



Pregnancy and HIV

get tested
for HIV

GET TESTED FOR HIV BEFORE 14 WEEKS

If you are pregnant, then it is important that you know your HIV status. While finding out that you are HIV positive can be scary, by knowing your status you can access the treatment you need to have a safe and healthy pregnancy. You can also access the treatment you need to live a long and healthy life and watch your baby grow into an adult.

If you are pregnant, then you should get tested before 14 weeks (3.5 months) of your pregnancy so that you can start treatment early if you are HIV positive. Starting treatment early will lower your baby's risk of contracting HIV.

HAVE YOUR CD4 COUNT TAKEN TO FIND OUT WHICH ANTIRETROVIRAL (ARV) REGIMEN YOU NEED

If you are diagnosed HIV positive, then you will need to take ARVs to reduce your risk of transmitting HIV to your baby. ARVs have been remarkably effective in reducing the number of babies who are born HIV positive. Without ARVs an HIV positive mother's risk of transmitting HIV to her baby is as **high as 30%**, with ARVs this risk is reduced to **below 2%**.

While you will need to take ARVs to protect your baby's health, you may also need to take them to protect your own health. To determine if you should get ARVs for your own health, you will have to have your CD4 count taken. Currently, there are two different protocols of ARVs provided to pregnant women. Your CD4 count will tell you which ARV protocol you need to take.

ADHERE TO YOUR DAILY ARVS THROUGHOUT YOUR PREGNANCY

If your CD4 count is below 350 then you need ARVs for your own health and you will be initiated onto lifelong antiretroviral therapy (ART). Once you start these medicines, you will need to continue taking them every day for the rest of your life. This can be difficult at first, but it is very important for your health and your baby's health that you take your treatment every day at the same time.

To ensure that you take your medicines on time every day, it may be helpful for you to join a support group or adherence club. You can ask your clinic to refer you to one.

If your CD4 count is above 350 then you do not yet need to take ARVs for your own health. However, it is important that you take ARVs from 14 weeks of pregnancy up until and through labour. These ARVs will protect your baby from contracting HIV during pregnancy and delivery.

If you breastfeed your baby, then you must ensure that you and/or your baby take ARVs on time every day for as long as you breastfeed

Just as HIV can be transmitted during pregnancy and delivery, it can be spread from a mother to her baby via the mother's breast milk. However, you can greatly reduce the risk of passing HIV to your baby by ensuring that you and/or your baby take ARVs every day for as long as you breast-feed.

If you were initiated onto lifelong ARVs during or before your pregnancy, then you will need to keep taking these medicines on time every day. In addition, your baby should be given a single dose of the ARV, nevirapine, every day for 6 weeks after birth.

If you were not initiated onto lifelong ARVs, then you will stop taking ARVs after delivery. Because you are no longer taking ARVs, your baby will need to be given nevirapine every day while you breastfeed and for 1 week after breastfeeding has completely stopped.

It is recommended that all HIV-positive mothers exclusively breastfeed for 6 months. At 6 months complementary foods should be introduced and mothers should continue to breastfeed for up to 1 year. After 1 year, infants should be completely weaned off breast milk. All infants must be retested for HIV at 18 months.

CAMPAIGNING FOR BETTER PROTOCOLS

In 1998, TAC began campaigning for government to provide ARVs to pregnant women to prevent the transmission of HIV from mothers to their babies. As part of this campaign, we took the government to court and in 2002, the Constitutional Court ruled that the Department of Health was obliged to provide ARVs to pregnant women. Since then our campaign for better protocols has been ongoing, and today there are comprehensive packages available to HIV positive mothers to prevent the transmission of HIV to their babies. However, outstanding issues remain and TAC will continue to campaign for the best available services for pregnant women.



CURRENTLY, TAC IS CAMPAIGNING FOR:

The ongoing provision of formula milk in facilities

Government is no longer providing formula to women who are HIV positive to prevent transmission of HIV to infants. This decision was based on evidence that the provisions of ARVs to mothers and infants during breastfeeding will reduce the risk of HIV transmission to below 2%. While there is now evidence that HIV-positive mothers can safely breastfeed, TAC has called on the Department of Health (DoH) to continue the provision of formula to HIV-positive mothers. We are concerned that exclusive breastfeeding may not be possible for some mothers and that these mothers should continue to be provided with formula. Additionally, we have called for the ongoing provision of formula in areas where this intervention has already successfully decreased the number of babies infected with HIV.

Lifelong ART for all mothers

TAC has called on government to provide lifelong ART regimens to all HIV positive pregnant women, regardless of their CD4 count. This will simplify treatment and adherence education for mothers and healthcare workers. It will also mean that, rather than starting and stopping ART at each pregnancy, which can increase the risk of resistance, women will only be initiated onto ART once.

www.tac.org.za
021 422 1700