

HIVE Prenatal Care

Welcome to HIVE! We look forward to working with you.

1st trimester (up to 12 weeks): Almost all HIV medicines are thought to be safe in pregnancy. If you are taking medicines that are considered safe, you can continue to take them unless “morning sickness” is a problem. If you are experiencing symptoms, we will work with you to find an anti-nausea medication that works for you. If you’re not taking HIV medicines, you can wait to start them until after the nausea and vomiting of pregnancy is no longer a problem for you; usually this is at 12-14 weeks gestation. We recommend that all women living with HIV take HIV medicines during pregnancy to decrease the risk of passing HIV to the baby. At your first clinic visit we’ll ask you about your medical history and do a full physical. We also usually do a sonogram (ultrasound) to confirm your due date. We will offer genetic testing. We’ll take blood for lab studies for usual prenatal care, kidney function, liver function, HIV, hepatitis, and other conditions so we can take good care of you and your baby.

2nd trimester (12-24 weeks): If you aren’t taking HIV medicines yet, you will begin taking them. It is very important to take your HIV medications every day. We’ll take blood for lab studies every month to see how the medicines are working and check that your liver and kidneys are doing ok. At 18-20 weeks you’ll have a sonogram to check the pregnancy and your baby’s development. If you’d like to know if your baby is a girl or a boy, ask during the sonogram. If you want a surprise, tell them not to tell you! Ask for pictures!

3rd trimester (25-40 weeks): Starting at about 32 weeks, you’ll have a mini sonogram every week and your baby’s heartbeat will be checked with a fetal monitor. You should continue to take your HIV medications daily. We’ll discuss delivery options. If there are no pregnancy-related reasons for a cesarean section you’ll likely be able to have a vaginal delivery if lab tests show the HIV virus level is low. Almost all patients are able to have a vaginal delivery.

Labor and delivery: During labor you’ll get your HIV medicines by mouth. If we can still find HIV in your blood, you may get AZT through an IV tube in your The IV AZT will be stopped after your baby is born.

After the baby is born: The dose of HIV medicine may change after you deliver your baby. We recommend that you continue to take HIV medications. You’ll give your baby AZT syrup for 4-6 weeks. You can bottle feed your baby using formula or milk from mother’s milk bank.

HIV testing for your new baby:

We use a special test called HIV PCR to check for HIV in baby’s blood. The results may take several weeks.

- The first test is done the day baby is born. A second test is done at 2 weeks.
- The third test is usually done when your baby is 4 weeks old. If this test is negative, it is almost certain that your baby does not have HIV.
- The last DNA-PCR test is done when your baby is 4 months old. If this test is negative, the result is completely certain, and means your baby does not have HIV

