HIV & pregnancy fact sheet

Women living with HIV can have healthy HIV-negative babies.

Follow these suggestions to prevent passing HIV on to your baby.

HIV and pregnancy

You are at risk of HIV infection if you have unprotected sex or share injecting equipment - even when pregnant.

It is recommended that you take an HIV test...

- At your first antenatal appointment
- During your third trimester
- After delivery of your baby (in some settings)

Your partner should also take an HIV test.1

You can ask for an HIV test at any time, even if you said ‘no’ before.

HIV-negative test result

If you test HIV-negative it is important to stay negative. If you have unprotected sex or share needles and syringes during your pregnancy, test again.

Read AVERT’s ‘HIV Testing’ fact sheet for more information.

HIV-positive and pregnant

If you test HIV-positive, you can still give birth to HIV-negative babies.

Seek advice about starting HIV treatment for your own health, and to protect your baby from HIV.

Starting HIV treatment when pregnant

Guidelines recommend starting HIV treatment (also called antiretroviral treatment or ART) as soon as you are diagnosed, and that you continue to take treatment for life. In some countries, you may be assessed to see if you need to continue treatment for life or not.2

If you are already taking HIV treatment for your own health, keep taking it as instructed and get
advice from a healthcare professional.

You can begin taking HIV treatment at any point, even if you said ‘no’ before.

**Why take HIV treatment?**

- Keeps you strong and healthy.
- Makes you less infectious.
- Can protect your baby from HIV infection.

**HIV treatment during pregnancy**

You must take HIV treatment during pregnancy, labour and breastfeeding.

Take your ARV drugs at the same time every day.

If you are not advised to continue treatment for life, you must continue to take it until one week after breastfeeding stops.

**HIV and birth**

Your baby may be delivered naturally (vaginal delivery) or sometimes it is necessary to have a caesarian section which is an operation.

Your healthcare professional will advise the best way to deliver your baby.

A vaginal birth is usually recommended if there is a low level of HIV in your blood (an undetectable viral load).

A caesarean section is usually advised if there is a high level of HIV in your blood (a detectable viral load), or in an emergency.

**Should I breastfeed if I'm HIV-positive?**

The best infant feeding option depends on the resources available to you and if you are taking treatment or not.

- Baby formula feed is the safest option if you do have access to formula, sterilisation equipment and clean, boiled water every day or are not taking ART.
- Exclusive breastfeeding is best if you do not have access to these things, but make sure to take your treatment.

*Read AVERT’s ‘HIV & Breastfeeding’ fact sheet for more information.*

**HIV treatment for your baby**

If you are taking ART, and you breastfeed, your baby should have 6 weeks of once-daily nevirapine (NVP).

If you formula feed, your baby should have 4-6 weeks of once-daily nevirapine (NVP) or twice-daily
Your baby should have an HIV test at:

- 4-6 weeks old (or earlier in some countries)
- 18 months old or when breastfeeding finishes.

**If your baby tests HIV-positive**

HIV treatment should be given to your baby as soon as possible.

You should always breastfeed your baby if possible.

Do not use formula feed or other foods. This is so that your baby will get all the nutrients they need from your breast milk.

**Know your rights**

You have the right to:

- request or refuse an HIV test
- consent or refuse to take HIV treatment
- refuse abortion or sterilisation.

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