



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

Frequently Asked Questions



ONE TEST
TWO LIVES

Get tested for HIV.
For you and baby.™

[\(/actagainstaids/campaigns/ottl/index.html\)](http://actagainstaids/campaigns/ottl/index.html)

What is the goal of the One Test. Two Lives. campaign?

The One Test. Two Lives. campaign focuses on ensuring that all women have the opportunity to get tested for HIV early in their pregnancy.

Is the One Test. Two Lives. campaign directed toward pregnant women?

No, it is directed toward health care providers who work with pregnant women, including obstetricians, certified nurse-midwives, and nurses in obstetrical practices. The campaign aims to assist these obstetrical providers in encouraging all of their pregnant patients to get tested for HIV. A 2001 study by Royce et al. showed that patients trust their providers' judgment and strong provider endorsement motivates pregnant women to accept testing. In this study of 1,362 pregnant women, nearly 90% were offered prenatal HIV screening. About 75% of those who were offered testing accepted it. Most notably, 93% of the women who felt that their providers strongly recommended HIV screening accepted the test.

To what degree can early detection and treatment of the mother's HIV infection protect a baby from perinatal HIV transmission?

Perinatal HIV transmission rates are 2% or less when antiretroviral therapy is initiated and adhered to during pregnancy. The figure is 25% for women who receive no preventive treatment. When antiretroviral therapy is begun intrapartum, the rate of transmission is approximately 10%.

Is lack of prenatal HIV screening a big problem in the United States?

Approximately 40% of the mothers of HIV-infected infants born in the United States in 2000 were not known to have HIV before delivery. So clearly not all pregnant women are being screened for HIV during pregnancy.

How many babies in the United States are born with HIV each year?

Since the 1990s, the number of children born with HIV has declined dramatically (from almost 1700 per year before interventions to less than 150 per year, an 85% decline). Despite the great progress we've made in reducing mother-to-child HIV transmission, even one HIV-infected newborn is too many. We must remain vigilant by continuing to invest in perinatal HIV screening and prevention to sustain our progress, and bring the number of infected newborns down even further.

What information can be provided to a pregnant patient who refuses HIV testing to help her understand the importance of receiving the test?

It is worthwhile and in line with current recommendations to pursue the subject of HIV testing after an initial refusal. One Test. Two Lives. offers a tool with suggested responses to common objections to HIV screening. These can be helpful in encouraging a patient to be tested. Of course, keep in mind that every woman does have the right to refuse testing.

Is it beneficial to test a pregnant patient for HIV if she does not present until labor and delivery?

Even if the patient has had no prenatal care or has refused testing until labor and delivery, a rapid test can be done at that time and anti-retroviral therapy can be started, if warranted.

When antiretroviral therapy is begun intra partum, the rate of transmission is approximately 10%.

Is there another testing option besides the standard blood test for patients who are afraid of needles?

Yes, the FDA has approved a test that uses oral fluid to detect HIV. You can learn more about this type of testing by visiting the [testing section \(/hiv/basics/testing.html\)](/hiv/basics/testing.html) of the CDC HIV/AIDS prevention Web site.

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