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Perspective

Perinatal HIV Infection Transmission Risk

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PERSPECTIVE

Antiretroviral (ARV) medications should be given to newborns, who have had prenatal HIV exposure to lower the risk of perinatal HIV transmission. HIV can be transmitted intrapartum, in utero, or during nursing. The most important risk factor for HIV transmission to a baby is the mother's viral load. When their moms do not take antiretroviral medication during pregnancy, their newborns are at a higher risk of infection. In late pregnancy, a larger maternal viral load is associated with a higher chance of transmission. These and other maternal and newborn variables, including as gestational age at birth, method of delivery, and maternal health condition, all influence transmission risk.

Multiple infant and maternal variables, including as maternal viral load and CD4 T lymphocyte (CD4) cell count, influence the risk of HIV acquisition linked with breastfeeding. Newborns of women who develop acute HIV while breastfeeding are at greater risk of acquiring HIV than those whose mothers have chronic HIV infection. Acute HIV infection is accompanied by a rapid increase in viral load and a corresponding decrease in CD4 count. Newborns exposed to HIV during breastfeeding should be tested for HIV infection prior to initiating presumptive If an HIV-exposed newborn is already receiving an ARV prophylaxis regimen other than presumptive HIV therapy and is found to have HIV, prophylaxis should be discontinued.

HIV-1 transmission from mother to child can happen before, during, and after birth. Transmission is late in early pregnancy and quite common in late pregnancy and during birth. Breastfeeding has a significant impact on the total risk. From the first successful study using zidovudine single-drug prophylaxis, antiretroviral regimens for preventing mother-to-child transmission of the human immunodeficiency virus have evolved. The majority of HIV medications are safe to take while pregnant. Antiretroviral therapy does not raise the risk of birth abnormalities. Unless the danger of any known adverse effects to a pregnant woman outweighs the advantages of a treatment regimen, pregnant women with HIV can utilise the same HIV treatment regimens as non-pregnant people.

During pregnancy, all HIV-positive pregnant women should begin taking HIV medications. Women who are already on a successful HIV treatment regimen when they get pregnant should, in most situations, stick to it throughout their pregnancy. Prenatal treatment for HIV-positive women involves education on the advantages of maintaining HIV medications, which enable persons with HIV live longer, healthier lives while also lowering the risk of HIV transmission. After delivery, HIV-positive women must decide whether to continue or change their HIV medications. Antiretroviral medication safety is a major concern in the treatment of HIV-positive pregnant women. Long-term follow-up of infants delivered to HIV-positive mothers who were treated with antiretroviral treatment before and after birth is critical.

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