Preconception Care Algorithm for Women Living with HIV

**Is she:**
Thinking about or desiring pregnancy?

**NO** (or unsure)
Discuss current family planning practices and options. Ensure linkage to reproductive health services as needed.

**YES**
Discuss options for improving/maintaining maternal health and reducing risk of HIV transmission to sexual partners, including control of viral load, treatment of acute and chronic infections (including STIs) and safer sexual practices. Explain the importance of preconception care for optimizing maternal and infant health and reducing the risk of HIV transmission.

Discuss:
1. Importance of controlling viral load with effective ARV treatment
2. Importance of treating/managing other acute or chronic conditions, including STIs
   - Barriers and possible solutions to maximize adherence
   - Partner’s reproductive intention, HIV status and HIV treatment
   - Safer conception and safer sex during pregnancy
   - Current medications: check for safety in pregnancy and
   - Refer for reproductive health evaluation

Counsel:
1. To begin taking multivitamins with 400 mcg of folic acid daily
2. To avoid over-the-counter medicine
3. On healthy activity level and weight
4. On a healthy diet
5. On resources to stop smoking and to avoid second-hand smoke
6. On substance abuse treatment, if applicable
7. On disclosure of HIV status, partner involvement and partner HIV testing, care and treatment as applicable
8. Provide referrals to support services as needed

At current or follow-up visit, discuss:
1. Medical history
2. Family history and screening for genetic conditions
3. Screening for immunity to varicella, rubella and Hepatitis A and B
4. Vaccinations
5. Screening for hemoglobinopathies
6. Previous pregnancy outcomes
7. Healthy child spacing
8. Jointly prioritize needs and develop a plan of care
9. Schedule follow-up visits to monitor progress on health/behavior improvement
10. There may be an elevated risk of teratogenicity with efavirenz (EFV) if taken in the first trimester of pregnancy. Review the most recent guidelines on use of EFV in women of childbearing potential and pregnant women: www.aidsinfo.nih.gov
11. There is an elevated risk of hepatic toxicity in pregnant women taking nevirapine (NVP) with CD4 count <250.
12. There is an elevated risk of side effects, including pancreatitis and hepatic toxicity in women taking a combination that includes stavudine (d4T) and didanosine (ddI).

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1 For the most recent information on preconception care, HIV treatment and prevention of perinatal HIV transmission, see “Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States” available at: www.aidsinfo.nih.gov

2 For general information on evidence-based practices for preconception care for all women, see the Centers for Disease Control and Prevention (CDC) recommendations: “Preconception Care” available at: http://www.cdc.gov/ncbddd/preconception

3 When prescribing ART to women of childbearing age consider the regimen’s effectiveness for treatment of HIV, an individual’s hepatitis B disease status, the drugs’ potential for teratogenicity should pregnancy occur and possible adverse outcomes for mother and fetus.