

# Unintended Pregnancy Associated With Higher HIV Viral Load

The findings highlight an ongoing need for better integration of HIV care with sexual and reproductive health care.

January 19, 2021 By [Heather Boerner](#)

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Only one in five women with HIV at a clinic in Chicago were intentionally pregnant in 2007 to 2014. But women with unintended pregnancies were less likely to be on HIV treatment and less likely to have an undetectable viral load at the time of their first prenatal visit than those who intended to become pregnant.

The good news is that 76% of women not on antiretrovirals (ARVs) at the beginning of the study achieved viral suppression by the time of delivery. None of their infants acquired HIV.

These are the findings of a study published in the [American Journal of Obstetrics and Gynecology Maternal and Fetal Medicine](#). They come on the heels of [updated pregnancy and perinatal guidelines](#) and not long after research confirmed that dolutegravir (in Tivicay and combination pills) [is more effective at suppressing viral load](#) in women who enter HIV care late in pregnancy.

In the study, researchers reviewed data from the Women's HIV Program at Chicago's Northwestern Memorial Hospital from 2007 to 2014, searching for women with HIV who had live births. Of the 201 women who received prenatal care at the clinic during that time, 137 women (68%) hadn't intended to become pregnant. These women were more likely to be younger, to have public insurance, to be unemployed and to smoke or use drugs.

Overall, by the time of delivery, women with intended pregnancies were more likely to have viral suppression: 95% versus 77% of women with unintended pregnancies. The converse was also true. Of those women who had a detectable viral load at birth, 91% weren't planning to be pregnant versus 63% of women with planned pregnancies.

"These findings persisted even after controlling for other factors, with unintended pregnancy associated with an approximately 78% lower odds of viral suppression at delivery," wrote lead author Annie Dude, MD, assistant professor of obstetrics and gynecology at the University of Chicago, and colleagues.

Even after the first science on Undetectable = Untransmittable came out in 2011, the odds of viral

suppression among women with unintended pregnancy didn't change. What's more, not quite one in three women overall at the clinic were on antiretrovirals at the time of their first prenatal visit. And, perhaps unsurprisingly, women with unintended pregnancies didn't receive their first prenatal appointment until later in pregnancy compared with women who'd planned to become pregnant.

The findings point to a lack of integration of sexual and reproductive health care with HIV care and prevention before pregnancy for most of the women with unintended pregnancies, the authors stated.

“Future research could focus on how to improve contraceptive uptake among this population when desired, including the role of contraceptive and preconception counseling among infectious disease physicians or other non-obstetric providers on the multidisciplinary HIV care team, who likely care for these women between pregnancies,” Dude and colleagues wrote. “Finally, as many women are initially diagnosed with HIV only once they become pregnant and initiate prenatal care, HIV testing and prevention should be incorporated into routine care of women of childbearing age.”

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