Mother’s Little Helpers

Triple cocktails for two

May 1, 1998 By Scott Hess

Add another chapter to *What to Expect When You’re Expecting*. AZT monotherapy -- for women who can get it -- has cut the rate of mother-to-infant HIV transmission to eight percent. Now, triple-drug therapy may reduce the risk of mom-to-infant HIV transmission even further, according to a small San Francisco-based study.

A program initiated in 1996 by Dr. Karen Beckerman of the Bay Area Perinatal AIDS Center (BAPAC) offered moms-to-be antiretroviral combos (such as AZT/3TC/ Viracept), instead of the standard AZT monotherapy. Of 58 babes born to moms on the cocktail since then, not one has tested positive; all will be monitored to age 2. “Our goal is to get our moms to their kids’ high-school graduations,” Beckerman said.

While some women started the program already on triple therapy, for the antiretroviral virgins, “we usually recommend that they wait until 12 to 14 weeks of pregnancy to start antiretrovirals,” said Beckerman, adding that those doing well on an existing therapy are encouraged to stay with it. “We also counsel our mothers that there is nothing known about the drugs’ effects on the developing fetus, so the decision is theirs. Adhering to drug regimens postpartum can be ”extremely difficult,“ so Beckerman advises a carefully negotiated plan. She expects more women to opt for triple therapy as more drug safety and efficacy info becomes available. ”There’s a theoretical risk for the babies, but HIV-infected people need to have the option to be on anti-HIV drugs,“ she said. ”It could be dangerous for moms not to take the drugs."

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