

MODERN ART FOR SOUTH AFRICA

ART PREGNANCY & WOMEN'S HEALTH

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

SEPTEMBER 2020



CAN POSITIVE PEOPLE HAVE HIV NEGATIVE CHILDREN?



YES!

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 HIV POSITIVE PEOPLE?

South African guidelines now recommend ART for everyone with HIV, whatever their CD4 count or viral load.

This includes pregnant women and women who wish to get pregnant.

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

We explain these in this booklet .

NEW ARVs FOR SOUTH AFRICA

We are changing
our first-line ART.

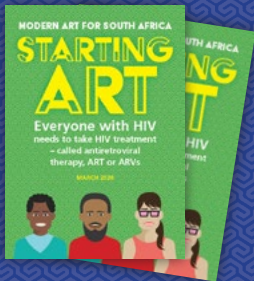
ART is usually
three ARVs in one
pill – called a fixed-
dose combination.



The new combination of ARVs is: tenofovir, lamivudine and dolutegravir. This combination is sometimes called TLD.

The older first-line combination is based on a drug called efavirenz.

For more information about TLD, read the “Starting ART” leaflet.



DOLUTEGRAVIR & PREGNANCY

There is a slightly higher rate of neural tube defects than normal in babies whose mothers become pregnant on dolutegravir.

But starting dolutegravir after six weeks or more of pregnancy does not have this risk.



WHAT IS A NEURAL TUBE DEFECT?

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

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

If it does not fully close for some reason, 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 even death.

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

CAN HIV POSITIVE

WOMEN SAFELY TAKE

DOLUTEGRAVIR?

YES*

But with a few extra
considerations.

- * All HIV positive women should be told of their options to help them select the appropriate ARV combination with their health worker.

WHAT IF I AM ALREADY PREGNANT?

If you are already pregnant and taking dolutegravir-based ART, you will be recommended to continue on it.

If you are less than six week pregnant, you will be recommended the efavirenz-based combination.

WHAT IF I

DO NOT WANT TO

FALL PREGNANT?

If you do not wish to become pregnant, and you are using effective contraception, you will be recommended the dolutegravir-based combination.

Effective contraception means a modern method: condoms, oral contraceptives, injectable, implant and IUCD.

WHAT IF I DO WANT TO BECOME PREGNANT?

If you plan to become pregnant you should be given all the necessary information on dolutegravir- and efavirenz-based combinations.

This includes the risk of neural tube defects. Be sure you have been given all the information you need. Your health worker must note that you have made an informed choice. This information must be included in your chart/file.

MAKE SURE YOU ARE COMFORTABLE WITH YOUR DECISION

This is very important!

It is also important to know that if you decide to have a baby and you are taking dolutegravir and concerned about neural tube defects, you can switch to efavirenz.

Or if you chose to take efavirenz around conception you can change to dolutegravir later.

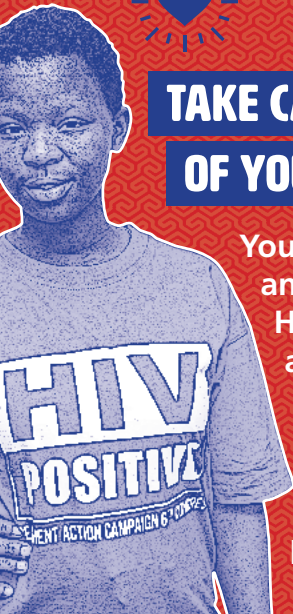
You can switch if your viral load is undetectable on ART.





TAKE CARE OF YOURSELF

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



UNDERSTAND

YOUR OPTIONS

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

Make sure your health workers discuss your options with you and respect your decision.





Find out more about treatment
and the free app at:

www.modernartforsouthafrica.co.za



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