Abstract

Purpose of review: To describe progress and challenges to elimination of mother-to-child HIV transmission (EMCT) in high-income countries.

Recent findings: Despite ongoing declines in the number of perinatally HIV-infected infants in most high-income countries, the number of HIV-infected women delivering may be increasing, accompanied by apparent changes in this population, including higher percentages with antiretroviral “pre-treatment” (with possible antiretroviral resistance), other co-infections, mental health diagnoses, and recent immigration. The impact of antiretroviral resistance on mother-to-child transmission is yet to be defined. A substantial minority of infant HIV acquisitions occur in the context of maternal acute HIV infection during pregnancy. Some infant infections occur after pregnancy, e.g., by premastication of food, or breastfeeding (perhaps by an uninfected woman who acquires HIV while breastfeeding).

Summary: The issues of EMCT are largely those of providing proper care for HIV-infected women. Use of combination antiretroviral therapy by increasing proportions of the infected population may function as a structural intervention important to achieving this goal. Providers and public health systems need to be alert for HIV-serodiscordant couples in which the woman is uninfected and for changes in the population of HIV-infected pregnant women. Accurate data about HIV-exposed pregnancies is vital to monitor progress toward EMCT.