

Don't pass on HIV to your child

If you are pregnant and have human immunodeficiency virus (HIV), the virus that causes AIDS, you may pass on the infection to your baby during pregnancy, during delivery, or after delivery through breastfeeding. There are several options available to help reduce the chances of passing on HIV infection to your baby.

The decision to take **antiretroviral** drugs (anti-HIV medicines that prevent the virus from reproducing) during pregnancy is one of the decisions you can make to increase the likelihood of having an unaffected baby. The drugs may help an HIV-positive woman fight

the virus in her body and help to reduce the risk that she will pass on the virus to her baby.

One such drug, AZT (also known as **zidovudine** [ZDV] or Retrovir), has been shown to reduce the chances that pregnant women who are HIV-positive will pass on the infection to their children. A new study in the August 11, 1999, issue of *JAMA* supports these findings. It found that the declining rate of infants contracting HIV from their mothers was associated with mothers taking ZDV while pregnant. These infants were about two-thirds less likely to become infected with HIV.

OTHER WAYS TO PROTECT YOUR BABY:

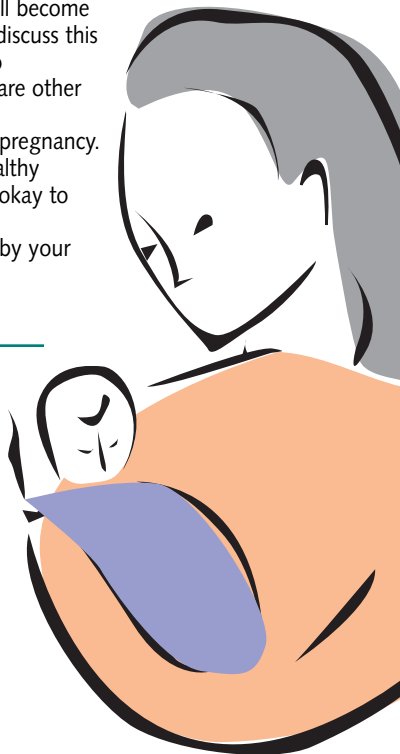
- Breastfeeding increases the risk that your baby will become infected with HIV through drinking breast milk—discuss this with your doctor who will likely advise you not to breastfeed if you are HIV-positive and that there are other sources of nutrition for your baby.
- Get prenatal care early and regularly during your pregnancy.
- Keep yourself as healthy as possible by eating healthy meals, exercising regularly if your doctor says it's okay to exercise, and get plenty of rest.
- Do not use alcohol or other drugs not prescribed by your doctor.
- Do not smoke.

GET TESTED:

If you think you have been exposed to HIV, be sure to be tested before becoming pregnant or as soon as you find out you are pregnant.

SHOULD YOU TAKE ZDV?

Consult your doctor to find out if ZDV is appropriate for you. If you decide to take ZDV, your doctor can recommend a regimen for you. Usually, this will mean taking ZDV pills by mouth while you are pregnant and receiving **intravenous** (IV, by vein) doses during labor and delivery. Your baby will need to take a liquid form of the drug by mouth for 6 weeks after birth.



WHEN TO START TREATMENT:

If you are in the first 3 months of pregnancy, your doctor may consider delaying the start of treatment with ZDV until after 10 to 12 weeks into the pregnancy. If you are already receiving drug therapy for HIV and you find out you are pregnant during your first 3 months, consult your doctor about the benefits and risks of continuing the treatment. If you find out you are pregnant after the first 3 months, your doctor may consider continuing your drug therapy. If you are taking medications other than ZDV during pregnancy, talk to your doctor because research is still being conducted on other antiretroviral drugs.

FOR MORE INFORMATION:

- CDC National AIDS Hotline
800/342-AIDS
800/344-7432 (Spanish)
800/243-7889 (TTY)
or www.cdc.gov/nchstp/hiv_aids
- The National Pediatric & Family HIV Resource Center
800/362-0071 or www.pedhivaid.org
- American College of Obstetricians and Gynecologists
Send business-size self-addressed stamped envelope to:
ACOG Resource Center
HIV Testing and Pregnancy
P.O. Box 96920
Washington, DC 20090-6920 or
www.acog.org

INFORM YOURSELF:

To find this and previous *JAMA* Patient Pages, check out the AMA's Web site at www.ama-assn.org/consumer.htm. Previous *JAMA* Patient Pages on HIV/AIDS were published on July 1, 1998, and May 20, 1998.

Additional Sources: National Pediatric & Family HIV Resource Center, Health Care Financing Administration, Centers for Disease Control and Prevention, HIV/AIDS Treatment Information Service, American College of Obstetricians and Gynecologists

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