



Women's Health

HIV and Pregnancy (General Information)

Many women are concerned about how pregnancy could affect their HIV disease and about passing their HIV infection on to their babies. Recent studies have shown that with good prenatal care, use of anti-HIV medications and health care support, women living with HIV can have much-improved chances of having a healthy pregnancy and giving birth to healthy, HIV negative babies.

How does pregnancy affect HIV?

- Studies have shown that pregnancy, by itself, does not speed up or slow down the course of HIV disease.

How does HIV affect pregnancy?

- HIV infection does not appear to change the way a pregnancy normally progresses if the mother remains healthy.
- The risk of complications increases for both the mother and baby if the mother develops an HIV-related opportunistic infection, such as *Pneumocystis carinii* pneumonia (PCP), during pregnancy. This risk increases if the woman's CD4 count falls below 200.
- HIV does not appear to affect the development of the unborn child. The main risk that HIV poses during pregnancy is the risk of infecting the baby. The average risk of mother-to-infant transmission in untreated women is about 20-25%. This risk can be greatly reduced (to 8-10%) by different ways, as discussed below.

Mother-to-baby HIV transmission

Mother-to-baby HIV transmission can occur at three stages:

- before birth,
- during birth (labour and delivery),
- after birth through breast-feeding.

Most researchers believe that transmission most commonly occurs during the last weeks of pregnancy or during delivery.

Factors that **increase** the risk of mother-to-baby transmission include:

- having a high viral load or low CD4 (T-cell) count
- having a genital infection (like herpes) during pregnancy
- drinking alcohol, smoking cigarettes or using recreational/street drugs during pregnancy
- having the mother's water "break" more than four hours before delivery
- vaginal delivery
- difficult labour that requires cutting the vagina (episiotomy) and the use of forceps
- breast-feeding

Factors that **decrease** the risk of mother-to-baby transmission include:

- low/undetectable viral load and high CD4 (T-cell) count



- use of anti-HIV medications
- elective Caesarian section for delivery
- active prevention of opportunistic infections
- active treatment of co-existing genital infections
- access to good prenatal care and health care services
- avoiding invasive investigative procedures during pregnancy
- no breast-feeding (bottle-feeding only)
- treatment of the newborn with anti-HIV medications

Treatments to reduce and prevent mother-to-baby transmission

Anti-HIV medications

- The anti-HIV medication AZT (zidovudine) has been shown to reduce the risk of transmission from mother to baby. AZT is recommended for women during the last six months of pregnancy, during labour, and during delivery (by intravenous route), and for the baby during the first six weeks after birth.
- Other studies have shown that even when AZT is started later in pregnancy, or just around the time of delivery, it can still reduce the risk of transmission by about half.
- Recent studies showed a single dose of nevirapine (Viramune) given to the mother during labour and a single dose given to the baby after birth can also dramatically reduce the chances of mother-to-baby transmission.

Caesarean delivery

- The risk of transmission is reduced if the baby is delivered by planned Caesarean section rather than by vaginal delivery. This is called an “elective” C-section and is scheduled for the 38th week of pregnancy.

Anti-HIV medication treatment for pregnant women

Pregnant women with HIV are encouraged to take the treatment they require regardless of their pregnancy. The exceptions are the anti-HIV drugs efavirenz (Sustiva) and delavirdine (Rescriptor), which are not recommended during pregnancy. Using ddI and d4T together in a combination should also be avoided. Lines for the general public about when to start anti-HIV medications also apply to pregnant women.

For more detailed information regarding anti-HIV medications for HIV positive women during pregnancy, please refer to the “Treatment guidelines for HIV positive women during pregnancy” fact sheet. The guidelines for the management of pregnant HIV positive women is available at the Canadian Medical Association website at www.cmaj.ca.

Copyright @ACAS 2001 & 2003. This fact sheet is produced by ACAS (Asian Community AIDS Services) and is available in English, Chinese (Traditional and Simplified), Tagalog and Vietnamese. Funding for this project is provided by the Ontario HIV Treatment Network (OHTN) and Health Canada. Copies can be downloaded at : www.acas.org/treatment. ACAS provides comprehensive support and case management services for Asian people living with HIV/AIDS; and HIV/AIDS prevention education to the east and southeast Asian Canadian populations in the Greater Toronto Area. ACAS is located at 33 Isabella Street, Suite 107, Toronto, Ontario M4Y 2P7. Tel: (416)-963-4300, Fax: (416)-963-4371 Email: support@acas.org

Legal Disclaimer: While we make every attempt to ensure the accuracy and reliability of information contained in this website/ fact sheet, the information provided here are designed for reference purposes only. These information should not be relied upon as a substitute for medical advice from a qualified professional health care provider and should not be used for diagnosing or treating a condition or illness. Please consult a physician if you have any concerns about your health, treatment regimen and questions related to HIV/AIDS. ACAS, its employees and board members will not be responsible for any loss or harm, however arising, from the use of, or reliance on this information.