



If you are pregnant and have **human immunodeficiency virus (HIV)**, it can be passed to your baby. But there are steps you can take to stay healthy during and after pregnancy and help prevent your baby from becoming infected with HIV. This pamphlet will explain:

- How HIV can affect you and your baby
- Ways to reduce the risk to your baby
- Why you should continue treatment after the baby is born

HIV and AIDS

HIV causes **acquired immunodeficiency syndrome (AIDS)**.

A person who has been infected with HIV does not get sick with AIDS right away. The virus attacks and weakens the **immune system** over time. As the immune system becomes weaker, people infected with HIV may have weight loss, fatigue, and fever. The number of CD4 cells that a person has also decreases. CD4 cells are the immune system's main infection-fighting cells. The number of CD4 cells shows how strong or weak the immune system is. A weak immune system puts the

By working with your doctor, you can stay healthy longer and protect your baby from HIV.

body at risk for certain infections and types of cancer that it would normally fight off. The infection is called AIDS when the CD4 count falls below a certain level or if the person becomes sick due to a weakened immune system.

Over time, HIV infection can result in severe illness. It may be months or years before HIV becomes AIDS. There is no vaccine to prevent HIV infection, and there is no cure for AIDS. But there are drugs that can delay the onset of AIDS and help protect the immune system.

How HIV Can Be Passed To Your Baby

HIV is passed from one person to another in body fluids. Body fluids that can spread HIV are:

- Blood
- Semen
- Vaginal fluids
- Breast milk

An infected person's body fluids must enter another person's body to spread HIV. This can occur during sex or when sharing needles to inject (shoot) drugs. If you are pregnant and have HIV, you can pass it to your baby during pregnancy, labor, delivery, or breast-feeding. During pregnancy, there is a risk that HIV can pass through the **placenta** and infect the baby. During labor and delivery, the baby may be exposed to the virus in the mother's blood and other fluids. Breast-feeding also can transmit the virus because breast milk contains HIV.

How HIV Can Be Passed To Your Baby



Through the placenta



During labor and delivery



Through breast-feeding

There are things you can do to help prevent this from happening. The number of babies who acquire HIV from their mothers during pregnancy has decreased. With treatments and delivery options, 99% of HIV-infected women will have uninfected babies. However, without treatment, 1 in 4 babies will become infected.

Pregnancy and HIV Testing

All pregnant women should be tested for HIV as early as possible in their pregnancies. HIV tests do not tell you whether you have AIDS or if you will get sick. They only tell you if you are carrying the virus. There are several types of HIV tests. The most common type tests for the presence of HIV **antibodies** in your blood. If antibodies are found in your blood, your test result is “positive.” Another test is used to confirm the result. If no antibodies are found, your test result is “negative.”

It takes time for the body to make enough antibodies to be detected by the test. If you were infected recently, your test result could be negative even if you are infected. For this reason, if you are at increased risk for infection, you should have another HIV test in the third trimester (see [box](#)).

Women who have not been tested for HIV during pregnancy are offered a rapid HIV test when they go into labor. Results of a rapid test are available in a few hours. It is important to have this test because the baby should receive treatment as soon as possible if the mother has HIV.

Treating HIV During Pregnancy

Pregnant women infected with HIV need to have their health checked closely. You will be tested for other infections, such as other **sexually transmitted diseases (STDs)**. If you have any other infections, they also will be treated.

Your risk of passing HIV to your baby depends in part on your viral load—that is, how much HIV is in your blood. Your viral load and your CD4 levels will be watched carefully during pregnancy. Both a high viral load and a low level of CD4 cells mean there is a greater risk of passing HIV to the fetus.

Repeat HIV Testing

You may need a repeat HIV test during your third trimester if you have any of the following risk factors:

- You have received an STD diagnosis other than HIV during the past year.
- You or your sex partner inject (shoot) illegal drugs.
- You have had a new sex partner or more than one sex partner during this pregnancy.
- Your sex partner is HIV positive or is at high risk of infection.

Many combinations of drugs are used to manage HIV infection. If an HIV-positive woman has been taking medications to treat HIV, she should continue the treatment during pregnancy. If she has not been taking medication, she usually should wait until after the first trimester to start. The drugs help to keep the viral load low and make it less likely that the baby will get HIV.

- You exchange sex for drugs or money.

Like other drugs, medications used to treat HIV may affect the development of the fetus. But stopping treatment increases the risk of passing the virus to your baby.

Sometimes a baby will have **anemia** for a short time after birth if the mother was treated for HIV during pregnancy. It is not known what long-term side effects may occur, but they are likely to be less severe than getting HIV. The main goal of treatment is to keep the baby from getting infected with HIV.

Delivery

Most babies infected with HIV become infected around the time of delivery. During labor and delivery, the baby is exposed to body fluids that can spread the virus. When a woman goes into labor, the **amniotic sac** breaks (her water breaks). Once this occurs, the risk of HIV infection increases. Because of these issues, women with high viral loads are offered a **cesarean delivery**. A cesarean delivery decreases the risk of passing HIV to the baby during labor and delivery. In these cases, the cesarean delivery is done a little before the due date (at 38 weeks) to reduce the chance that the mother will go into labor. When a woman takes medications to treat HIV during pregnancy and has a scheduled cesarean delivery, the risk of her baby getting HIV is decreased to about 2%. Women with high viral loads are the most likely to benefit from a scheduled cesarean delivery.

Having a cesarean delivery may carry some risks for a mother with HIV. Women with low CD4 counts have weak immune systems. These women are at greater risk for infection. Drugs to prevent infection may be given at the time of the delivery. You should understand all of these risks, as well as the benefits for the baby. Talk to your doctor if you have questions.

After the Baby Is Born

After the baby is born, he or she will be tested for HIV several times. The baby may test positive right after birth. If this occurs, it does not mean that your baby is HIV positive. Many babies who are not infected test positive at first because antibodies from the mother are present in the baby's blood. By 6 months of age, these antibodies usually disappear.

Babies born to HIV-positive mothers will be treated with medication after birth to further decrease his or her chance of becoming infected. The first dose is given within 12 hours after delivery. Treatment continues for 6 weeks.

Feeding Your Baby

Tips for Women Who Are Not Breast-Feeding

Because women who are HIV positive do not breast-feed, their breasts will hurt for a few days after the baby is born. The following tips can help relieve the pain:

Women who are HIV positive should not breast-feed. They could pass the infection to their babies. Women who are HIV positive can feed their babies infant formula with a bottle. Infant formula is a safe way of providing the baby with all of the nutrients he or she needs to grow and

- Support the breasts with a snug bra or by binding them with an elastic bandage.
- Apply ice.
- Take medicines like acetaminophen or ibuprofen to help with the pain.
- Do not use heat or massage. This will cause the breasts to make more milk.

thrive. Women who do not breast-feed may have sore breasts for a few days after birth (see [box](#)).

Continuing Your Treatment

Staying healthy is the best thing you can do for your baby. It is important to keep taking your medications after the baby is

born if they are prescribed. You should have your CD4 counts and viral load checked regularly to make sure your medication is working. There are doctors and clinics that focus on treating people with HIV. Your doctor can tell you more about this special HIV care.

Some women find it hard to take care of themselves after their babies are born. Talk to your partner, family members, friends, or doctor about getting help.

Finally...

Because there is no cure for AIDS, infection with HIV is a serious health issue. If you are pregnant and infected with HIV, it can be passed on to your baby. But there are now many things that you can do to help prevent your baby from being infected. Most women with HIV do not pass the infection on to their babies. Treating your HIV after your baby is born also is important. With treatment, people with HIV are now living longer and healthier lives.

Glossary

Acquired Immunodeficiency Syndrome (AIDS): A group of signs and symptoms, usually of severe infections, occurring in a person whose immune system has been damaged by infection with human immunodeficiency virus (HIV).

Amniotic Sac: Fluid-filled sac in the mother's uterus in which the fetus develops.

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

Antibodies: Proteins in the blood produced in reaction to foreign substances.

Cesarean Delivery: Delivery of a baby through an incision made in the mother's abdomen and uterus.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Immune System: The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

Placenta: Tissue that provides nourishment to and takes away waste from the fetus.

Sexually Transmitted Diseases (STDs): Diseases that are spread by sexual contact.