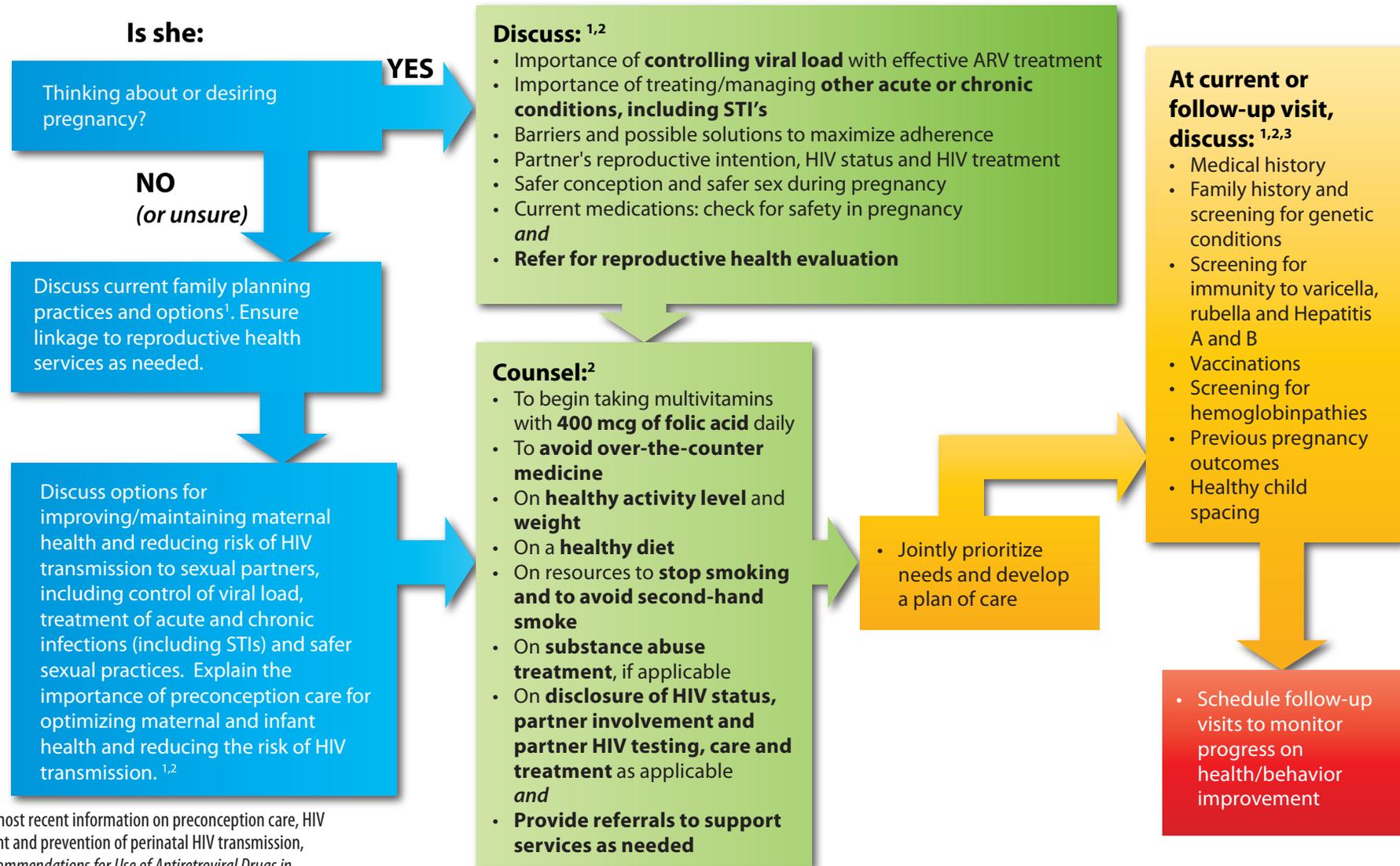


# Preconception Care Algorithm for Women Living with HIV



<sup>1</sup> For the most recent information on preconception care, HIV treatment and prevention of perinatal HIV transmission, see "Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States" available at: [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)

<sup>2</sup> For general information on evidence-based practices for preconception care for all women, see the Centers for Disease Control and Prevention (CDC) recommendations: "Preconception Care" available at: <http://www.cdc.gov/ncbddd/preconception>

<sup>3</sup> When prescribing ART to women of childbearing age consider the regimen's effectiveness for treatment of HIV, an individual's hepatitis B disease status, the drug's potential for teratogenicity should pregnancy occur and possible adverse outcomes for mother and fetus.

- There may be an elevated risk of teratogenicity with efavirenz (EFV) if taken in the first trimester of pregnancy. Review the most recent guidelines on use of EFV in women of childbearing potential and pregnant women: [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)
- There is an elevated risk of hepatic toxicity in pregnant women taking nevirapine (NVP) with CD4 count >250.
- There is an elevated risk of side effects, including pancreatitis and hepatic toxicity in women taking a combination that includes stavudine (d4T) and didanosine (ddI).