your partner does not have HIV, condoms help to protect from HIV exposure.
- If your partner has HIV, condoms help protect both of you from other STIs.

If your partner does not have HIV, they can ask their doctor about pre-exposure prophylaxis (PrEP). PrEP helps prevent HIV exposures from causing infection. Learn more about PrEP.

During Pregnancy

If I am pregnant and have HIV, can I pass it to my baby?

- During pregnancy, HIV can pass through the placenta and infect the fetus.
- During labor and delivery, the baby may be exposed to HIV in your blood and other fluids.
- During breastfeeding, breast milk can transmit the virus to the baby.

What can I do to reduce the risk of passing HIV to my baby?

You and your obstetrician-gynecologist (ob-gyn) should discuss what you can do to reduce the risk of passing HIV to your baby. Some options are:

- Take a combination of anti-HIV medications during your pregnancy.
- Take anti-HIV medications during labor and delivery as needed.
- Give anti-HIV medication to your baby after birth.
- Have a cesarean birth if lab tests show that your level of HIV is high.
- Do not breastfeed.

By following these guidelines, 99 percent of HIV-infected women will not pass HIV to their babies.

Why is HIV treatment recommended during pregnancy?

HIV treatment lowers the amount of HIV in the body. Treatment during pregnancy has two goals: 1) to protect your own health, and 2) to help prevent passing HIV to your fetus. Many combinations of anti-HIV medications can be used to manage HIV infection. This is called a "medication regimen" or a "drug regimen."

Can I start or continue taking HIV mediations during pregnancy?

If you are already taking medications to treat HIV, you should continue treatment during pregnancy. Your HIV specialist may recommend a change in your medication regimen while you are pregnant.

If you have not been taking medications, talk with your health care professional about starting treatment as soon as possible. Many HIV medications are safe during pregnancy.

What else should I know about HIV medications?

It is important that you take your medication exactly as directed. If you do not take the medication regularly, the virus may become resistant to it. If this happens, the medication will no longer work and you will have a much higher chance of passing the virus to your fetus.

Are there any side effects of HIV medications?

Medications used to treat HIV infection may cause side effects. Common side effects include nausea, diarrhea, headaches, and muscle aches. Less common side effects include anemia, liver damage, and bone problems such as osteoporosis. Ask for information about each anti-HIV medication you are taking.

Is prenatal care different if I have HIV?

Having HIV means that you can get infections more easily. To help you stay as healthy as possible, your prenatal care visits may include:

- reviewing which vaccines you have had
- · tests to monitor your liver function
- tests for other infections, such as sexually transmitted infections (STIs). If you have other infections, they should be treated.

What is my viral load and why is it important?

Your viral load is the amount of HIV that you have in your body. A high viral load means there is a greater risk of passing HIV to your fetus and a greater risk of you becoming sick. Your viral load should be watched carefully throughout your pregnancy.

If you have a low viral load, it is still possible to pass HIV to your fetus. But taking medications helps reduce that risk.

Can I have fetal genetic tests like amniocentesis if I have HIV?

Having HIV does not make you more likely to have a baby with a genetic condition. But you may consider genetic testing, just like anyone else who is pregnant. If you choose to have fetal genetic tests such as amniocentesis or chorionic villus sampling (CVS), the risk of passing the virus to your fetus during these tests is not increased as long as your medication regimen is working well.

Labor and Delivery

Can I have a vaginal birth if I have HIV?

If your viral load is not high, you may be able to have a vaginal birth. Talk with your obgyn about the best option for you.

How might vaginal birth be different if I have HIV?

Most babies who get HIV become infected around the time of delivery. During vaginal birth, babies are exposed to body fluids that can spread the virus. You may be given anti-HIV medications through an intravenous (IV) line during labor and delivery to decrease the risk.

When is a cesarean birth recommended?

If you have a high viral load, your ob-gyn may recommend a cesarean birth. A cesarean birth decreases the risk of passing HIV to the baby during labor and delivery. In these cases, the procedure is done a little before the due date (at 38 weeks) to reduce the chance that you will go into labor before the scheduled cesarean birth.

Are there extra risks for me if I am HIV positive and have a cesarean birth?

Having a cesarean birth may carry extra risks if you are HIV positive:

- You may have a weakened immune system, which means that you are at greater risk of infection after surgery.
- The incision may heal more slowly.

Talk with your ob-gyn about these risks as well as the benefits of cesarean birth for you and your baby.

What should I do if I go into labor before a scheduled cesarean birth?

If you were scheduled to have a cesarean birth and you go into labor early, you should go to the hospital immediately. The decision about how your baby will be born will be based on several factors. These include how long you have been in labor, your viral load, your anti-HIV medication regimen, and your general health.

After the Baby is Born

After I give birth, how will I know if my baby has HIV?

If you are HIV-positive, your baby will be tested for HIV several times in the first few months after birth. The test looks for the virus in the baby's blood.

What happens if my baby is HIV-negative?

Your baby should be given liquid medication after birth to further decrease their chances of becoming infected. The first dose is given as soon as possible within 6 to 12 hours after delivery. Treatment continues for 4 to 6 weeks.

The most common side effect of this treatment is anemia. The baby's doctor should monitor the baby for anemia and give treatment if needed.

What if my baby is HIV-positive?

HIV-positive babies need specialized care. Your ob-gyn or the baby's doctor can tell you more about this special HIV care.

How can I stay healthy after my baby is born?

Staying healthy is the best thing you can do for yourself and your baby. Here are some things you can do to stay healthy:

- Continue getting HIV treatment. Discuss your medication with your ob-gyn or HIV specialist after the baby is born. You can find health care professionals and clinics that focus on treating people with HIV.
- Take care of your mental health. Having a baby can be a happy time, but it can also
 be stressful. You may find it harder to take care of yourself after your baby is born. If
 you are having difficulty taking your medications as directed, or just need some help
 coping, talk with your partner, family members, friends, or ob-gyn about getting help.
- Choose a birth control method. It is possible to get pregnant as soon as 4 weeks
 after giving birth. It is a good idea to think about the birth control you will use after
 your baby is born. It is important to give yourself enough time between pregnancies.
 This gives your body a chance to heal.
- Plan for your next pregnancy, if desired. Before getting pregnant again, see your obgyn for a prepregnancy check-up. At this visit, you should discuss the anti-HIV medicines you are taking. Learn more about health before pregnancy.

Glossary

Acquired Immunodeficiency Syndrome (AIDS): A group of signs and symptoms, usually of severe infections, in a person who has human immunodeficiency virus (HIV).

Amniocentesis: A procedure in which amniotic fluid and cells are taken from the uterus for testing. The procedure uses a needle to withdraw fluid and cells from the sac that holds the fetus.

Anemia: Abnormally low levels of red blood cells in the bloodstream. Most cases are caused by iron deficiency (lack of iron).

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Chorionic Villus Sampling (CVS): A procedure in which a small sample of cells is taken from the placenta and tested.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system. If left untreated, HIV can cause acquired immunodeficiency syndrome (AIDS).

Immune System: The body's natural defense system against viruses and bacteria that cause disease.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Obstetrician-Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Osteoporosis: A condition of thin bones that could allow them to break more easily.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Pneumonia: An infection of the lungs.

Pre-Exposure Prophylaxis (PrEP): Daily medication taken to help prevent infection with human immunodeficiency virus (HIV). Along with other preventive measures, such as using condoms, PrEP may reduce the risk of getting HIV.

Semen: The fluid made by male sex glands that contains sperm.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis,

and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Vaccines: Substances that help the body fight disease. Vaccines are made from very small amounts of weak or dead agents that cause disease (bacteria, toxins, and viruses).

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

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