

HIV and Pregnant Women, Infants, and Children



HIV can be passed from mother-to-child anytime during pregnancy, childbirth, and breastfeeding. This is called *perinatal transmission*.

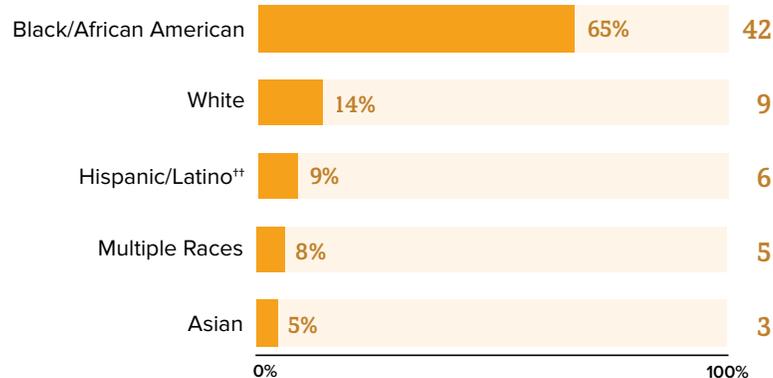
BUT THERE IS GOOD NEWS:

For a woman with HIV, the risk of transmitting HIV to her baby can be **1% OR LESS** if she:

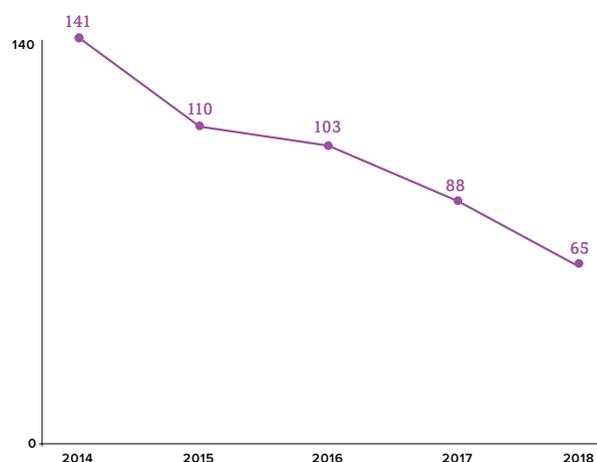
-  Takes HIV medicine as prescribed throughout pregnancy, birth, and delivery.
-  Gives HIV medicine to her baby for 4 to 6 weeks after giving birth.
-  Does NOT breastfeed or pre-chew her baby's food.

Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, <1% (65) were due to perinatal transmission.

Most new perinatal HIV diagnoses were among Black/African American[†] children. ‡**



HIV diagnoses declined 54% among children overall from 2014 to 2018.



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

[†] *Black* refers to people having origins in any of the black racial groups of Africa. *African American* is a term often used for Americans of African descent with ancestry in North America.

[‡] Children under the age of 13.

** In 2018, there were no cases of perinatal HIV among Native Hawaiians/Other Pacific Islanders and American Indians/Alaska Natives.

^{††} Hispanics/Latinos can be of any race.





Of the **1,042,270 people with diagnosed HIV** at the end of 2018, <1% (1,544) were among children with diagnosed perinatal HIV.

Most children with diagnosed perinatal HIV are Black/African American.



Black/African American	60%	934
Hispanic/Latino	14%	223
White	11%	172
Multiple Races	9%	133
Asian	5%	72
American Indian/Alaska Native	<1%	7
Native Hawaiian/Other Pacific Islander	<1%	3



If you are pregnant or planning to get pregnant, **get tested for HIV** as soon as possible. If you have HIV, the sooner you start treatment the better—for your health and your baby’s health and to prevent transmitting HIV to your sex partner. If you don’t have HIV, but your partner does, ask your doctor about medicine to prevent getting HIV called pre-exposure prophylaxis (PrEP).

There are several challenges that place some babies at risk for HIV.

Unaware of HIV Status



Pregnant women with HIV may not know they have the virus. CDC recommends HIV testing for all women as part of routine prenatal care.

Unsure of the Care They Need



Women with HIV may not know they are pregnant, how to prevent or safely plan a pregnancy, or what they can do to reduce the risk of transmitting HIV to their baby.

Not Taking HIV Medicine as Prescribed



To get the full protective benefit of HIV medicine, the mother needs to take it as prescribed throughout pregnancy and childbirth and give HIV medicine to her baby after delivery.

Social and Economic Factors



Pregnant women with HIV may face more barriers to accessing medical care and staying on treatment.

How is CDC making a difference for pregnant women and their babies?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let’s Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

For more information about HIV surveillance data and how it is used, read the “Technical Notes” in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

For more information visit www.cdc.gov/hiv