

Some pregnant women have no problems taking HIV medicines, while some may feel sick. If you do feel sick, talk to your doctor about how to make the side effects of your HIV medicines go away, or about whether or not you should find other HIV medicines that do not make you feel sick. Do not stop taking your HIV medicines without first talking to your doctor.

HIV medicines lower the chance of passing HIV to your baby. The New York State Department of Health and the United States Public Health Service recommend that pregnant women with HIV take HIV medicines. Talk to your doctor about the benefits and possible risks of HIV medicines for you and your baby. Work with your doctor to find an HIV medicine that works best for you.

Since I have HIV, can my baby get it from me?

Yes. If you are pregnant and have HIV or AIDS, you can pass HIV to your baby during pregnancy or childbirth. But, there are medicines you can take to **greatly lower** the chance that your baby will get HIV.

You can also pass HIV to your baby during breastfeeding. If you have HIV, you should not breastfeed your baby.

When will I know if my baby has HIV?

There are two kinds of tests that should be given to babies born to women with HIV to find out if they have HIV. The first test is called the HIV antibody test. All babies born to women with HIV will *test* positive for the first several months of their lives with the HIV antibody test. But this does not mean that they *really have* HIV. It means that the baby has been exposed to his/her mother's HIV. The second test, the PCR test, looks for the virus and not just the antibodies to the virus, and can tell whether the baby really has HIV or not. The first PCR test should be done in the first few days of life. More PCR tests will be done by the baby's doctor in the first few weeks and months of life. The PCR test is a very important test. It can tell for certain whether or not a baby has HIV by the time she is three to six months old.

What can I do for a healthy pregnancy?

You and your baby will need special medical care. It is important to take good care of yourself while you are pregnant. Work with your doctor and other care providers so you can have a healthy baby. Start by asking your doctor:

- **Are HIV medicines right for me?**
- **What's my viral load?**
- **When should I start HIV medicines?**
- **How should I take my HIV medicines?**
- **Can I take other medicine with my HIV medicines?**
- **Should I have a C-section delivery?**
- **When should my baby be tested for HIV?**
- **How should I choose a doctor for my baby?**

Here are some things you can do for yourself and your baby:

- **Get early and regular prenatal care.**
- **Take HIV medicines at the right dose at the right time, everyday.**
- **Take your prenatal vitamins.**
- **Exercise and be sure to eat well.**
- **Stay away from cigarettes, alcohol and any drugs not given to you by your doctor. All of these may harm your baby.**
- **Do not breastfeed.**

To learn more about having a healthy pregnancy, call: Growing Up Healthy Hotline at: 1-800-522-5006.

To learn about HIV and AIDS, call the New York State HIV/AIDS Hotline: English 1-800-541-AIDS • Spanish 1-800-233-SIDA • TDD 1-800-369-AIDS

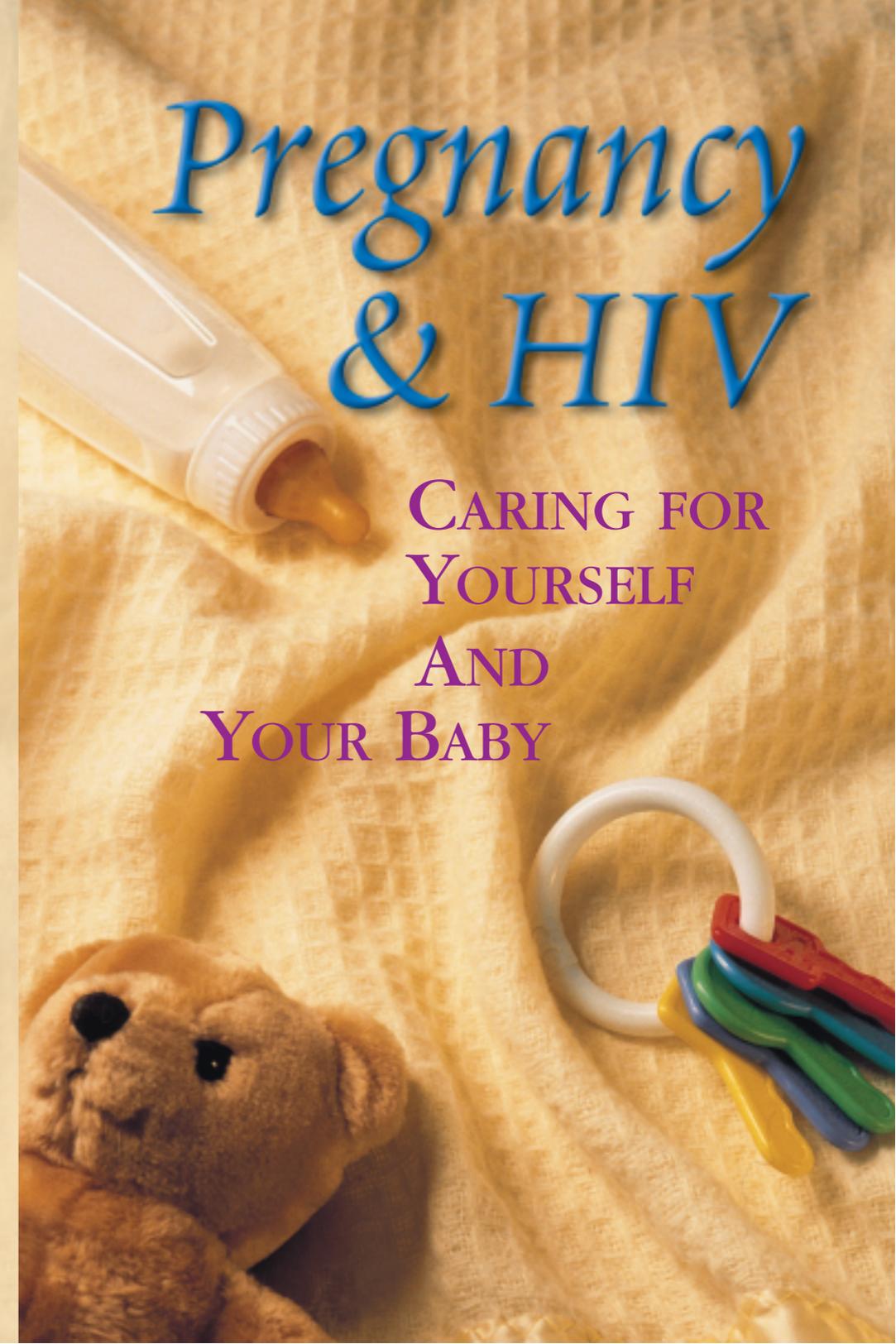
If you have concerns or complaints about the HIV counseling and testing program, please call (877) 249-5115. This is a free call.



State of New York
Department of Health

Pregnancy & HIV

CARING FOR YOURSELF AND YOUR BABY



How can I lower the chance of passing HIV to my baby?

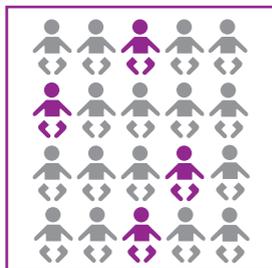
Here are some things you can do to help protect your baby from getting HIV.

START MEDICINES TO FIGHT HIV

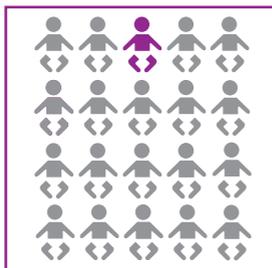
You can take medicines that fight HIV, called antiretroviral medicines, or ARVs, to lower the chance of your baby being infected with HIV. Studies have shown that when women take HIV medicines during pregnancy, the chances of passing HIV to the baby drop from about 20% to less than 5%.

Most HIV infected pregnant women need to take 3 different HIV medicines, including one called AZT, (also called Zidovudine or ZDV) to best protect their babies from getting HIV. Taking 3 different HIV medicines is called combination or HAART therapy. Some women may only need to take AZT.

HIV medicines lower your baby's chance of getting HIV and should also keep you healthier.



Mothers did not take HIV medicines during pregnancy: 4 in 20 infected.



Mothers took HIV medicines during pregnancy: 1 in 20 infected



Your chance of passing HIV infection to your baby

TO GET THE MOST BENEFIT FROM HIV MEDICINES

- Take your HIV medicines **during pregnancy** (the right doses at the right time, every day). Do not stop taking a medicine or lower the dose without talking to your doctor.

AND

- No matter what HIV medicines you may take during your pregnancy, **you should have AZT while you are in labor and delivery**. Make a plan with your doctor to come to the hospital **early in labor**, so that there is enough time to take AZT before your baby is born.

AND

- Be sure your **baby starts AZT right after birth**.

If you found out you have HIV very late in pregnancy or have not taken AZT during pregnancy, there is still something you can do. AZT and other HIV medicines can be given to you during labor and to your baby right after birth to lower the chance that your baby will get HIV.

LOWER YOUR VIRAL LOAD

Taking HIV medicines lowers your viral load (the amount of HIV in your blood). When your viral load is very low, it is less likely that you will pass HIV to your baby. The best way for you and your doctor to know what HIV medicines you should take is to measure your viral load. Talk with your doctor as soon as you find out you are pregnant so that you can have your viral load tested and start HIV medicines.

C-SECTION DELIVERY

Studies show that when some women with HIV had a cesarean section (C-section - surgery to delivery the baby) before labor started, the chance of passing HIV to their babies was lowered by about a half.

Women with very high viral loads who have not taken HIV medicines are more likely to benefit from a C-section delivery than women with very low viral loads.



If I decide to take HIV medicines, when is the best time to start?

Usually, the best time to start HIV medicines to lower the chance of passing HIV to your baby is the beginning of your 4th month of pregnancy. Some women may need to start HIV medicines sooner if they are very sick or have a very high viral load.

If you are already taking HIV medicines and you want to get pregnant or are already pregnant, you should talk to your doctor right away to see if you should still take these medicines, especially during the first three months of pregnancy. Some HIV medicines are better than others for pregnant women.

Talk to your doctor about what is best for you and your baby.

Will HIV medicines harm my baby or me?

A number of HIV medicines, have been found to be safe for pregnant women and babies. Overall, AZT has been shown to be very safe when taken during pregnancy. To date, no birth defects or serious health problems have been linked to babies of pregnant women who took AZT only. A very few babies whose mothers took both AZT and another HIV medicine called 3TC had some side effects, but serious problems happened in very few cases (in less than 1 out of 1,000 cases).

Many other medications that fight HIV have been tested in pregnant women and seem safe. AZT, Epivir (3TC), Zerit (d4T), Combivir (AZT/3TC), Viramune (Nevirapine) and Viracept (Nelfinavir) have all been taken by enough pregnant women to show that they do not cause a significantly higher number of birth defects. The only HIV medication that is linked to birth defects is Sustiva (Efavirenz). Pregnant women or women likely to become pregnant should not take Sustiva.

Combinations of other medicines to treat HIV may possibly cause health problems other than birth defects in pregnant women. For example, some women may have liver failure if they start the HIV medicine Nevirapine while pregnant or if they take a combination of Zerit and Videx (ddI) while pregnant. As soon as HIV-infected women find out they are pregnant, they should tell the doctor who prescribes their HIV medicine to make sure these are the best medicines for them and for the baby.