



I am HIV infected and pregnant. Will I need anti-HIV medications during labor and delivery?

During labor and delivery, women continue to take the anti-HIV medications they took throughout their pregnancies. They may also receive an anti-HIV medication called **AZT intravenously (IV)** to protect their babies from HIV in the mother's genital fluids or blood during labor and delivery depending on their viral load.

Talk to your health care provider about the use of anti-HIV medications during labor and delivery well before your due date.

Will I have a vaginal or a cesarean delivery?

The risk of mother-to-child transmission of HIV is low for women who take anti-HIV medications during pregnancy and have a **viral load** less than 1,000 copies/mL near the time of delivery.

For some HIV-infected mothers, a scheduled **cesarean delivery** (also called a **C-section**) can reduce the risk of mother-to-child transmission of HIV. A scheduled cesarean delivery is recommended for HIV-infected women who:

- have not received anti-HIV medications during pregnancy;
- have a viral load greater than 1,000 copies/mL or an unknown viral load near the time of delivery.

If, before her scheduled cesarean delivery, a woman's water breaks (also called **rupture of membranes**) or she goes into labor, a cesarean delivery may not reduce the risk of mother-to-child transmission of HIV. If there is not another pregnancy-related reason to have a cesarean delivery, the risks of going ahead with the scheduled cesarean delivery may be greater than the benefits. Depending on an individual woman's situation, a vaginal delivery may be the best alternative to a planned cesarean delivery.

Terms Used in This Fact Sheet

AZT: an anti-HIV medication in the nucleoside reverse transcriptase inhibitor (NRTI) class. AZT is also called zidovudine, Retrovir, or ZDV.

Cesarean delivery (C-section): delivery of a baby by a surgical incision through the mother's abdominal wall and uterus.

Intravenously: giving a medication directly into a vein through a needle

Mother-to-child transmission of HIV: The passing of HIV from a woman infected with HIV to her baby during pregnancy, during labor and delivery, or by breastfeeding.

Rupture of membranes: when the amniotic sac ("bag of waters") holding the unborn baby bursts. Also called "water breaking."

Viral load: The amount of HIV in a sample of blood. Viral load measures how much virus you have in your body and how well anti-HIV medications are controlling the infection.

What are the risks of delivery?

All deliveries have risks—even for mothers without HIV infection. In general, a cesarean delivery has greater risks than a vaginal delivery, but in certain circumstances does reduce the rate of mother-to-child transmission.

For the mother, the risk of infection or a blood clot in the legs or lungs is greater with a cesarean delivery than with a vaginal delivery. All women who have a cesarean delivery, including women infected with HIV, should receive antibiotics to prevent infection. For the infant, the risk of temporary breathing difficulties may be greater with a cesarean delivery.

Talk to your health care provider about the risks and benefits of each type of delivery early in your pregnancy.

This information is based on the U.S. Department of Health and Human Services' *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States* (available at <http://aidsinfo.nih.gov/guidelines>)