

HIV, Pregnancy & Childbirth

Today any woman regardless of HIV status, can conceive and carry a healthy HIV-free child to full-term.

The Facts

- If you are living with HIV, and you want to conceive, you and your partner can speak with your HIV specialist on how to reduce the risk of passing HIV to your unborn child.
- One of the biggest risks for mothers living with HIV, is a risk of 'mother-to-child-transmission' (MTCT). This is transmission of HIV from the mother to the child, also known as 'vertical transmission'.
- MTCT transmission can occur during pregnancy or at childbirth.
- Mothers living with HIV who take HIV antiretroviral medication as prescribed, and have an undetectable viral load (less than 200 copies/mL) for six months or more, have a very low risk of transmitting HIV to their unborn child.
- Despite the use of antiretroviral HIV medication after childbirth, breast milk may contain HIV, and can still pass to the baby while breastfeeding.
- In Australia due to advanced HIV antiretroviral medication support, the rate of MTCT is very low.



A HIV diagnosis means you can still get pregnant and have a child free of HIV.

Planning for pregnancy

Deciding to start a family is an important decision, especially when you're living with HIV. If you are living with HIV and want to conceive or you already have a child on the way, here are some suggestions to consider:

- Talk with your partner about becoming pregnant, including the methods, the risks, the cost, and chances of success, so you make decisions you are both happy with.
- Discuss your options with your HIV specialist and find out as much as you can before conceiving.
- With effective HIV antiretroviral medication, the experience of pregnancy for women living with HIV can be the same as pregnancy for women without HIV.
- If you have already conceived, you still have time to learn how to have a child free of HIV.

Serodiscordant couples & PrEP

When one partner is living with HIV and the other partner doesn't have HIV, this is called being 'serodiscordant' or a 'serodiscordant couple'.

One way of preventing HIV from being transmitted from the partner living with HIV to the HIV negative partner, is by using pre-exposure prophylaxis (PrEP) medication.

- PrEP is a HIV antiretroviral medication taken by the HIV negative partner to keep them from contracting (getting) HIV.
- HIV negative mothers can take PrEP when her male partner is living with HIV. This will protect her health and that of their unborn child.
- HIV negative fathers can take PrEP if their female partner is living with HIV. This will prevent him from contracting HIV.

Preventing HIV transmission to my unborn child


Many mothers living with HIV can carry a child to full term with support from their HIV specialists and have a child free of HIV.

- In Australia, all pregnant women are screened for HIV during their antenatal care. If it is found that she is living with HIV, she can start HIV antiretroviral medication immediately to protect both her own health and that of her unborn child, with the care and support of the antenatal HIV specialists.
- Antenatal care for mothers living with HIV includes information, counselling for both partners, and advice supporting the general health of mother and baby including HIV antiretroviral medication.
- Mothers living with HIV who are taking HIV antiretroviral medication will reduce the risk of MTCT.
- A combination of diet and exercise can also reduce the risk of MTCT.
- Treatment of opportunistic infections and treatment of sexually transmitted infections will reduce the risk of MTCT.

HIV-free childbirth

Monitoring your HIV health and the health of your baby is crucial especially during the last stages of pregnancy, to ensure you have the best chance of delivering a child free of HIV.

- Mothers living with HIV who take HIV antiretroviral medication as prescribed, will lower the amount of HIV in their body and reduce their HIV viral load in their blood to 'undetectable' (less than 200 copies/mL). Mothers living with HIV who have an undetectable viral load (UVL) can reduce their risk of MTCT.
- You always have the right to choose how you want to deliver your baby. Mothers living with HIV in Australia are encouraged to have a natural childbirth rather than a caesarean birth (C-section). Your doctor and other antenatal health professionals must respect and support your decisions.
- Starting the newborn baby on HIV antiretroviral medication after birth for a period of four to six weeks (or as advised by your paediatrician HIV specialist) can benefit the health of the infant.



Even when you're living with HIV, you can enjoy the experience of being pregnant like any other woman.

For more information phone 02 8357 8386 or 1800 245 677 (freecall) or visit www.positivelife.org.au

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The voice of all people living with HIV

Positive Life NSW