

**MODERN ART FOR SOUTH AFRICA**

# **ART PREGNANCY & WOMEN'S HEALTH**

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

**NOVEMBER 2024**



**CAN PEOPLE LIVING WITH  
HIV HAVE CHILDREN  
WITHOUT HIV?**

**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 PEOPLE LIVING WITH HIV?**

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

**This includes pregnant women and women who want to get pregnant.**

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

**We explain these in this booklet**

# THE ARV

# COMBINATION

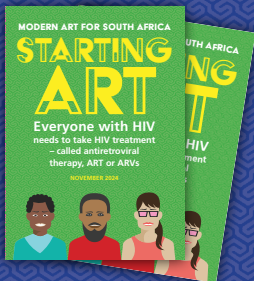
# IN SOUTH AFRICA

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



The combination of ARVs used in South Africa is: tenofovir (TDF), lamivudine (3TC) and dolutegravir (DTG). This is sometimes shortened to TLD.

For more information about TLD, read the "*Starting ART*" leaflet.



# **DOLUTEGRAVIR & PREGNANCY**

Earlier research suggested that there was a slightly higher rate of neural tube defects (NTDs) than normal in babies whose mothers became pregnant on dolutegravir.

But more recent findings show no greater risk.

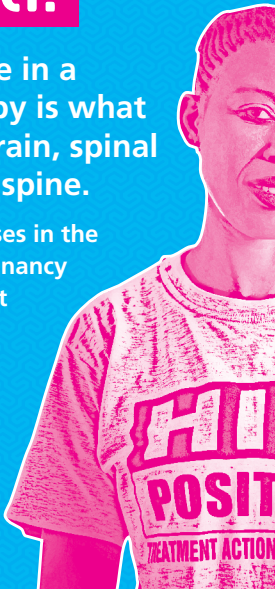


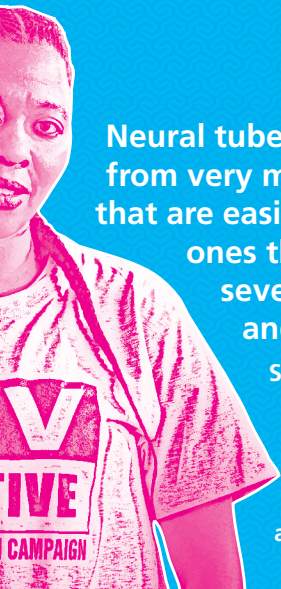
# WHAT IS A NEURAL TUBE DEFECT?

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 cause  
severe disability  
and even death.**

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



**CAN WOMEN LIVING**

**WITH HIV SAFELY TAKE**

**DOLUTEGRAVIR?**

**YES.**

All women living with HIV should be told their options, to help them select the appropriate ARV combination with their health worker. For most women, this will be a DTG-containing regimen.

# WHAT IF I WANT TO BECOME PREGNANT?

If you plan to become pregnant, you should be given all the latest information on dolutegravir and pregnancy.





**WHAT IF I AM**

**ALREADY**

**PREGNANT?**

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

**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, injectables, implants or IUCD.

# **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 are taking dolutegravir, and you are concerned about neural tube defects, you can talk to your healthcare team about your concerns.**

# TAKE CARE

# OF YOURSELF



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

- You must take your ARVs correctly, every day, to protect your baby from HIV.
- Your baby must be tested a few times for HIV in the first 18 months, with the last test at 18 months.
- After your baby is born, you can get a longer supply of ARVs. You can time this with your baby's testing and immunisations. This will reduce your number of visits to the clinic.

# UNDERSTAND

# YOUR OPTIONS

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

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





Find out more at  
[modernartforsouthafrica.co.za](http://modernartforsouthafrica.co.za)



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