

# ARVs FOR NEWBORN BABIES

To further reduce the chances of your baby getting HIV:

- Your baby will be given a dose of Nevirapine syrup after birth.
- Your baby will take Nevirapine every day for the first six weeks after birth.

## HIV TESTING FOR BABIES

All babies born to HIV-positive mothers are tested for HIV until they are 18 months old. This includes:

- At birth;
- 10 weeks after birth;
- 6 weeks after stopping breastfeeding; and
- At 18 months old.

If your baby tests positive, they will start on ARVs as soon as possible, which they will take for the rest of their lives.

## FEEDING YOUR BABY SAFELY

When you are taking ARVs and are virally suppressed, exclusive breastfeeding is best for your baby.

This means feeding your baby your breast milk only for the first six months.

If you feed your baby your breast milk and other substances like formula, water, porridge or gripe water before they are six months old, this can cause infections and increase the risk of your baby getting HIV.

Breastfeeding has many benefits:

- Breast milk is the most nourishing baby food.
- Breast milk helps to develop your baby's immune system.
- Antibodies in breast milk protect your baby against infections.
- Breastfeeding soothes your baby and strengthens the bond between you and your baby.
- If you are virally suppressed, exclusive breastfeeding for the first six months reduces the risk of passing HIV on to your baby.

Talk to your healthcare worker if you have any questions about breastfeeding your baby.

The 'Zenzele Living with HIV' publication range includes the following brochures:

+P	1 TREATMENT	+P
Ⓜ	2 DISCLOSURE	Ⓜ
Ⓜ	3 ADHERENCE	Ⓜ
👶	4 PMTCT	👶
❤️	5 LOVE AND SEX	❤️
🍃	6 NUTRITION AND LIFESTYLE	🍃
🧑	7 ADOLESCENTS AND HIV	🧑
👴	8 AGEING WITH HIV	👴
🫁	9 UNDERSTANDING TB	🫁
🏠	10 WELCOME BACK	🏠

## FINDING HELP AND SUPPORT

If you are living with HIV, you are not alone. You can get the help and support you need when you ask for it. Many organisations offer free calls to experienced counsellors who are available 24 hours a day.

AIDS Helpline 0800 012 322  
 Gender-based Violence Command Centre 0800 428 428  
 Lifeline Counselling Line 0861 322 322  
 Suicide Crisis Line 0800 567 567  
 Childline (under 17) 0800 055 555  
 Substance Abuse Line 0800 12 13 14  
 Momconnect \*134\*550#

If you are looking for HIV support services in any part of South Africa, visit [www.healthsites.org.za](http://www.healthsites.org.za) to find a support group in your area.

To find a Facebook support group, visit [BrothersforlifeSA](http://BrothersforlifeSA) or ZAZI. You can also visit [www.brothersforlife.mobi](http://www.brothersforlife.mobi) or [www.zazi.org.za](http://www.zazi.org.za)

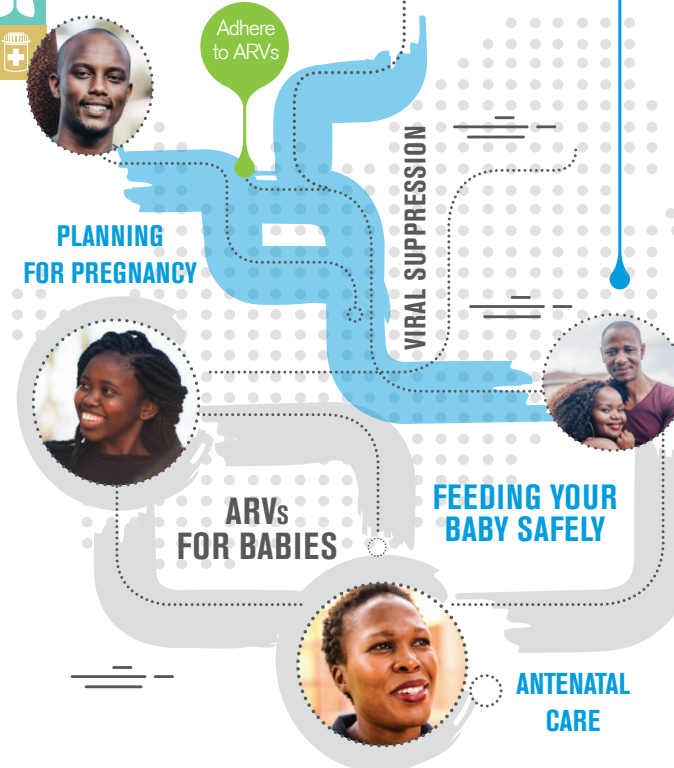
You can find more information on living with HIV in other brochures in the Zenzele series.



PMTCT

# 4 LIVING WITH HIV: HAVING A HEALTHY BABY

Start ARVs today



J7571 - 0860 PAFRIKA

ATTACKS  
CD4 CELLS



## HIV IN THE BODY

*HIV is a virus that weakens the immune system, which protects your body against infection and disease. When your immune system is weak, your body cannot fight infections and diseases. If HIV is not treated with ARVs, you can get a collection of diseases called Acquired Immunodeficiency Syndrome (AIDS).*

IMMUNE SYSTEM IS WEAKENED



## GETTING TREATMENT FOR HIV

*Antiretroviral treatment (ARVs) are medications that are the only way to control HIV. Adherence – taking ARVs as told by a healthcare worker – reduces the amount of HIV in the body: the CD4 count goes up and the immune system recovers. This is called viral suppression. This does not mean HIV has been cured, it means there is only a small amount of HIV in the blood, that you will enjoy better health, and that there is less chance of transmitting HIV to somebody else.*

VIRAL SUPPRESSION



## VIRAL LOAD TESTING

*If you are pregnant or breastfeeding, you will need to have a blood test to check your viral load every six months until your child is two years old, to check how much HIV is in your blood.*

*If your viral load is high, this increases the chance of your baby getting HIV. The only way to keep your viral load low and protect your baby is by taking your ARVs as prescribed by the healthcare worker.*

This pamphlet was supported by Cooperative Agreement Number GH001932-04 from the Centres for Disease Control and Prevention. Its content are solely the responsibility of the authors and do not necessarily represent the official views of the Centres for Disease Control and Prevention, the Department of Health and Human services, or the U/S government.



*“When I was pregnant the first time, I found out I had HIV. I only drank two or three ARVs and then I stopped. My baby was five months old when he passed away. When I got pregnant the second time, I was already on ARVs. I started ANC when I was three months pregnant and my viral load was undetectable. I gave birth naturally to an HIV-negative baby.”*

Annah Mathekga



## TAKING ARVs DURING PREGNANCY

*ARVs are safe for you and your unborn baby. You must take your ARVs every day during your pregnancy, labour and during breastfeeding.*

*Adhering to your ARVs will lead to viral load suppression. This means you will stay strong and healthy, and there will be little to no chance of passing HIV on to your baby. It will be safe to exclusively breastfeed your baby.*

*It is important to continue taking your ARVs even after you give birth. Remember once you start taking ARVs, you must take them as advised by your healthcare worker, every day, for the rest of your life.*

*If you have morning sickness and vomit during your pregnancy, speak to the healthcare worker about the steps you can follow to make sure that your ARVs remain in your body and treatment is not affected.*

## PLANNING FOR PREGNANCY

*If you or your partner are living with HIV, it is possible to plan a safe pregnancy and have an HIV-negative baby.*

*If you and your partner are HIV positive, on ARVs and virally suppressed: you can conceive naturally by having sex without using a condom.*

*If one partner is HIV negative and one is HIV positive: the HIV-positive partner must take ARVs and have a suppressed viral load. There will be very little chance of transmitting HIV to the HIV-negative partner or to the baby.*

*Talk to your healthcare worker about how best to protect your partner and your baby.*

*This will involve you taking your ARVs and your partner may take PREP, an HIV-prevention medication.*

## TAKING ACTION WHEN YOU ARE PREGNANT

*Whether you are HIV positive or negative, it is important to go to the clinic for antenatal care (ANC) as soon as you think you are pregnant.*

*Babies can get HIV during pregnancy, during childbirth, or during breastfeeding. If you start taking ARVs within the first three months of pregnancy and you take the treatment as the healthcare worker tells you, you will have a low or suppressed viral load by the time you give birth. This will greatly reduce the chance of the baby being born with HIV.*

## WHAT TO EXPECT AT THE CLINIC

- You will be tested and treated for HIV and any other pregnancy-related complications.
- If you have HIV, you will be given counselling about ARVs and how you can prevent your baby from getting HIV before and after birth.
- Unless you have TB, which needs to be treated first, you can start ARVs immediately.
- If you are already on ARVs you will continue with your treatment.
- You will have CD4 count and viral load tests throughout your pregnancy to make sure that the treatment is working, and that you are virally suppressed.

## FOLLOW-UP VISITS AT THE CLINIC

*It is important to have at least eight ANC clinic visits before you give birth. This will allow your healthcare worker to check your health and your baby's health and help you with any problems during your pregnancy.*