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HIV Prevention

Preventing Mother-to-Child Transmission of HIV

Last Reviewed: February 20, 2020

Key Points

- [Mother-to-child transmission of HIV](#) is the spread of HIV from a woman living with HIV to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding (through breast milk). Mother-to-child transmission of HIV is also called perinatal transmission of HIV.
- The use of HIV medicines and other strategies have helped to lower the rate of mother-to-child transmission of HIV to 1% or less in the United States and Europe. (HIV medicines are called [antiretrovirals](#).)
- Pregnant women with HIV take HIV medicines during pregnancy and childbirth to prevent mother-to-child transmission of HIV. A scheduled [cesarean delivery](#) (sometimes called a C-section) can reduce the risk of mother-to-child transmission of HIV in women who have a high [viral load](#) (more than 1,000 copies/mL) or an unknown viral load near the time of delivery.
- After birth, babies born to women with HIV receive HIV medicine to reduce the risk of mother-to-child transmission of HIV. Several factors determine what HIV medicine they receive and how long they receive the medicine.
- Despite ongoing use of HIV medicines after childbirth, a woman with HIV can still pass HIV to her baby while breastfeeding. In the United States, infant formula is a safe and readily

available alternative to breast milk. For these reasons, women with HIV who live in the United States should not breastfeed their babies.

What is mother-to-child transmission of HIV?

[Mother-to-child transmission of HIV](#) is the spread of HIV from a woman living with HIV to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding (through breast milk). Mother-to-child transmission of HIV is also called perinatal transmission of HIV.

The use of HIV medicines and other strategies have helped to lower the rate of mother-to-child transmission of HIV to 1% or less in the United States and Europe. (HIV medicines are called [antiretrovirals](#).)

Is HIV testing recommended for pregnant women?

The Centers for Disease Control and Prevention (CDC) recommends that all women get tested for HIV before they become pregnant or as early as possible during each pregnancy. The earlier HIV is detected, the sooner HIV medicines can be started.

Pregnant women with HIV take HIV medicines to reduce the risk of mother-to-child transmission of HIV. When started early, HIV medicines are more effective at preventing mother-to-child transmission of HIV. The HIV medicines will also protect the women's health.

How do HIV medicines prevent mother-to-child transmission of HIV?

HIV medicines prevent HIV from multiplying, which reduces the amount of HIV in the body (called the [viral load](#)). An [undetectable viral load](#) is when the level of HIV in the blood is too low to be detected by a viral load test. The risk of mother-to-child transmission of HIV during pregnancy and childbirth is lowest when a woman with HIV has an undetectable viral load. Maintaining an undetectable viral load also helps keep the mother-to-be healthy.

Some HIV medicines used during pregnancy pass from the pregnant woman to her unborn baby across the [placenta](#). This transfer of HIV medicines protects the baby from HIV, especially during a vaginal delivery when the baby passes through the birth canal and is exposed to any HIV in the mother's blood or other fluids. A scheduled [cesarean delivery](#) (sometimes called a C-section) can reduce the risk of mother-to-child transmission of HIV in women who have a high viral load (more than 1,000 copies/mL) or an unknown viral load near the time of delivery.

After birth, babies born to women with HIV receive HIV medicine to reduce the risk of mother-to-child transmission of HIV. Several factors determine what HIV medicine they receive and how long they receive the medicine.

Are HIV medicines safe to use during pregnancy?

Most HIV medicines are safe to use during pregnancy. In general, HIV medicines don't increase the risk of birth defects. Health care providers discuss the benefits and risks of specific HIV medicines when helping women with HIV decide which HIV medicines to use during pregnancy or while they are trying to conceive.

Are there other ways to prevent mother-to-child transmission of HIV?

Despite ongoing use of HIV medicines after childbirth, a woman with HIV can still pass HIV to her baby while breastfeeding. In the United States, infant formula is a safe and readily available alternative to breast milk. For these reasons, women with HIV who live in the United States should not breastfeed their babies.

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

Where can I learn more about preventing mother-to-child transmission of HIV?

Read the following *AIDSinfo* fact sheets:

- [HIV Medicines During Pregnancy and Childbirth](#)
- [Preventing Mother-to-Child Transmission of HIV After Birth](#)

This fact sheet is based on information from the following sources:

From CDC:

- [HIV and Pregnant Women, Infants, and Children](#)

From the Department of Health and Human Services:

- Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States:
 - [Introduction](#)
 - General Principles Regarding Use of Antiretroviral Drugs During Pregnancy: [Overview](#) and [Teratogenicity](#)
 - [Counseling and Managing Women Living with HIV in the United States Who Desire to Breastfeed](#)
 - Management of Infants Born to Women with HIV Infection: [Antiretroviral Management of Newborns with Perinatal HIV Exposure or HIV Infection](#)