

Patient advice sheet

HIV in pregnancy

This is a guide to help you if you have been diagnosed with Human Immunodeficiency Virus (HIV) and are pregnant or planning to have a baby.

The leaflet tells you:

- what it can mean for you and your baby if you have HIV
- what the guidelines say about the most effective ways of treating you during your pregnancy and labour
- how to protect your baby from HIV during pregnancy, birth and in the first weeks of your baby's life

About HIV

HIV damages the body's immune system and makes it difficult to fight off infections.

HIV can be passed from one person to another through body fluids. These are:

- blood
- semen
- vaginal fluids
- breast milk

If you have HIV this is known as being HIV positive. Antiretroviral drugs are used to treat people with HIV and work by blocking the action of the virus. They work best when three or more types are used together, although they may be available as a combination in one or two tablets.

If you are HIV positive you will be offered specialist care and regular health checks during your pregnancy.

What having HIV means for your baby?

Women who are HIV positive can pass the virus on to their baby:

- through the placenta while you are pregnant
- during the birth
- through your breast milk

There are four ways to reduce the risks of this happening:

- taking antiretroviral drugs
- sometimes a planned (elective) caesarean section may be recommended
- avoid breastfeeding your baby
- giving your baby medication for four weeks after birth

What extra antenatal care can you expect?

You will be offered specialist care and regular health checks by a team of specialists who include:

- a Doctor and a clinical Nurse (who specialises in HIV)
- an Obstetrician (a doctor who specialises in the care of pregnant women)
- a Midwife

- a Paediatrician (doctor who specialises in children's health)
- other specialists if you need them
- your GP, who also forms a crucial part of the above team and will be kept informed about your progress

If you are not taking antiretroviral drugs already, your Doctors will recommend starting them during your pregnancy. This is to help prevent you passing the HIV virus to your baby and to keep you well.

Screening tests

As well as routine screening tests, you will be offered other tests to check for sexually transmitted infections because if these are not diagnosed and treated there may be a risk to your baby.

It is recommended that tests for vaginal and sexually transmitted infections are undertaken at an early stage in your pregnancy. This is because if you have a sexually transmitted or vaginal infection that has not been diagnosed and treated, it may:

- infect your baby
- affect your pregnancy
- increase the risk of passing on HIV to your baby

If you are offered an amniocentesis as part of the screening tests, there is a risk of passing the virus to your baby, as it involves putting a needle through your abdomen to take a sample of the fluid around the baby. To reduce this risk, you may be offered treatment with antiretroviral drugs if you are not already taking them.

Antiretroviral drugs

The risk of your baby becoming HIV positive will be reduced to almost zero by taking antiretroviral drugs.

Your HIV specialist will talk to other members of your antenatal healthcare team and recommend which drugs they think are best for both you and your baby. They will also inform you when you should start taking them.

Antiretroviral drugs are generally safe, but they can sometimes have side effects including:

- stomach and digestive problems
- liver problems
- rashes
- diabetes
- fatigue (tiredness)
- high temperature
- breathlessness

Some of these symptoms can also be the symptoms of pre-eclampsia and cholestasis. Pre-eclampsia is a condition that causes high blood pressure and can occur in the second half of pregnancy. It may be more common in women who take some types of antiretroviral drugs. Cholestasis is a liver disorder.

If you show any signs of pre-eclampsia or cholestasis an Obstetrician will see you as soon as

possible, as they can cause serious problems for you and your baby if they are not detected and treated.

Always ask your Doctor or Midwife if you are worried about anything.

What if you don't want to take antiretroviral drugs?

Fewer than one HIV-positive woman in every 50 who takes appropriate antiretroviral drugs passes the HIV virus on to their baby, but about a quarter of all women who don't take antiretroviral drugs—that's 12 or 13 women in every 50—pass on HIV to their baby.

So, if you do not have antiretroviral drugs it is much more likely you will pass on the HIV virus to your baby. Your Doctor will probably recommend a caesarean delivery to reduce the risks.

If you are already taking antiretroviral drugs

If you are already taking antiretroviral drugs your Doctors' recommendation is normally that you continue taking them.

If you are diagnosed late in pregnancy

If you are diagnosed with HIV late in your pregnancy or during labour, you will be offered antiretroviral drugs during the remainder of your pregnancy and after your baby is born.

What is the best way to give birth?

Your Doctors will discuss with you the risks and benefits for you and your baby of the childbirth methods you are considering.

If you have no detectable levels of the virus (undetectable viral load) at 36 weeks, a vaginal delivery can be recommended unless there are other reasons for having a caesarean.

If the quantity of virus present is at a detectable level, a planned caesarean section may further reduce the risk of HIV for your baby and this method of delivery will be offered to you in this case. A caesarean is usually undertaken when you are 39 weeks pregnant.

Whatever method you choose, a sample of your blood will be taken at the time of the birth to check the amount of the virus in your system.

What happens if you have a planned caesarean section?

You will be offered antibiotics to reduce the risk of other infections. If the HIV virus can be detected in your blood, you will be offered an infusion of Zidovudine, beginning four hours before your caesarean. The infusion delivers the drug at a steady rate through a drip (by means of a needle inserted into a vein in your hand or arm) and will continue until your baby is born and the umbilical cord has been clamped. This will not be necessary if you have no detectable levels of the virus.

What happens if you have a planned vaginal birth?

You will be offered antiretroviral drugs throughout your labour. A Zidovudine drip is not normally recommended. In theory, the earlier in labour that your waters break, the higher the risk of passing on the HIV virus to your baby. Our healthcare team will therefore delay breaking your waters for as long as possible. They will also avoid putting a fetal scalp electrode on the baby to monitor its heartbeat, or taking blood samples from the baby before it is born. Delayed cord clamping can be performed as there is no evidence that it increases the chance of your baby getting HIV if your viral load is undetectable.

What happens if your waters break early?

After 37 weeks

If your waters break before you go into labour and your viral load is undetectable, it may be possible to induce labour with a drip to start contractions. This will be started straight away. If your waters break before your planned Caesarean section, you should come straight to the hospital and the Caesarean section will be done as soon as possible.

Before 37 weeks

If your waters break before your contractions start, your team will discuss with you whether it would be better for your baby to be born rather than waiting. This will depend on how far you are in your pregnancy and your individual risk of transmitting HIV to the baby.

What is the best way to feed your baby?

If you are HIV positive you will be strongly advised to use an alternative, such as formula milk. If you do not breastfeed or use your own expressed breast milk, you can greatly reduce the risk of passing HIV to your baby.

Will anyone else be told you have HIV?

Only your healthcare team need to know that you are HIV positive, so they can provide the best care possible for you and your baby. You will need to discuss with them what is said about your HIV in your medical notes. Your healthcare team will not tell anyone else without your permission, except in the cases below.

Your healthcare team will encourage you to tell any sexual partner you have. This is to reduce the risk of passing on the HIV virus. If your healthcare team thinks that, by not telling a sexual contact that you are HIV positive, you are putting that person's life at serious risk, they may tell that contact. This is approved by the General Medical Council. However, the team must discuss this with you first and if they decide to reveal your HIV status to a sexual contact, they must be able to show why they think this is necessary.

Useful Contact Numbers

Buckinghamshire Sexual Health and Wellbeing service (bSHaW) 0300 303 2880 option 4

Stoke Mandeville Hospital

Consultant Obstetricians _01296 316239 / 01296 316548

Wycombe Hospital

Consultant Obstetricians _01494 425009 / 01494 425724

Sources and acknowledgements

This information is based on the British HIV Association (BHIVA) guidelines for the management of HIV infection in pregnancy and postpartum 2018 (2020 3rd interim update) and was correct at the time of writing.

Please note

This leaflet explains some of the most common side effects that some people may experience. However, it is not comprehensive. If you experience other side effects and want to ask anything else related to your treatment, please speak to your Midwife.

This is a rapidly changing area of knowledge, so the advice may change.

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Division of Women, Children & Sexual Health Services

Approvals:

Specialist Group: VReddy/G Luzzi Sep 2012, S Duggal Mar 2014, V Reddy Jul 2017

Maternity Guidelines Group: Mar 2014, V2 Jan 2018, V3 Dec 2022

O&G SDU: May 2014, V2 Aug 2017 Chair's action, V3 20.1.23

Clinical Guidelines Subgroup: May 2014, V2 Oct 2017

Bucks Maternity Voices: May 2014, V2 Nov 2017, V3 Oct 2022

Equality Impact Assessment: Apr 2013 by AW, V3 Dec 2022

PEG/CAP: Aug 2014, V2 Oct 2018, V3 Mar 2023