



I am HIV infected and pregnant. When should I start taking anti-HIV medications?

All pregnant women infected with HIV should be taking anti-HIV medications as soon as possible but no later than the second trimester of pregnancy. Women diagnosed with HIV later in pregnancy should start taking anti-HIV medications as soon as possible.

Terms Used in This Fact Sheet

Drug-resistance testing: a blood test to identify which, if any, antiretroviral (ARV) drugs will not be effective against a person's specific strain of HIV. Resistance testing is done using a sample of blood

Regimen: Anti-HIV medications are grouped into "classes" according to how they fight HIV. A regimen is a combination of three or more anti-HIV medications from at least two different classes.

Undetectable: The HIV plasma viral load is below the limit of detection for the particular test.

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 anti-HIV medications should I use during my pregnancy?

All pregnant women infected with HIV should take a **regimen** (combination) of at least three anti-HIV medications although they may be contained in one pill. However, the specific medications in your regimen will depend on your individual needs. To select a regimen, your health care provider will review your medical history and order blood tests to assess your health and the stage of your HIV infection. Your health care provider will also consider:

- changes in how your body may absorb medications during pregnancy; and
- the potential of certain anti-HIV medications to harm your baby or cause birth defects.

I am currently taking anti-HIV medications and just learned I'm pregnant. What should I do?

Continue taking your anti-HIV medications until you talk to your health care provider. Stopping treatment could harm both you and your baby.

Talk to your health care provider about the anti-HIV medications in your regimen. Because pregnancy can affect how the body absorbs medications, the doses of some medications you take may change later in pregnancy. If you are taking anti-HIV medications and your HIV viral load is **not undetectable**, your current regimen may not be working. Your health care provider will recommend a test to see if the medications are still working against HIV (drug-resistance testing) and use the test results to find more effective anti-HIV medications.

I used to take anti-HIV medications, but I don't anymore. What should I do?

Talk to your health care provider about all anti-HIV medications you have used, the results of past drug-resistance testing, and why you no longer take anti-HIV medications. Your medical history, past drug-resistance test results, and additional drug-resistance testing will help you and your health care provider select a new regimen that is safe for use during pregnancy.

Whether you were on anti-HIV medications before becoming pregnant or are just starting a regimen, your health care provider will:

- Explain the risks and benefits of using anti-HIV medications during pregnancy;
- Stress the importance of taking anti-HIV medications exactly as directed; and
- Arrange for additional medical or social support you may need to help you have a healthy 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>)