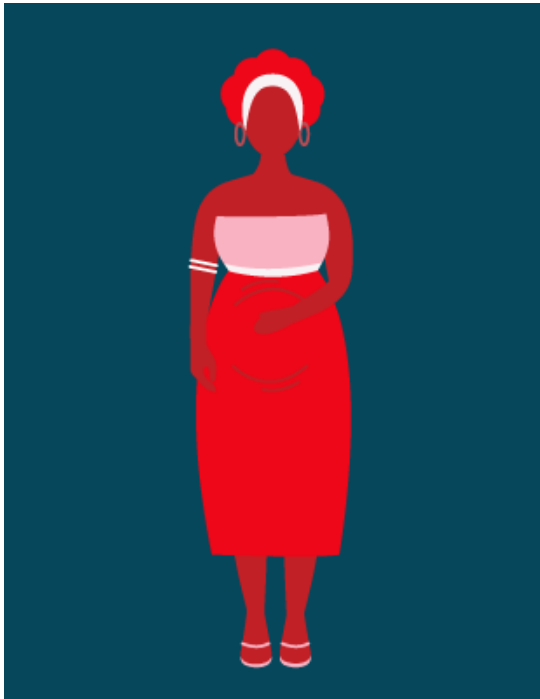


Pregnancy, childbirth & breastfeeding and HIV



AVERT.org

Taking treatment **properly** during pregnancy and breastfeeding will keep your baby free of **HIV**.

FAST FACTS

- A pregnant woman living with HIV can pass on the virus to her baby during pregnancy, childbirth and through breastfeeding.
- If you are a woman living with HIV, taking antiretroviral treatment correctly during pregnancy and breastfeeding can virtually eliminate the risk of passing on the virus to your baby.
- Attending antenatal appointments means you can get tested for HIV and if needed receive treatment and medical advice to help keep you and your baby healthy.

How is HIV transmitted from mother to child during pregnancy?

If you are a pregnant woman [living with HIV](#) there are a number of ways that HIV might be passed on to your baby. HIV in your blood could pass into your baby's body. This is most likely to happen in the last few weeks of pregnancy, during labour, or delivery. Breastfeeding your baby can also transmit HIV, because HIV is in your breastmilk.

There is a 15 to 45% chance of passing HIV on to your baby if neither of you take [HIV treatment](#).

However, taking the correct treatment during your pregnancy and while you breastfeed can virtually eliminate this risk.

How do I know if I have HIV?

If you are pregnant, it is important to attend your antenatal appointments, as these are the times when you can get an [HIV test](#).

Your healthcare professional will offer you a test at your first appointment. If the result is positive you will be encouraged to start antiretroviral treatment as soon as possible. You will also be offered a test in your third trimester (from 28 weeks).

Remember that, whether you are pregnant or not, if you do have HIV you may not show any symptoms. The only way to know whether you are HIV-positive is to get tested.

If at any point during your pregnancy or breastfeeding stage you think you have been exposed to HIV, you may be able to take [post-exposure prophylaxis \(PEP\)](#). You need to take PEP within 72 hours of possible exposure to prevent HIV from establishing in your body and being passed on to your baby. If you're breastfeeding, you should discuss whether or not to continue breastfeeding with your healthcare professional.

If you are pregnant, it is important to attend your antenatal appointments, as this is where you can get an [HIV test](#).

How can I prevent passing HIV on to my baby?

If your HIV test result is positive, there are a number of things you can do to reduce the risk of passing on HIV to your baby.

Taking antiretroviral treatment to protect your baby

Taking treatment properly can reduce the risk of your baby being born with HIV to less than 1%.

If you knew that you were HIV-positive before you got pregnant, you may be taking treatment already. If you are not, talk to a healthcare professional about [starting treatment](#) as soon as possible.

If you found out that you living with HIV during your pregnancy, it is recommended that you start treatment as soon as possible and continue taking it every day for life.

Your baby will also be given treatment for four to six weeks after they are born to help prevent an HIV infection developing.

Protecting your baby during childbirth

If you take your treatment correctly, it will lower the amount of HIV in your body. In some people, the amount of HIV in their body can be reduced to such low levels that it is said to be '[undetectable](#)' (undetectable viral load).

This means that you can plan to have a vaginal delivery because the risk of passing on HIV to your baby during childbirth will be extremely small.

If you don't have an undetectable viral load, you may be offered a caesarean section, as this carries a smaller risk of passing HIV to your baby than a vaginal delivery.

If your HIV test result comes back positive, there are a number of things you can do to reduce the risk of passing HIV to your baby.

I was diagnosed with HIV. After a few years I entered a relationship and we decided to have children. My HIV consultant assured me that it was fine since my viral load was undetectable. I had my twins through C-section, which was planned.

HIV and breastfeeding

Breastmilk contains HIV. However, guidelines on whether or not to breastfeed vary depending on what resources are available to you.

If you always have access to formula and clean, boiled water, you should not breastfeed and give formula instead.

If you do not have access to formula and clean, boiled water all of the time, you may be advised to breastfeed while both you and your baby are taking antiretroviral treatment.

If you do breastfeed, you must always take your treatment and exclusively breastfeed (give breastmilk only) for at least six months. Mixing breastmilk and other foods before this time increases your baby's risk of HIV. You can mix-feed your baby after six months.


As every person's situation is different, it is best to talk to a healthcare professional to get specific advice.

Does my baby have HIV?

Your baby should be tested for HIV at birth, and again four to six weeks later.

If the result comes back negative, your baby should be tested again at 18 months and/or when you have finished breastfeeding to find out your baby's final HIV status. It is very important to take your baby for this final HIV test to ensure they are HIV-negative or to get them on treatment if they are positive.

If any of these tests come back positive, your baby will need to start treatment straight away. Talk to your healthcare professional, and attend follow-up appointments to ensure your baby receives treatment.



HELP US HELP OTHERS

Avert.org is helping to prevent the spread of HIV and improve sexual health by giving people trusted, up-to date information.

We provide all this for FREE, but it takes time and money to keep Avert.org going.

Can you support us and protect our future?

Every contribution helps, no matter how small.

PLEASE DONATE NOW

Last full review:

11 April 2019

Next full review:

11 April 2022



Sources:

[Aidsmap \(2015\) Factsheet: HIV and having a baby](#)

[WHO 'Mother-to-child transmission of HIV' \(accessed March 2019\)](#)

[Aidsmap 'Pregnancy and birth' \(accessed March 2019\)](#)

[WHO \(2015\) 'Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV'](#)

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