

6 HIV and pregnancy

Questions

1. What percentage of babies will be born HIV-positive if their mothers receive no treatment?
2. What is the most important factor in preventing mother to child transmission?
3. Does the father's HIV status relate to the baby being born HIV positive?
4. Does pregnancy influence the CD4 count of the pregnant woman? If yes, how?
5. What would you tell an HIV-positive pregnant woman who plans to use AZT monotherapy to prevent mother to child transmission about (1) resistance (2) delivery?
6. What is the current mother to child transmission rate when a pregnant woman receives a combination therapy with 3 or more drugs?
7. What advice would you give about combination therapy to an HIV-positive pregnant woman who does not need ARVs for her own HIV infection?
8. List the pros and cons of a C-section as a means of delivery for an HIV positive pregnant woman.
9. Which ARVs, or combinations of ARVs, are not recommended in pregnancy, or in particular circumstances in pregnancy. List them and explain why.
10. Say which of these conditions can come from (1) pregnancy (2) ARVs (3) both:
 - morning sickness
 - nausea
 - anaemia
 - diabetes
 - lactic acidosis
 - lipoatrophy (fat loss)
11. Which tests should an HIV-positive pregnant woman avoid?
12. When would you recommend prophylaxis with acyclovir during pregnancy?
13. When and how should the baby's HIV status be checked?
14. Can HIV-positive women breastfeed?
15. For how long should a baby take ARVs ?
16. What is particularly important for an HIV-positive mother to remember after her baby is born if she is taking treatment for her own HIV ?