New Guidelines for Treating HIV in Pregnant Women

Unlike the World Health Organization's public health guidelines, these are centered on the individual.

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A panel of international experts has released a new set of guidelines for treating HIV among pregnant women, helping inform them about associated benefits and harms. Unlike recommendations that come from, for example, the World Health Organization, which are designed with such public health considerations as cost in mind, these guidelines prioritize the needs of HIV-positive pregnant women as individuals.

Publishing their recommendations in The BMJ, an international panel of women living with HIV, specialist clinicians and general practitioners based their guidelines on two systematic review papers published in BMJ Open that examined the benefits and harms of different antiretroviral (ARV) regimens for pregnant women with HIV. In crafting their recommendations, the panel sought to honor the values and preferences of such women.

The panel wound up recommending older ARVs rather than the most widely used HIV medications available today as a means of reducing the risk of premature birth and neonatal death.

The recommendations are based on a flowchart that begins by asking whether the pregnant woman is already on ARVs. If so, a regimen of Truvada (tenofovir disoproxil fumarate/emtricitabine) or Combivir (zidovudine/lamivudine) plus at least one other ARV in each case is recommended. The recommendation remains the same for women starting ARVs during pregnancy if they have a CD4 count below 350. If women have not taken ARVs before their pregnancy and have a CD4 count of 350 or higher, the panel recommends one of the aforementioned regimens; for the prevention of mother-to-child transmission of the virus only rather than the treatment of HIV in the mother, therapy with only Retrovir (zidovudine, or AZT) or a combination ARV regimen just during childbirth is recommended.

In general, the panel recommends treating with Combivir over Truvada.

Overall, the panel found that there is a lack of reliable data on the safety and efficacy of most commonly used ARV regimens among pregnant women living with the virus.

To read a press release about the recommendations, click here.

To read the recommendations, click here.

To read an opinion piece that accompanied the recommendations, click here.

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