

Preventing the Spread of HIV - Mother-to-Child

The spread of HIV from mother-to-child is the most common way that children become infected with HIV. Infants who are HIV-positive may have been infected:



- During the mother's pregnancy
- During vaginal childbirth
- By drinking infected breast milk from their HIV-positive mother

There are treatments that can protect newborns from HIV infection. When HIV-positive mothers receive medicines that fight the HIV virus during pregnancy, labor, and delivery and have their babies by *Cesarean section* (C-Section), the risk of HIV infection in their baby falls to less than **2%**. Newborns with HIV-positive mothers are also given HIV drugs (antiretrovirals) at birth.



There are also helpful treatments for women who do not discover they are HIV-positive until they are

already in labor. If they receive HIV medications during labor and delivery, the risk of HIV infection in their baby can still be decreased to less than **10%**. An HIV-positive mother who is not on HIV drugs (antiretrovirals) during pregnancy, labor,

or delivery has a **25%** chance of passing the virus to her baby.

Whether to have a cesarean or a vaginal delivery is something that you should discuss with your health care provider during your pregnancy. It will depend on your health, HIV treatment status, and how your labor is progressing at the time of delivery.

HIV Testing for Pregnant Women



The CDC recommends that all pregnant women be tested for HIV—but not all healthcare

providers offer an automatic HIV test for pregnant women. If you are pregnant and think you might have HIV or a sexually transmitted disease (STD), it is very important that you ask for an HIV test.



HIV Testing for Newborns

Antibodies are substances that are made by the body to fight infections. The usual lab test that tells if someone has been infected with HIV looks for antibodies to HIV. All children born to HIV-positive mothers have *antibodies* to HIV. These antibodies were made by their mother's immune system and they enter the baby's bloodstream before birth. These antibodies can be present for up to 18

months. These antibodies show that the mother was infected with HIV, but they do not necessarily mean that the baby has been infected. This means that standard antibody tests for HIV infection are not useful in newborns or young infants.

Healthcare providers use special HIV tests that can actually detect very small amounts of the virus itself in the blood of



children who are younger than 6 months of age. (Remember, most HIV tests look for antibodies to the virus, not the virus itself.) With special tests, doctors can identify about 90% of HIV-infected infants by the time they are 2 months old, and 95% by the time they are 3 months old. All babies born to an HIV-positive mother should be tested for HIV several times during the first year after birth.

If you are HIV-positive and pregnant, it's important you talk to your healthcare provider about treatment plans for you and your baby after you deliver.



Be sure to get answers to any questions you have about HIV/AIDS. Your public health department and health care provider can help.

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