



Ending
the
HIV
Epidemic

Perinatal Prevention Fact Sheet

Frequently Asked Questions (FAQ)

Perinatal Transmission

What is perinatal transmission of HIV?

Perinatal transmission of HIV happens when HIV is passed from a person with HIV to their child during pregnancy, childbirth (also called labor and delivery), or breastfeeding/chestfeeding (through breast milk). The use of HIV medicine and other methods have helped to lower the rate of perinatal transmission of HIV to 1% or less in the United States.

Protecting Your Baby from Getting HIV



- If you are pregnant and have HIV, you should take medicine that controls HIV before, during, and after pregnancy. It's never too late to get started for your health and the health of your baby!
- Your baby should be given HIV medicine after birth and continue the medicine for their first 2 to 6 weeks of life.



- Feeding your baby with formula instead of breast milk protects your baby from being exposed to HIV in breast milk.
- If you take your HIV medicine regularly and have undetectable levels of HIV in your blood, the risk of passing HIV in breast milk is less than 1%, but not zero.
- Talk with your doctor about the best options for feeding your baby.



- If you have high or unknown levels of HIV in your blood during pregnancy, your doctor may recommend a scheduled Cesarean, or C-section, to reduce the risk of passing HIV to your baby during delivery.
- Your doctor may recommend taking extra HIV medicine during your labor and delivery, depending on your viral loads during pregnancy.

HIV Medication

Is it safe to take HIV medicine while pregnant?

Yes, it is safe for you and your baby to take HIV medicine while you are pregnant.

Feeding Options

What are my feeding options for my baby if I have HIV?

As a new parent with HIV, you will have many things to consider when choosing how to feed your baby.

While you are pregnant: If you are pregnant and have HIV, you should talk to your doctor about how to feed your baby after birth. If you take your HIV medicine regularly and have an undetectable viral load while breastfeeding/chestfeeding, the chance of passing HIV to your baby is very low—less than 1%, but not zero. To feed your baby with zero risk of passing HIV, you can use formula or pasteurized donor breast milk from a milk bank, which completely removes the risk of passing HIV.

After baby is born: Breastfeeding/chestfeeding does have many health benefits. You might also feel pressure from family or worry about people finding out about your HIV status if you use formula. The first few months after birth can also be very tiring, and it might be harder to stick to your own medicine routine. It is important to talk with your doctor about your options to find the best feeding method for you and your baby.

Additionally, babies should not eat food that was pre-chewed by a person with HIV.

Resources

Where can I find more information?

This handout is based on fact sheets developed by the National Institutes of Health (NIH):

- [Preventing Perinatal Transmission of HIV](#)

For more information on infant feeding:

- [The Well Project](#)
- [HIVE](#)

Always consult your doctor for recommendations tailored to you and your baby.

For a list of providers in LA County, please see the [Perinatal HIV Specialty Centers Guide](#) included in the [Perinatal HIV Action Kit](#).