

MODERN ART FOR KENYA

ART PREGNANCY & WOMEN'S HEALTH

**Everyone with HIV
needs to take HIV treatment
– called antiretroviral
therapy, ART or ARVs**

NOVEMBER 2020



CAN PEOPLE LIVING WITH

HIV HAVE CHILDREN WHO

DO NOT HAVE HIV?

YES!

Early ART protects your baby from HIV during pregnancy, birth and breastfeeding.

Talk to your nurse or doctor about it.



IS THE TREATMENT THE SAME FOR PREGNANT WOMEN AS FOR OTHER PEOPLE WITH HIV?

World Health Organization (WHO) guidelines now recommend ART for every person living with HIV.

This includes pregnant women, adolescent girls and women who wish to get pregnant.

The most commonly used ART are the same for pregnant women.

There are a few extra things for women and adolescent girls to consider when starting or taking ART.



NEW ART

COMBINATIONS

FOR KENYA

Countries are changing or have already changed their preferred first-line ART.

ART is usually three ARVs in one pill called a fixed dose combination.

The preferred new combination of ARVs is:

- + Tenofovir
- + Lamivudine
- + Dolutegravir.

This combination is called TLD.

The older first line combination included a drug called efavirenz, which has been replaced by dolutegravir now.



DOLUTEGRAVIR & PREGNANCY

The new preferred first line combination is based on an ARV called dolutegravir.

There might be a very small extra risk for a particular kind of problem to an unborn baby whose mother falls pregnant while taking dolutegravir.



One study in the past suggested a slightly higher rate of a problem called neural tubal defect in babies whose mothers become pregnant on dolutegravir.

Importantly, this was BEFORE the babies were conceived. Women who started dolutegravir after conception showed no extra risk.

But the benefits of dolutegravir, which includes greater reduction in the viral load, fewer mothers' deaths, fewer sexual and vertical transmission, are likely to outweigh the risks.


WHAT IS NEURAL TUBE DEFECT

The neural tube in a developing baby is what becomes the brain, spinal cord, skull and spine.

The neural tube closes at the first 28 days of pregnancy – that is before most women know they are pregnant.

If it does not fully close for some reason, then the baby is said to have a neural tube defect.





Neural tube defects vary from very minor ones that are easily fixed to ones that give severe disability and death.

So the risk is taken very seriously by departments of health, health workers and patients.

Many things have been associated with neural tube defects, which can occur in infants born to mothers without HIV as well.

CAN WOMEN LIVING

WITH HIV SAFELY TAKE

DOLUTEGRAVIR?

YES*

But with a few extra considerations.

- * All women with HIV should be told about the risks and benefits of ART, including dolutegravir, and which include other things in addition to neural tube defects.



WHAT IF AM ALREADY PREGNANT?

Later in pregnancy (usually after the first trimester) dolutegravir does not have any extra risk compared to efavirenz.

WHAT IF I

DO NOT WANT TO

FALL PREGNANT?

If you do not wish to become pregnant, make sure you are using effective contraception.

Effective contraception means modern methods: condoms, pill, injectable, implant or sterilization.

MAKE SURE YOU ARE COMFORTABLE WITH YOUR DECISION

Planning a pregnancy is very similar whether or not you are HIV positive.

If you were first diagnosed with HIV during pregnancy, you might need lots of support beyond starting ART.

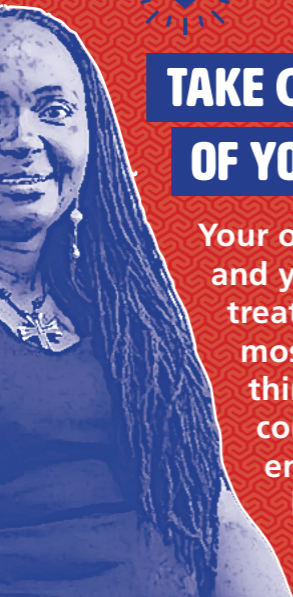




TAKE CARE

OF YOURSELF

Your own health
and your own HIV
treatment are the
most important
things to
consider to
ensuring a
healthy baby.



UNDERSTAND

YOUR OPTIONS

Make sure you understand your options – including looking at information like this leaflet.

Make sure your health worker discusses your options with you and respects your decisions.



You can find more
information (or ask
questions about treatment)
at the following links:

www.afrocab.info

www.i-base.info

www.clintonhealthaccess.org

AFROCAB



i-base

