

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?



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

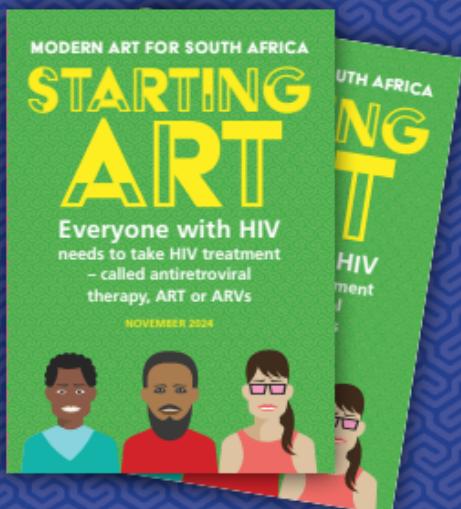
# THE ARV COMBINATION IN SOUTH AFRICA

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.

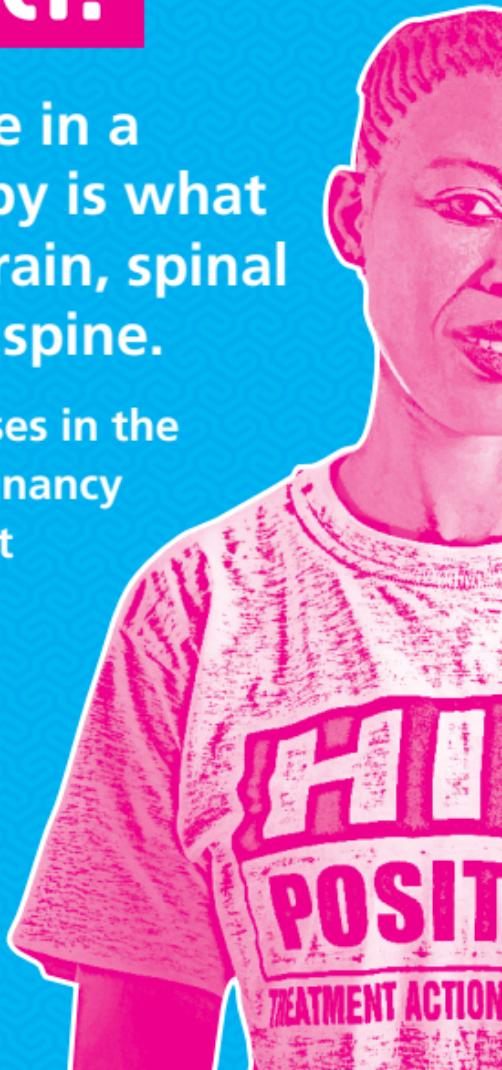


# WHAT IS A NEURAL TUBE DEFECT?

**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?

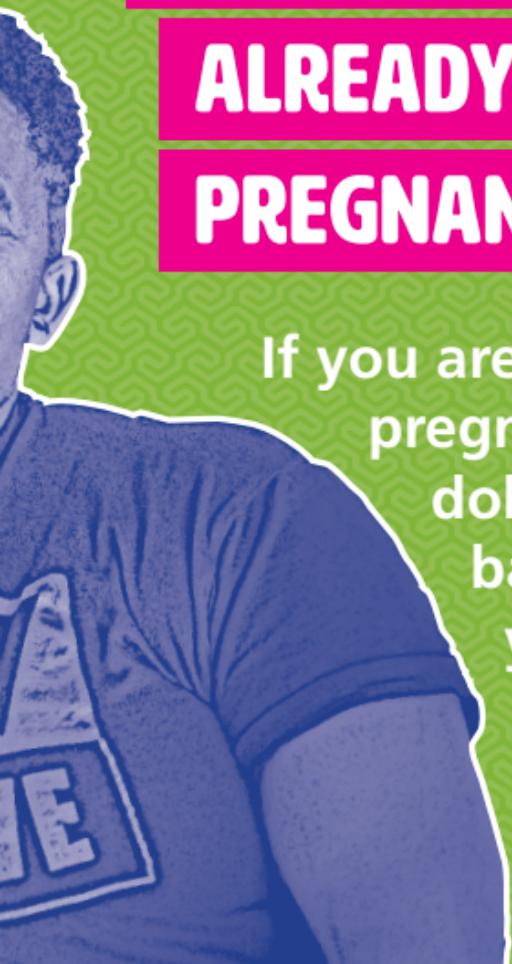
# YES.

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 IUD.

# **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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