

The choice to start, continue or discontinue PrEP when a woman becomes pregnant should be made by the woman, following a discussion of the risks and benefits with her healthcare provider (table below).

Key messages and information for PrEP in pregnant and breastfeeding women:

What is the risk of contracting HIV during pregnancy for the mother and baby?	What are the risks of PrEP drugs to foetus or baby?	What are the benefits of taking PrEP during pregnancy and breast feeding?
 Biological and behavioural changes during pregnancy increase the likelihood of women contracting HIV. The likelihoodby of a pregnant woman contracting HIV is 2-3 times greater than in a non-pregnant woman. Women recently infected with HIV have a much higher chance of passing on HIV infection to the unborn baby because of the high levels of the virus in the body during this time of acute (new) infection and not yet being on ARV treatment. 	 We do know: Very low concentrations of PrEP drugs are secreted in the breast milk and will not harm the baby. PrEP use in HIV negative pregnant women was shown to be safe for the mother and baby. There has been an extensive use of TDF/FTC (PrEP drugs) over many years by pregnant women as part of HIV treatment, and there is no indication of any harmful effects for the foetus/infant. 	 An HIV negative pregnant or breastfeeding woman taking PrEP can protect herself from contracting HIV thus also reducing the risk of passing HIV to the unborn or breastfed baby. PrEP is easy to take, it requres one pill a day. PrEP can be taken by the woman without anybody else knowing if she wants to keep it to herself. PrEP can be used when a woman and her partner want to conceive safely if she is HIV negative and her partner is HIV positive. PrEP can be used by couples when one partner is positive (and is not on ART or virally surpressed) and the other is negative.

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