



This information is to assist you if you are:

- HIV positive and pregnant
- HIV positive and want to become pregnant
- HIV positive, pregnant, and uncertain about what you want to do
- HIV positive and want to find out all you can about your choices about pregnancy
- pregnant, and uncertain about your HIV status.

HIV Test

If you are pregnant or thinking about becoming pregnant you may want to consider having an HIV test. Discuss with your doctor whether you think you need to have an HIV test. Be really honest about the situations you have been in which may have put you at risk for HIV infection.

For information about testing for HIV read the *Testing Fact Sheet* in this series.

When pregnant, routine tests are done at an antenatal clinic or by your GP, to check for certain conditions eg. German measles etc. Unlike these tests, the HIV test is *not a routine test* although some doctors test women without their knowledge or consent. If you are unsure what tests are being done ask your doctor to explain them to you and what the results of the tests could mean.

If you are HIV positive and would like to have a child there are options available to you. If you have a male partner you may want to discuss the possibilities of self insemination at home or insemination using his sperm at a clinic. You may also consider a range of sperm donor options. This could include friends or an arrangement with a known donor. Some HIV positive women consider having unprotected sex with their partner at their most fertile time to try to become pregnant. This involves a risk of HIV infection for your partner. Discuss these options carefully with your doctor or call the Peer Support Project at the AIDS Council of NSW (ACON) Ph (02) 9206 2012, to talk to another HIV positive woman.

Pregnant ?

Whether your pregnancy is wanted or unwanted, you may have to make some very difficult decisions, including whether to continue the pregnancy, or have a termination (abortion). Talking with other HIV positive women may be really valuable, even though you might not make the

same decision as any other woman, you might not make the same decision you would make in a year's time, or that you would have made a year ago. Call the Peer Support Project at ACON Ph (02) 9206 2012.

Talking with close friends, partner or family can help but you may also want to talk to someone who is less directly involved in your life such as a counsellor, health worker or social worker. The Paediatric HIV Unit at the Sydney Children's Hospital provides a range of services including support and counselling for HIV positive pregnant women Ph (02) 9382 1654.

Things to think about

Some of things to think through could be:

- your feelings about having a baby or not
- your ongoing health and treatment options
- the chances of the baby having the virus
- how you will cope with attitudes and/or advice from other people, whether you decide to continue the pregnancy or to terminate
- what support you might need
- how your partner feels (if you are in a relationship at present)

There should be no pressure to end the pregnancy, but if you do decide not to continue, you will need to discuss it with a doctor within the first four to six weeks as there are legal and medical factors to think about. Most terminations are performed at a clinic or hospital between seven and twelve weeks after the first day of your last period.

For more information call

Abortion Hotline (Mon-Fri) Ph (02) 9233 3780
Australian Birth Control Services Ph (02) 9399 3900
Family Planning Telephone Information Nurse Ph (02) 9716 6099.

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A series of fact sheets for women about HIV.

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- 5 Pregnancy
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Produced by
Family Planning NSW
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(ACON)
Ph 9206 2000
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ACON

If you decide to continue the pregnancy you will need to find a doctor you can talk to about your pregnancy and HIV - someone you trust, who listens to you and in whom you have confidence. It may be that you will need a good obstetrician and an HIV doctor who are able to work together. It is important to have a doctor with experience in HIV issues for women.

What effect will it have on me?

Research has shown that pregnancy is not harmful to your health, will not cause an increase in HIV related infections, and will not cause HIV to progress more quickly. *A pregnant woman with HIV is not any more or less likely than any other HIV positive woman to develop an HIV-related illness.* All pregnant women have a slightly lowered immune system which returns to normal by about six weeks after the birth.

Will the baby have HIV?

The possibility of the baby becoming infected with HIV during pregnancy or delivery (vertical or perinatal transmission) depends on a number of factors:

- the amount of virus in your blood (viral load)
- the state of your health and immune system
- the effect of anti-HIV drugs now or later
- other infections during pregnancy including sexually transmitted diseases (STDs)
- aspects of delivery.

A baby is most at risk of HIV infection when a woman is seroconverting, ie when she is in the first three months of having been infected with HIV, or if she has AIDS. While the majority of babies born to HIV positive women do not become infected with HIV, there is no way to know exactly which babies are more likely to be infected. Statistics vary but studies show that 75% to 92% of babies born to HIV positive women will **not** have HIV. This means that 8% to 25% will become infected with HIV.

All babies carry their mother's HIV antibodies for the first 12 - 18 months of their life, so all children born to HIV positive women will initially test positive for HIV. More complex tests for the virus are done during the first twelve months to help assess whether the baby has HIV or not.

There does not appear to be any significant difference in rate of perinatal transmission between either vaginal or caesarean deliveries. Decisions about delivery should be based on the best medical/obstetric practice in this area and the needs of the woman and child at the time of delivery. Of great importance is the length of time between rupture of membranes (waters breaking) and the time of birth. The longer the time between rupture and birth, the greater the risk/possibility of transmission.

If your male partner is also HIV positive, there is some evidence to suggest that unprotected vaginal intercourse during pregnancy increases the possibility of perinatal transmission.

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.

Breastfeeding

Breastfeeding increases the chance of transmission from mother to child. In Australia, where there are safe alternatives to breastfeeding eg. supplement feeding, HIV positive mothers are strongly advised to use these rather than to breastfeed.

Treatments

You may want to talk with your doctor about treatment options during pregnancy. Some HIV positive women take anti-HIV drugs. Others want to have a drug free pregnancy.

At the moment AZT is usually the only anti-HIV drug offered to pregnant women, however some doctors prescribe combination therapy during pregnancy. Combination therapy is the new standard drug treatment and is considered to be much more effective and longer lasting than AZT treatment alone. However at present the effect of combination therapy during pregnancy is unknown, although clinical trials are underway. The use of combination therapy for babies born to HIV positive women is also being studied. Talk with your doctor about all treatment possibilities.

Much more is known about AZT. Treatment using AZT is started between twelve and thirty four weeks of pregnancy and stopped six weeks after the baby is born. While it is known to reduce transmission, the long term effects of AZT on the child and the mother are unknown. There is a risk with only taking AZT that the virus might develop resistance to it which can greatly diminish treatment options for the future.

Ultimately the decisions about the pregnancy and the use of treatments if any, are yours.

Where to go?

Where you decide to go for the birth depends, as it does for all women, on a number of factors. Where you live will largely determine this. If you are concerned about any aspects of the antenatal and obstetric care available in your local area, you may need help in finding alternatives.

A good place to start is with the Positive Women's Peer Support Project at the AIDS Council of NSW. Other useful contacts include the Paediatric HIV Unit at the Sydney Children's Hospital - Ph (02) 9382 1654, and SWAIDS (Social Workers in AIDS) - Ph (02) 9515 3196.

You will need to think about talking to your doctor and/or someone at the hospital about being HIV positive, particularly if you are having any anti-HIV drug treatment. Only hospital staff who are directly caring for you have the right to know you are HIV positive. Ask about birthing practices at the hospital, and how they fit with the sort of birth you want. Consider who you want to tell, who you want to have with you for support, and what sort of treatment and care you want for both you and the baby.

The decisions are yours.

Whatever information you receive, you have the same rights as every pregnant woman.