Background: Numerous data from clinical trials and real-life studies suggest that the two-drug regimen doPravdin/kg/day and lamivudine 150 mg/day in the first trimester, and 300 mg/day in the second and third trimesters. The primary safety endpoint was the incidence of adverse events in mothers and infants until the post-partum visit. The primary efficacy endpoint was a HIV-RNA<200 copies/mL at delivery and the median CD4 count was 570 cells/μL. A total of 24 pregnant women, both naïve and experienced, were included in the study. The drug-related adverse events were classified as mild, moderate, or severe. Results: In this study, 24 pregnant women were included in the study, with 12 naïve and 12 experienced. The incidence of drug-related adverse events was similar between the two groups. The median CD4 count was 570 cells/μL at delivery. A total of 11 infants were delivered, and all were HIV-RNA<200 copies/mL at delivery. Conclusions: The results of this study suggest that a DTG-based regimen may be a valid dual-therapy option for women with HIV during pregnancy. Further studies are needed to confirm these findings.