

Patient information from BMJ

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HIV infection in pregnancy

HIV is a virus that harms your immune system and makes it harder for you to fight infections and disease. Having HIV at the same time as being pregnant can cause worry and uncertainty. Getting treatment can help protect both you and your baby from serious health problems.

What is HIV?

HIV stands for **human immunodeficiency virus**.

The virus damages your immune system and makes it harder to fight off some types of infection. It also makes it easier for some conditions and cancers to develop. For more background information on HIV, please see our patient information *HIV: what is it?*

Pregnancy and HIV testing

Women should be tested for HIV at the start of their pregnancy if they aren't known to have the infection.

If your test is negative, but you are at higher risk of being infected with HIV, your doctor should arrange for you to be tested again later in your pregnancy.

Reasons why you might be at a higher risk of HIV infection include:

- having a sexual partner with HIV
- having multiple sexual partners and not practising safe sex
- being someone who injects illegal drugs
- having previously had a sexually transmitted infection (STI), including hepatitis.

Your doctor will also suggest retesting for HIV later in your pregnancy if you start showing signs of infection. Symptoms of HIV include:

- fevers and night sweats
- tiredness
- feeling generally unwell

HIV infection in pregnancy

- sore throat and swollen glands in the throat
- weight loss
- skin rashes
- a fungal infection called candidiasis in the mouth
- canker sores
- diarrhoea
- headaches and muscle pain.

If you test positive for HIV during pregnancy, or if you were already HIV-positive, your doctor will talk to you about taking steps to protect yourself and your unborn child from serious health problems.

To help your doctor get an idea of the help you need, they will ask you about your personal life, including questions about who will be able to help and support you.

Your doctor should also ask you about whether you need help with mental-health conditions, or to stop smoking or using illegal drugs.

You might feel uncomfortable answering personal questions. But your doctor needs to know as much as possible in order to give you the best help.

You will also need to have a physical examination and some tests. Your doctor will mainly be looking for signs of other illnesses that can happen when someone has HIV. These can include:

- tuberculosis
- viral hepatitis, and
- sexually transmitted infections (STIs).

Your doctor will check your medical history and ask you about things such as:

- what medicines you are taking and have taken in the past
- whether you have any mental health conditions
- whether you use illegal drugs, and
- whether you have had all the vaccinations that you should have.

If you have HIV, your sexual partners should also be tested if their HIV status is unknown.

Treatment for HIV in pregnancy

Treatment for HIV in pregnancy will keep you as healthy as possible and will reduce the risk of passing HIV to your baby. The infection can pass to your unborn child either in the womb, or during birth or breastfeeding.

Treatment for HIV is with antiretroviral treatment (ART). ART works by weakening the virus to the point where it can no longer be picked up on a blood test (called an undetectable

HIV infection in pregnancy

viral load). To learn more about ART, please see our patient information *HIV: antiretroviral treatment (ART)*.

You will need to take ART during the whole of your pregnancy, and for the rest of your life. Your doctor will recommend specific ART drugs that are considered safe to use in pregnancy. For the best results you will probably be given a combination of three different antiretrovirals. Your doctor will also discuss any side effects of treatment and answer any questions or concerns that you have.

Without treatment, between 15 and 30 in 100 women with HIV will pass the infection on to their babies.^[1] With treatment, only about 1 or 2 in every 100 women will pass the infection on.

But even with treatment, pregnant women with HIV face an increased chance of some problems during and after birth. For example, it is more likely that:

- you will need a caesarean (c-section) delivery
- your waters will break early and/or you might give birth early
- you will develop endometritis (inflammation of your womb)
- you will need a blood transfusion after birth.

Because of this, you will be followed up more closely throughout your pregnancy, and after you give birth.

Your baby will also need treatment with a short course of ART soon after their birth. This greatly reduces their chance of getting the infection.

Having your baby

You should have regular blood tests during your pregnancy to see how well the ART drugs are working.

- If the drugs are working well and reducing the level of the virus in your body, you should be able to give birth without a c-section (i.e., give birth vaginally). This is because you are not likely to pass the virus on to your baby.
- If you still have high levels of the virus in your blood, there is more chance that you will pass the virus on to your baby during a vaginal birth. A scheduled c-section at 38 weeks into your pregnancy will be recommended for you.

Your doctor may suggest that you start an extra ART drug at least 3 hours before your birth and until your umbilical cord is clamped.

Breastfeeding

Breastfeeding is not recommended for mothers with HIV who have a high level of virus in their blood, or who aren't taking their ART as prescribed. This is because the chance of passing the infection to your baby through breastmilk is high. Research shows this happens with

HIV infection in pregnancy

around 16 in every 100 women who aren't taking ART.^[2] So your doctor will recommend replacement feeding with formula milk instead.

For women who are taking their ART drugs and who have a low level of virus in their blood, the risk of passing on the infection is lower, but not zero. Research shows it may happen with around 4 in every 100 women.^[3] Your doctor will speak to you about whether you want to breastfeed your child or use formula milk instead. If you do choose to breastfeed, you will be given further advice and support.

After giving birth

All new mothers should have regular check-ups with their healthcare team in the weeks after giving birth. This team includes health visitors, nurses, and doctors. Check-ups will include a physical health examination to see if you're healing well, especially if you've had a c-section.

Mothers with HIV should also be seen by an HIV specialist. They will want to follow-up with your baby too as your child will be on a short course of ART to reduce their chance of getting HIV.

Babies born to mothers with HIV are more likely to be premature and have a low birth weight. So your child may need to have their own regular check-ups.

Women with HIV tend to have more mental-health conditions compared with other women. So your doctor or health visitor should be aware that you might be more likely to have postnatal depression.

If you begin to feel depressed or overwhelmed after your baby is born, talk to your healthcare team who will be able to offer you help and advice.

With all the stresses and demands of looking after a new baby, taking your ART drugs as prescribed can be difficult. But it's important that you do. ART only works properly if you take it as prescribed without missing any doses. If you are struggling to stick to your treatment, speak to your doctor.

Many charities and other organisations offer help and support to people with HIV. Your healthcare team might be able to help you find support in your area, or you could search online.

References

1. Teasdale CA, Marais BJ, Abrams EJ. HIV: prevention of mother-to-child transmission. *BMJ Clin Evid*. 2011 Jan 17;2011:0909.
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3. Bispo S, Chikhungu L, Rollins N, et al. Postnatal HIV transmission in breastfed infants of HIV-infected women on ART: a systematic review and meta-analysis. *J Int AIDS Soc*. 2017 Feb 22;20(1):21251.

HIV infection in pregnancy

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