

Summary of BHIVA guidelines HIV treatment for pregnant women: Antenatal and postnatal care

BHIVA (the British HIV Association) is an organisation that represents healthcare professionals working in HIV in the UK. Its [guidelines](#) set out the medical and other care people living with HIV can expect to receive in the UK. You can find out more about the process used to develop the guidelines here: [How BHIVA guidelines are developed](#).

BHIVA's [Guidelines for the management of HIV infection in pregnant women 2012](#) set out evidence-based clinical practice for treating and managing HIV infection in women who are already pregnant. These guidelines also specify the treatment and care of the newborn baby in relation to preventing HIV transmission. HIV clinic staff, following recommendations in these guidelines, will be providing the best possible treatment and care to their patients, taking into account individuals' situations as well as what is known about the most effective treatments during pregnancy. Your doctor should discuss your treatment options with you.

- This symbol identifies a strong BHIVA recommendation for treatment or care.
- This symbol identifies treatment or care that BHIVA suggests is appropriate: a recommendation with weaker evidence or some conditions attached.

GPP identifies a 'good practice point' – a recommendation drawn from everyday clinical experience rather than research-based evidence.

This factsheet summarises the recommendations relating to the care you and your baby should receive before and after your baby is born. Find out about BHIVA recommendations relating to HIV treatment during pregnancy and after a baby is born in [Factsheet 5: HIV treatment for pregnant women: HIV treatment](#), and on the safest way for your baby to be delivered in [Factsheet 6: HIV treatment for pregnant women: Mode of delivery](#). There is also detailed information on HIV treatment during pregnancy for women who also have hepatitis B or hepatitis C in [Factsheet 8: HIV treatment for pregnant women: HIV treatment, hepatitis and pregnancy](#).

Before your baby is born (antenatal care)

BHIVA's guidance recognises the importance of every woman having the information she needs to make decisions about treatment and care to protect her own health, that of her baby and, in some situations, of her partner.

Who will look after you while you are pregnant?

Good care during pregnancy (antenatal care) is important for any woman expecting a baby. Despite the UK's excellent record in preventing mother-to-baby transmission of HIV, if you are pregnant or thinking about having a baby, you are likely to be concerned about your own health and that of your baby. BHIVA's guidelines clearly state the importance of the right sort of antenatal care for women with HIV.

● This should be delivered by a *multi-disciplinary team* – that is, a team of medical and other professionals with a mix of skills and experience.

● This team should always include:

- an HIV specialist doctor.
- an obstetrician (a doctor who specialises in the care of women during pregnancy, labour and after the birth).
- a midwife (someone who is specially trained to care for mothers and babies throughout pregnancy, labour and after the birth), preferably one who specialises in working with women with HIV.
- a paediatrician (a doctor specialising in the care of babies and children).

● Where possible, your GP (general practitioner, or family doctor) and a health visitor (a specially trained nurse who offers help and support with the health of a whole family) should also be involved. You may see them before and after the birth of your baby, either at home or at your GP surgery or another clinic).

GPP Depending on your circumstances, other professionals and support services could join the team. Other members might be:

- a community midwife (a midwife who works with pregnant women in the community – at home, in a GP surgery or at a local clinic).
- a clinical nurse specialist (a nurse with advanced skills and experience in a particular area).
- health advisers.
- people with expertise in looking after mental health and emotional wellbeing. They can include a psychologist, a psychiatrist or a counsellor.

- a worker from a citizens advice bureau or another advice service.
- a social worker.
- an interpreter.
- a trained peer support worker or mentor (someone who also has HIV and has training in providing support to others). Some women find the support of women who have been through a similar experience very helpful.

● Your HIV doctor or other members of your healthcare team should do a careful assessment of your needs with you when you find out you are pregnant. The results of this assessment will be used to decide who might join your antenatal team. The process should include assessing whether you may be at risk of depression during or after your pregnancy. (All pregnant women will have this screening for depression.)

The guidelines emphasise how important it is that you feel comfortable with, and confident in, the healthcare team looking after you during pregnancy and when your baby is born. As well as having the right mix of skills, good communication between the members of the team is important. And it's essential that you feel you can trust the team to provide the best possible care, to support you and to protect your interests. This includes keeping your HIV status confidential and managing any disclosure carefully.

What about telling people about your HIV status while you are pregnant?

Telling people you have HIV can be difficult, but it is also important that certain people know your HIV status during your pregnancy and afterwards. Your midwives, your GP, your health visitor, your obstetrician and your paediatrician need to know so they can give you and your baby the best possible care.

The BHIVA guidelines recognise that disclosure can be a complicated issue. They provide guidance to healthcare professionals and others on how to support you in disclosing.

Your status must be kept confidential if that is your wish. You should be given the opportunity to discuss this with your antenatal team, so everyone is clear about your wishes regarding disclosure (whether you wish to disclose and to whom).

Guidance is provided on how to help you manage situations where you might worry someone could guess your status; for example, explaining why you are taking medication during pregnancy, or not breastfeeding.

Very rarely, confidentiality has to be breached. This should only happen in very particular situations, where someone else is at risk, and with great care.

What sort of HIV-related health monitoring will you have?

● All pregnant women with HIV should have a sexual health screening. Diagnosing and treating sexually transmitted infections (STIs) is especially important when you are pregnant. Having an untreated STI can make it more likely that HIV is passed on to your baby, as well as increasing the risk of premature birth and possibly causing health problems for your baby.

- Any STI diagnosed should be treated following guidance set out by the British Association for Sexual Health and HIV (BASHH, the professional body for people working in sexual health).

- If you have been diagnosed with HIV while you are pregnant, you should have the same blood tests and other examinations that any newly diagnosed HIV-positive person would have. You should also have the tests and examinations that all pregnant women should have as part of their antenatal care.

- If you are already on HIV treatment, or if you don't need treatment for your own health, you should have at least one [CD4 cell count](#) done at the start of your pregnancy, and another at the time your baby is born.

- As with anyone who starts HIV treatment for the first time, a pregnant woman starting treatment should have a drug [resistance](#) test. This blood test will help your doctor choose the most suitable anti-HIV drugs for you.

The aim of HIV treatment is to reduce the amount of HIV in the body to a very low level, below the point most viral load tests can find HIV in a blood sample, usually below 50 'copies' of HIV in a millilitre of blood. This is called an [undetectable viral load](#). During your pregnancy, decisions made about your care, and care for your baby, will sometimes be informed by your [viral load](#), and whether or not it is undetectable.

If you start HIV treatment for the first time during your pregnancy (whether for your own health or to avoid mother-to-baby transmission), you will have frequent viral load tests when you first start treatment.

- You should have a viral load test every two to four weeks, but at least once every trimester (a three-month period of your pregnancy), at 36 weeks and at delivery. These tests will show whether your HIV treatment is working. To give HIV treatment the best chance of working, it's important to take it every day, as prescribed (often called [adherence](#)).

All women will have a viral load test done at 36 weeks of pregnancy. These results help you and your doctor make a decision about the safest way for your baby to be born (see [Factsheet 6: HIV treatment for pregnant women: Mode of delivery](#)).

- If you start HIV treatment while you are pregnant, you will also have liver function tests when you first start, and then at each of your antenatal visits.

All women should have their liver function tested regularly during pregnancy as a change in liver function can be an important indicator of several pregnancy-related health problems.

What sort of pregnancy-related health monitoring will you have?

In general, women with HIV should have the same screening as all pregnant women in the UK. This will include:

- [ultrasound screening](#). You are likely to have at least two ultrasound scans during your pregnancy. The second of these (usually done when you are between 18 and 21 weeks pregnant) is sometimes called the 'anomaly scan' because it looks for certain physical problems in your baby.

- a [combined screening test for Down's syndrome](#), which usually happens when you are between 11 and 14 weeks pregnant. This test involves an ultrasound and blood tests.

There are some situations where a pregnant woman may be offered a screening test called an [amniocentesis](#). This procedure uses a long, thin needle inserted into the womb to remove some amniotic fluid, the liquid that surrounds the baby, for testing.

- Because this process involves a needle piercing the skin and going into body tissue, wherever possible, women with HIV should only have an amniocentesis once they are on HIV treatment and have an [undetectable viral load](#). (Evidence suggests amniocentesis is safe for HIV-positive women and their baby in this situation.)

- If that's not practical, the woman should start an HIV treatment combination that includes [raltegravir](#) (*Isentress*) immediately, and be given a single dose of [nevirapine](#) (*Viramune*) two to four hours before the procedure is done.

What sort of support can you get for non-medical issues?

You may be dealing with other priorities in your life, such as immigration status, financial problems or relationship issues. If you have only learnt about your HIV status during your pregnancy, you will have lots of questions and concerns. The BHIVA guidelines recognise that women may need advice and support in dealing with emotional, psychological, practical, economic or legal issues.

The guidelines discuss the importance of providing women with the full range of support they need during pregnancy and after the birth. They recognise that women must be offered any support they may need for 'psychosocial' issues.

If necessary, your antenatal team will include people who can help with non-medical issues. They will work with you and your healthcare team to address them.

The guidelines recognise that – as well as being important in its own right – addressing psychosocial needs is an important part of helping women adhere to their HIV treatment.

What about your partner?

Your partner may also have been tested for HIV when you had your antenatal HIV test.

GPP Where possible, you should receive your results together.

If your partner is HIV negative, and you have been diagnosed during pregnancy, you should receive advice about ways of preventing HIV transmission to him. Your antenatal team can also support you in disclosing to him if necessary.

What about your other children?

If you have found out you are HIV positive during this pregnancy, it might be necessary for children you already have to be tested for HIV. This issue should be raised with all women diagnosed during pregnancy. If your children have no symptoms of illness, the guidelines suggest they could be tested together with your new baby in the weeks after he or she is born.

After your baby is born (postnatal care)

HIV treatment

● If you are taking HIV treatment for your own health, you will continue to do so after you have given birth, as you would normally. ([Find out more about BHIVA guidelines on HIV treatment for adults in Factsheets 1 to 4.](#))

● If you have been on a short course of HIV treatment to prevent mother-to-baby transmission and don't need to continue treatment for your own health, you will be able to stop your HIV treatment. It's important this is done carefully. Find out more about how the guidelines recommend this is done in [Factsheet 4: HIV treatment for adults: Stopping treatment.](#)

● Your baby will need to take HIV treatment for a short period after he or she is born. This is sometimes called infant post-exposure prophylaxis, or PEP. You can find out more about what this involves in [Factsheet 5: HIV treatment for pregnant women: HIV treatment.](#)

Feeding your baby

There is a lot of evidence that HIV can be transmitted from a mother to her baby by breast feeding.

● The guidelines recommend that **all** women with HIV should feed their baby **only** with infant formula from the time the baby is born. In other words, if you have HIV you should not breastfeed your baby – even if you are on HIV treatment, if you have an [undetectable viral load](#), and if your baby has taken infant PEP.

This recommendation is in keeping with the World Health Organization's guidance that formula feeding is recommended for women with HIV where it is affordable, feasible, acceptable, sustainable and safe. This is the situation in the UK.

If you are concerned about the cost of formula feeding, talk to a member of your care team. The BHIVA guidelines recognise this may be an issue. There is financial help available to buy bottle-feeding equipment and formula.

Having your baby tested for HIV

Your baby should be tested for HIV several times in his/her first 18 months.

● Babies should be tested at birth, at 6 weeks old and at 12 weeks.

● If all these tests are negative, you are not breastfeeding your baby, *and* a sample of your blood has been tested for HIV by the same laboratory, you can be told your baby is HIV negative (does not have HIV) at 12 weeks.

● Your baby should have a final test at 18 to 24 months, used to confirm that your (maternal) antibodies are no longer present. If this is so, this is final confirmation that your child does not have HIV.

● If any of the tests carried out have a positive result, the test should be repeated to confirm the result.

● If your baby is diagnosed with HIV, he or she should be given antibiotic treatment to stop him or her developing PCP, a type of pneumonia (this is often referred to as PCP prophylaxis).

Your baby should be referred immediately to a specialist clinic for children with HIV, so he or she can receive the care they need.

Having your baby immunised

● Babies born to women living with HIV should receive the same [immunisations](#) as are recommended for all babies born in the UK.

Child protection

In very rare circumstances, a woman may refuse HIV treatment for herself or to protect her baby while she is pregnant. Healthcare staff should work carefully and closely with a woman in this situation, helping her to understand the benefits of HIV treatment and care and supporting her during this period.

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The full version of the guidelines is available to download from the BHIVA website at: www.bhiva.org/TreatmentofHIV1_2012.aspx

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NAM's information is intended to support, rather than replace, consultation with a healthcare professional. Talk to your doctor or another member of your healthcare team for advice tailored to your situation.

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