



for women living
with HIV/AIDS

PWN INFO SERIES

Pregnancy & Prenatal Care For Women With HIV

Choices

You don't have to rule out having children if you have HIV. But, like anyone, you need to think about how it will change your life. Do you want to be a parent for the rest of your life? How's your health? Is your viral load low or high? (The lower the better). How might you react if your baby has HIV? Can you care for a child with HIV who may be sick when you may be sick? Are family or friends committed to helping you?

If you're not sure about becoming a parent, staff at Oak Tree Clinic or Positive Women's Network can answer your questions. It's a good idea to think things through before becoming pregnant so you can have the healthiest pregnancy possible if you do decide to have a child.

If you are thinking about having a baby, take a folic acid supplement (at least 400 micrograms) daily for at least three months before you try to conceive and during the first trimester (13 weeks) of pregnancy. This will reduce the chance of your baby having a birth defect of the brain or spinal cord and is recommended to all women considering pregnancy (regardless of HIV status).

Possibility of Infection from Mother to Child

You may wonder, "What's the risk of infection?" It depends on whether you take treatment or not during pregnancy. About 25% (25 in 100) of babies born to moms with HIV will get HIV if no treatment is taken. If treatment is taken properly and consistently according to treatment guidelines, the risk of the baby having HIV is less than 2% (2 in 100). It's essential you see a doctor if you think you're pregnant so you can get good care for you and your baby throughout pregnancy.

Transmission from mother to baby can occur in three ways: during pregnancy, during childbirth (when the baby may take in its mother's blood), and during breast-feeding. Antiretroviral treatment is offered to reduce infection risk during pregnancy and childbirth. To protect baby after birth, breast-feeding is not recommended.

Antiretroviral Treatment and Pregnancy

Researchers have found that giving women combination antiretroviral therapy (more than one drug) is the best way to protect mom's long term treatment options and baby's risk of infection. The goal of antiretroviral drug treatment (ART) is to reduce the mother's viral load to as low as possible so infection is unlikely to occur.

While it is extremely important to do all we can to avoid infection of the baby, it's also important to admit that we don't know the long-term effects of the drugs on the children who are born. No child treated with ART has yet become an adult, so health problems that *might* occur have yet to be seen.

Looking After Yourself

A healthy pregnancy includes eating a balanced diet of healthy food, getting plenty of sleep, seeing a doctor regularly to check your progress, and establishing a good support system of people you can count on. Avoid using drugs and alcohol during pregnancy, as they can seriously harm the development of your baby. Avoid smoking during pregnancy and once your child is born.

... turn over→

Common Prenatal Tests

Ultrasound is usually offered around the 18th week of pregnancy. Your care provider may suggest one sooner if anything unusual arises. The ultrasound test moves a special instrument over your stomach that creates images of the baby through sound waves. It is not a risk factor for HIV infection and gives your care provider a good idea of how your baby is developing. You also get to see your baby! Your doctor will also schedule frequent *blood tests* to monitor your viral load during pregnancy and as you approach your due date.

Not all prenatal screening tests are recommended for women with HIV. Tests like amniocentesis, which can expose the baby to mom's blood, are not usually offered because of the risk of infection, but they may be considered in some circumstances.

Labour & Delivery

Blood tests will tell your doctor about your viral load. If your viral load is considered too high to be safe for the baby during a vaginal delivery, a caesarian section birth may be recommended. If this is the case, you will be scheduled for one close to your due date. Recovery from a caesarian birth usually takes about six weeks, and you should not lift anything heavier than the baby. You will need help at home if you have a caesarian. Regardless of how you deliver, you will receive ART to protect the baby from becoming infected during the birth, when it is in contact with a lot of your blood.

For more information, contact:

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You and Your Newborn

Babies can get HIV from breast milk, so it is recommended that you don't breast feed at all. Understandably, the reaction to this can be sadness, or sometimes anger about your HIV status. These reactions are normal.

Newborns are tested for HIV at birth, 2 weeks, one month, 2 months and 3-4 months. If at least two results are positive after one month of age, the baby is infected. If at least two results are negative after one month of age, then the baby is not infected. The test used on babies actually looks for infection with the virus itself (not just antibodies).

If you're a single mom, you'll need to prepare a legal document specifying who is to be your child's guardian if you're too sick to care for her, or if you die. Every parent needs to think about this, but it's particularly important for parents with HIV.

Having a child can be extremely rewarding, but parenting is also a lot of work. Check out your local community centre or neighbourhood house for programs for new moms. Most are free to moms with new babies. You get support from other moms and your baby gets a chance to socialize too.

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