

Other issues in delivery

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In theory, any intervention during delivery that exposes your baby to your blood or vaginal fluids increases the risks of transmission, so any monitoring of your baby that breaks the skin (like scalp electrodes) should be avoided, and forceps or suction caps for delivery should be avoided (there is no actual evidence of these interventions increasing transmission, but it makes sense that they could).

What if I go into labour or my waters break before my scheduled caesarean?

If this occurs, you should go immediately to hospital where you will be given intravenous AZT immediately. Once you are in labour, there is no HIV prevention benefit in having a caesarean so you may either opt to deliver vaginally, or to proceed to have an emergency caesarean.

Why is AZT during delivery recommended?

Regardless of your [viral load](#) [1]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. and the treatment options you take during pregnancy, you will be advised to have intravenous AZT during delivery.

Most HIV transmission to infants takes place during delivery (rather than in the uterus or after delivery). Research has established that AZT during pregnancy, during delivery and after delivery to the infant (sometimes called three part chemoprophylaxis) has a significant protective effect, but the precise mechanism of action is not understood. Your infant may be more vulnerable to infection if you omit the AZT during delivery.

Does my baby have to take [ARV](#) [2]A medication or other substance which is active against retroviruses such as HIV.?

Your baby will be prescribed ARV for four weeks after delivery, either as single drug or [combination therapy](#) [3] Highly Active AntiRetroviral Therapy ??? aggressive treatment of HIV infection using several different drugs together.. The precise drugs may change according to individual circumstances (i.e. the ARV used by the mother and her treatment history) or according to new research.

Infant treatment is called PEP, or post-exposure prophylaxis, and it can prevent infection by 'mopping up' infectious HIV particles to which your baby might have been exposed. It increases the likelihood of avoiding infection.

Your baby may experience side effects like [anaemia](#) [4]A lower than normal number of red blood cells. and neutropaenia, but many babies do not experience any side effects. If side effects are severe, your baby may require blood transfusions or may need to stop therapy.

[Do I need to have a caesarean delivery?](#) [5]up [What is 'best practice' if I have hepatitis C as well as HIV?](#) ›

- [ANET resources](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/416>

[2] <http://www.napwa.org.au/glossary/term/122>

[3] <http://www.napwa.org.au/glossary/term/96>

[4] <http://www.napwa.org.au/glossary/term/402>

[5] <http://www.napwa.org.au/resource/treat-yourself-right/pregnancy/do-i-need-to-have-a-caesarean-delivery>

[6] <http://www.napwa.org.au/resource/treat-yourself-right/pregnancy>

[7]

<http://www.napwa.org.au/resource/treat-yourself-right/pregnancy/what-is-best-practice-if-i-have-hepatitis-c-as-well-as-hiv>