

Human Immunodeficiency Virus and Your Newborn

Human immunodeficiency virus (HIV) is the virus that causes AIDS (acquired immunodeficiency syndrome). When a woman infected with HIV becomes pregnant, there is a risk that she will pass the virus on to her baby. Treatment for both mother and baby can reduce the baby's risk of becoming infected with HIV.

I'm HIV-positive: can I have a healthy baby?

Yes, women who are infected with HIV—the virus that causes AIDS—can become pregnant and have a healthy baby. However, there is a risk that the mother will pass the virus on to her baby during pregnancy and delivery. Mothers who are infected with HIV (HIV-positive) should not breast-feed because the virus can also be spread in breast milk. If you are HIV-positive and are pregnant or thinking about becoming pregnant, it is essential to discuss this with your doctor.

What are the facts on HIV/AIDS and pregnancy?

- Infants can catch HIV from an infected mother. Almost all children with HIV/AIDS are infected in this way. In the past, children and adults sometimes were infected with HIV through blood transfusions. However, with current testing procedures, this is now rare.
- Without treatment, 15% to 25% of pregnant HIV-positive women pass the virus on to their babies. However, with modern treatments (usually including a medication called zidovudine [or AZT] for both mother and baby), this risk can be reduced to as low as 2%.
- After birth, your baby will be closely monitored for signs of HIV infection. He or she will be tested for HIV soon after birth. However, these tests aren't accurate enough to be sure that the baby isn't infected. For this reason, your baby will be treated with specific medications for a period of time, even if he or she shows no sign of HIV infection.
- For most babies born to HIV-positive mothers, we can determine whether the baby is infected by age 4 to 6 months, with a final check at 18 months. Good medical care and follow-up give your baby the best chance of avoiding HIV infection.

What treatment will I need during pregnancy?

- As soon as you find out you are pregnant, the doctor treating your HIV will make a plan for treatment. The goal is to keep the levels of HIV in your blood ("viral load") as low as possible.
- Many factors may affect your treatment during pregnancy. The decision about which drugs to take during pregnancy is generally made after counseling and discussion with a specialist in HIV care and your obstetrician.
- Treatment with AZT reduces the chances of passing HIV on to your baby. Some HIV medicines can be harmful to the baby, so they are avoided during pregnancy. You should receive close follow-up care for your HIV disease throughout pregnancy.
- Depending on your viral load and other factors, delivering your baby by cesarean section ("c-section") may be an option. In this operation, the baby is taken out through an incision in the abdomen rather than being born through the vagina. Having a c-section can reduce the risk that the baby will come into contact with HIV in the infected mother's blood.

What treatment will my baby need after delivery?

- After birth, your baby will be tested and observed for signs of HIV. Even if the first tests don't show HIV infection, your baby will receive several weeks of treatment with AZT to prevent infection. Other treatments are needed as well: for example, antibiotics are usually given to prevent infection with bacteria called *Pneumocystis*. Although they are usually harmless, these bacteria can cause serious lung infections (pneumonia) in people infected with HIV. This treatment continues until we can be sure that the baby isn't infected with HIV.
- Your baby will receive close medical follow-up, including HIV tests after birth until about age 4 to 6 months, and again at 18 months. Of course, if HIV infection does develop, treatment will be needed.
- After birth, HIV-infected mothers should not breast-feed or feed pumped breast milk because this could pass the virus on to the baby. HIV is passed on only through contact with blood or body fluids but has not been shown to be transferred by saliva. The risk of passing HIV on to your baby after birth is very low.
- During and after pregnancy, it is important for the HIV-positive mother to take care of her own health, including

proper medical care and a safe, healthy lifestyle. This is essential not only to reduce your baby's risk of getting HIV infection but also to make sure you are as healthy as possible to take care of your family.

- Your baby will most likely be cared for and followed up by an HIV specialist in addition to your regular doctor.

When should I call your office?

Call our office if you have any questions about medical care for yourself or your baby before or after pregnancy.

Where can I get more information about HIV/AIDS?

The National Women's Health Information Center. On the Internet at www.4woman.gov/HIV, or phone (1-800) 994-9662.