

HIV, pregnancy & childbirth

Antiretroviral treatment means women living with HIV can have healthy pregnancies and give birth to healthy, HIV-negative babies.

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Sources:
www.avert.org/fact-sheet-sources



HIV, pregnancy and childbirth



Without precautions HIV can be passed from mother-to-child during pregnancy and childbirth.



Taking antiretroviral treatment (ART) stops this from happening, and allows mothers to have safe and healthy pregnancies and give birth to health HIV negative children.

Testing for HIV

If you are pregnant or thinking about getting pregnant, it is important to know your status.

It is recommended that you test for HIV:



at your first antenatal appointment



during your third trimester



after delivery of your baby (in some settings)



Your partner should also test for HIV, when you do.

You can always ask for an HIV test, even if you said 'no' before.

You should also test for other sexually transmitted infections such as hepatitis C and syphilis.

Need more information?
See our 'HIV testing' factsheet.



HIV-positive and pregnant



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



You can take HIV treatment during pregnancy, labour and breastfeeding to prevent passing HIV on to your baby.



After birth your baby will need to take HIV treatment for 4–6 weeks.

HIV treatment when pregnant

Taking antiretroviral treatment (ART) during pregnancy:

- ✓ keeps the level of HIV in your body low, so you can stay healthy
- ✓ protects your baby from HIV
- ✓ reduces your risk of passing HIV on through sex.

Guidelines recommend starting ART as soon as possible after you're diagnosed with HIV.



It's recommended that you stay on ART for life, not just while you are pregnant.



If you are already on HIV treatment for your own health, you can normally keep taking it as usual. But talk to your healthcare professional, as they might change your course of drugs.



HIV and birth

- ✔ It's usually recommended that women living with HIV give birth naturally (vaginal birth) unless there is another reason why this would be difficult.



- ✔ If vaginal birth would be difficult, it may be safer to have a caesarean section – which is an operation to remove the baby from the womb.

- ✔ If a mother has a high viral load, they may also be advised to have a caesarean section.



- ✔ Your healthcare worker will advise the best way to deliver your baby.

HIV tests for your baby

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 positive, they should start treatment as soon as possible.

Should I breastfeed if I'm HIV-positive?



Antiretroviral treatment reduces the amount of HIV in breastmilk, minimising the risk of passing on HIV through breastfeeding.



However, advice on breastfeeding varies depending on where in the world you live and the resources available to you.



Speak to your healthcare worker for advice on what feeding method is right for you and your baby.

Know your rights

You have the right to:

- ✔ understand fully the tests offered to you during pregnancy
- ✔ to access HIV treatment even if you refused before.
- ✔ a safe delivery of your baby

Need more information? See our 'Getting pregnant & HIV' factsheet for advice on getting pregnant when living with HIV.



HIV-negative and pregnant

If you have been told you are HIV negative, it's important to stay negative throughout pregnancy and breastfeeding.



This means avoiding unprotected sex and not sharing needles.



Condoms are the best way to prevent HIV and other STIs.



In some places pre-exposure prophylaxis (PrEP) is available. Taken correctly these drugs will ensure you stay HIV-negative.



Ask your healthcare worker for more advice.

*Need more information?
See our 'HIV & Breastfeeding' factsheet.*

