

# 2024 HHS Perinatal HIV Guidelines Update

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# Disclosures

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No conflicts of interest or relationships to disclose.

# Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States



Developed by the HHS Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission—  
A Working Group of the NIH Office of AIDS Research Advisory Council (OARAC)

## How to Cite the Perinatal Guidelines:

Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/en/guidelines/perinatal>. Accessed (insert date) [include page numbers, table number, etc., if applicable].

It is emphasized that concepts relevant to HIV management evolve rapidly. The Panels have a mechanism to update recommendations on a regular basis, and the most recent information is available on the Clinicalinfo website (<https://clinicalinfo.hiv.gov/>).

## Major Updates to Initial ART Regimens For PWH During Pregnancy

Bictegravir/TAF/FTC now *alternative*

Darunavir with ritonavir and two NRTIs:

- *Preferred* if prior cabotegravir PrEP
- Otherwise *alternative*

# Preferred Regimens During Pregnancy

## Preferred Initial ART Regimens During Pregnancy (ARV-Naïve)

Dolutegravir + (TAF or TDF) + (FTC or 3TC), or

Dolutegravir/ABC/3TC (if HLA-B\*5701 negative and no chronic HBV)

However, if any history of cabotegravir exposure for PrEP, the following are preferred for initial ART due to concerns about INSTI resistance mutations:

- Darunavir/ritonavir + (TAF or TDF) + (FTC or 3TC)
- Darunavir/ritonavir + ABC/3TC (if HLA-B\*5701 negative and no chronic HBV)

# Alternative Regimens During Pregnancy

## Alternative ART Regimens During Pregnancy (ARV-Naïve)

Bictegravir/TAF/FTC

Raltegravir + preferred dual-NRTI backbone

Atazanavir/ritonavir + preferred dual-NRTI backbone

Darunavir/ritonavir + preferred dual-NRTI backbone

Efavirenz/TDF/FTC or efavirenz/TDF/3TC or efavirenz + preferred dual-NRTI backbone

Rilpivirine/TDF/FTC or rilpivirine/TAF/FTC or rilpivirine (oral) + preferred dual-NRTI backbone

# Insufficient Data for Use as Initial Regimen During Pregnancy

## **Insufficient Data for Use as Initial Regimen During Pregnancy (ARV-Naïve)**

Doravirine or doravirine/TDF/3TC.

# ART Regimens Not Recommended During Pregnancy

## ART Regimens Not Recommended During Pregnancy (ARV-Naïve)

Cobicistat-boosted atazanavir or darunavir or elvitegravir

Long-acting injectable cabotegravir + rilpivirine

Not recommended except for special circumstances (treatment-experienced): etravirine, fostemsavir, ibalizumab, lenacapavir, maraviroc, enfuvirtide



## Updates on ART for PWH who are Trying to Conceive

- Insufficient data on efficacy and safety of injectable cabotegravir (CAB) and rilpivirine (RPV) during pregnancy
- Injectable CAB and RPV should be stopped at least 1 year before conception to ensure drugs are fully eliminated
- If suppressed on long-acting CAB/RPV and wish to conceive, shared decision-making important

## Updates on PrEP Periconception, Antepartum & Postpartum

- Preferred PrEP for people who have receptive vaginal sex during pregnancy and infant feeding is daily TDF/FTC
- For people who become pregnant while receiving PrEP, strongly encourage clinicians to register with the Antiretroviral Pregnancy Registry  
<https://www.apregistry.com/>

# Additional Updates

- Changes to align with Adult and Adolescent Antiretroviral guidelines: HIV RNA threshold for resistance testing updated, CD4 count monitoring
- Bictegravir added to ARV drugs recommended for treating HIV-2 infection during pregnancy

# Reminder About Infant Feeding Updates

- All PWH should receive evidence-based, patient-centered counseling to support shared decision-making about infant feeding
- Begin counseling prior to conception or as early as possible in pregnancy and continue throughout pregnancy
- Replacement feeding with properly prepared formula or pasteurized donor human milk from a milk bank eliminates the risk of transmission
- Achieving and maintaining viral suppression with ART during pregnancy and postpartum decreases breast/chestfeeding transmission risk to <1%

# Reminder About Infant Feeding Updates

- If not taking ART or viral load not suppressed: replacement feeding with formula or banked pasteurized donor human milk is recommended
- If taking ART with sustained undetectable viral load and choose to breast/chestfeed, providers should support the decision
- Engaging Child Protective Services or similar agencies is not an appropriate response to infant feeding choices of an individual with HIV
- National Perinatal HIV hotline (1-888-448-8765) available for questions about infant feeding by individuals with HIV

# Summary

- Preferred and alternative ART options during pregnancy updated and reflect growing data for bictegravir/TAF/FTC during pregnancy
- Additional updates made to guidelines to align with PrEP guidelines and with Adult & Adolescent Antiretroviral Treatment Guidelines
- Updates in infant feeding guidelines and considerations remain notable and critical to disseminate to clinicians

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