

# *Information for HIV+ New Moms*



For many women, raising a newborn is both a highly rewarding and very challenging time in their lives. This is especially true for HIV positive new moms. You may face additional stresses, such as waiting to find out if your baby is HIV positive, and you may have to care for your baby in ways you didn't expect to. This pamphlet has information on what you need to do to keep you and your baby healthy.

## *I had my baby, now what?*

Even though most of your time will be devoted to thinking and caring about your baby, you also need to take care of your own health. It is still important to go to your doctor appointments and post-natal appointments and to ask for help from friends and family when you need it.

Your baby will have to take HIV medication for six weeks after birth to help prevent HIV infection. Your baby will be tested for HIV at birth and during the first few months of life.

You will most likely know whether or not your baby has HIV by the age of two to four months.



## *Should I breast-feed my baby?*

Because babies can be infected with HIV through breast milk, it is NOT recommended for HIV positive women to breast-feed their babies. Some provinces and territories provide free formula to HIV positive new mothers for the first year of their baby's life. Talk to someone at your local AIDS service organization, hospital or clinic to find out if your region has a baby formula program.

## *What do I tell people who wonder why I am not breast-feeding?*

You may have noticed that breast-feeding is very popular these days and people may ask you why you are not breast-feeding your baby. Some people may even criticize your choice to bottle-feed. You need to think ahead about how to respond to these questions and comments. If you do not wish to disclose your HIV status, you may want to make up a reason, such as "I am not producing enough milk" or "the baby did not take to my breast." Regardless of what other people say, remember that you are making the right decision by bottle-feeding your baby. You are giving your baby the chance to live a healthy, HIV-free life.

## *If I am not breast-feeding, how do I bond with my baby?*

You may worry that you will have a more difficult time bonding with your baby if you are not breast-feeding. But remember that your baby already knows you—your voice, your smell, your body—because he or she has been growing inside you for nine months. Bonding will happen just by spending time with your baby. Here are some ways to do this while bottle-feeding:

- Hold your baby in a position similar to the one for breast-feeding. This is the most natural position and will help you bond.
- Look into your baby's eyes. Newborns have the ability to recognize faces, and looking into your baby's eyes will help him or her know your presence.
- Talk to your baby. Your voice will calm your baby and help develop their language skills.

## *Should I still take birth control after giving birth?*

You may have heard that women can't become pregnant right after giving birth. **This is not true.** You still need to use birth control (the Pill, IUD, condoms, etc.) and practice safer sex (condoms) to protect your partner from HIV and to prevent an unplanned pregnancy. Speak to your doctor about birth control soon after delivery.

## *What is postpartum depression?*

There are two main types of depression that women can experience after giving birth:

- "Baby blues" – the most minor and common form of postpartum depression, which can last from a few days to several weeks. It involves crying, becoming irritated easily, not being able to sleep and mood swings.
- Postpartum depression – a more severe form of the "blues," which can last for several months to a year. It includes crying fits and feelings of hopelessness, guilt, worry and not being adequate (not being good enough). It may cause headaches, numbness, chest pain and hyperventilation (trouble breathing). Postpartum depression can affect the way a new mother bonds with her child; some women may lose interest in their child or even feel as if they do not like him or her.

The symptoms of depression may not start right away but can begin anywhere from two weeks to six months after giving birth.

## *What causes postpartum depression?*

No one knows for sure what causes postpartum depression. It may be related to hormonal changes during pregnancy and birth. It may also result from your expectations of motherhood not matching the reality of it, or from a lack of social support. One thing we do know is that women who have experienced depression before are more likely to suffer postpartum depression, and women who

have experienced postpartum depression after their first pregnancy may experience worse symptoms during their next pregnancy.

Whatever the cause, you are not a bad mother if you feel this way. And you are not alone. About 20 percent of new moms experience symptoms of depression after they give birth. This figure may be even higher for new moms who have HIV. The best thing you can do is to seek help.

## What can I do?

If you experience symptoms more severe than those caused by “baby blues” and if these symptoms last longer than a few weeks, be sure to speak to your doctor. A good support network of family and friends, counseling and medication can all help with postpartum depression. If you decide to take antidepressant medication, talk to your doctor to make sure that it is compatible with any anti-HIV drugs you’re taking.

Here are some good coping strategies:

- Set short-term goals and focus on them. Include something in your daily or weekly routine that you can look forward to, such as taking a relaxing bath, calling a good friend or going for a long walk.
- Join a support group for new parents. It’s important to know that you’re not alone.
- Share your feelings of sadness or worry with people you trust. Talk to your doctor or other health-care professional about your sadness and worry. They can help you.
- If you are having thoughts of harming yourself, your baby or another person, this is very serious. You should go directly to your nearest emergency department.

## Acknowledgements

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## *Where can I get support and more information?*

A partial list of AIDS service organizations that help HIV positive women with their pregnancy and fertility needs:

### *Mother Risk*

Toronto, Ontario  
1-888-246-5840  
momrisk@sickkids.ca  
www.motherisk.org

### *The Hospital for Sick Children*

Toronto, Ontario  
www.aboutkidshealth.ca

### *AIDS Coalition of Nova Scotia*

Halifax, Nova Scotia  
902-425-4882 x225  
1-800-566-2437  
sc@acns.ns.ca  
www.acns.ns.ca

### *Centre for AIDS Services Montreal (Women)*

Montreal, Quebec  
514-495-0990  
direction@casm-mtl.org  
netrover.com/~casm

### *Ontario Aboriginal HIV/AIDS Strategy*

Toronto, Ontario  
416-944-9481  
1-800-743-8851  
info@oahas.org  
www.oahas.org

### *The Teresa Group*

Toronto, Ontario  
416-596-7703  
info@teresagroup.ca  
www.teresagroup.ca

### *Women's Health in Women's Hands*

Toronto, Ontario  
416-593-7655  
whiwh@web.net  
www.whiwh.com

### *Nine Circles Community Health Centre*

Winnipeg, Manitoba  
204-940-6000  
1-888-305-8647  
ninecircles@ninecircles.ca  
www.ninecircles.ca

### *Positive Women's Network*

Vancouver,  
British Columbia  
604-692-3000  
1-866-692-3001  
pwn@pwn.bc.ca  
www.pwn.bc.ca

### *Oak Tree Clinic*

Vancouver,  
British Columbia  
604-875-2212  
1-888-711-3030 (in BC)