

## CAN AN HIV POSITIVE WOMAN STILL HAVE A BABY?

It is within every woman's right and choice to have a baby. Women living with HIV and women in a relationship with either an HIV positive or negative partner have the right to bear children. Regardless, there are still some issues for consideration including preventing HIV transmission during conception and reducing the chances of mother to child transmission.

If a woman is HIV positive and would like to become pregnant by her male partner who is HIV negative, this can be done without the risk of HIV transmission from the woman to the man through artificial insemination. If a woman who is HIV negative would like to conceive and her partner is HIV positive, sperm washing can be undertaken to make sure that HIV is not transmitted from the man to the woman. Unfortunately, this procedure is not widely available in Canada yet, and still costly.

## WILL A BABY BE BORN INFECTED?

Many HIV positive women give birth to healthy babies who are HIV negative. If a woman takes HIV medication as prescribed by a doctor, her baby has less than a 2% (2 in 100) chance of becoming infected. Without medication this chance increases to about 25% (25 in 100). There is no way to know for sure if a baby will be born with HIV. Women with higher viral loads are more likely to give birth to babies infected with HIV but no viral load is low enough to ensure a baby will not become HIV positive. Following a prescribed drug therapy treatment may help prevent the spread of HIV to the fetus.

## HOW DOES HIV INFECTION HAPPEN FROM MOTHER TO CHILD?

HIV infection from mother to child can happen anytime during pregnancy, delivery or breastfeeding.

- ▶ **During pregnancy:** Infection during pregnancy can happen as early as a woman's eighth week of pregnancy when the virus crosses to the fetus from the woman's bloodstream through the placenta. ART can reduce transmission risk during pregnancy.
- ▶ **During birth:** During delivery there may be an exchange of fluids that can result in a baby becoming infected with HIV. Women on antiretroviral therapy and with a low viral load can consider vaginal birth as a safe option. In other cases, as planned (also called "elective") caesarean section significantly reduces transmission risk, many doctors and health practitioners recommend it. However elective caesarean delivery, like all surgery, involves risks. These options need to be discussed as early as possible in the pregnancy. It is also important to keep in mind that having a caesarean section may not make a difference since in some cases the fetus may have already been infected with HIV before birth.
- ▶ **Breastfeeding:** HIV is found in breast milk and can be passed onto a baby if a woman decides to nurse. Avoiding breastfeeding can reduce transmission risk.

Note: Mothers who test negative for HIV during their pregnancy can still pass the virus on to their babies if they become newly infected during their pregnancy or when breastfeeding. It is often recommended to mothers who are either infected with HIV, or who continue to practice unprotected/unsafe risk activities associated with HIV infection, to access breast milk from a milk bank or use baby formula.

## SHOULD PREGNANT WOMEN GET TESTED FOR HIV?

All women in Canada should be offered an HIV test by their doctor during their prenatal screening medical exam. This is done as a preventive measure to help reduce the number of babies born with HIV. While this is a strategy used in Canada, everyone has the right to decide what is best for them and their body. An expecting mother should always be given the opportunity to talk about the test, how it is administered, what the results mean and how the results might affect her personally.

## WHAT ARE THE BENEFITS OF BEING TESTED?

Mother to child or “vertical” transmission is what occurs when the baby is infected by the HIV virus of the mother. If a mother knows she’s HIV positive, she can make informed decisions with her medical team that could prevent mother to child transmission.

## HOW WILL I KNOW IF MY BABY HAS HIV?

Testing babies for HIV is done after birth. Most babies born to infected mothers will initially test positive for HIV antibodies because when first born, babies take on their mother’s antibodies. This doesn’t necessarily mean the baby is positive. To determine the baby’s actual HIV status, doctors will recommend additional HIV testing be done at two weeks, four to six weeks and after three months. If babies are infected with HIV, their own immune system will start to make HIV antibodies. If the baby is not infected, at some point the mother’s antibodies will disappear and the baby will test negative for HIV antibodies. Two negative tests after one month indicate that a baby is negative.

## HOW CAN RISK OF HIV INFECTION FROM MOTHER TO CHILD BE REDUCED?

There are many things an HIV positive mother can do to help decrease the chance of her baby becoming infected with HIV such as:

- ▶ Have an early test
- ▶ Access good prenatal care
- ▶ Complete prenatal treatment for the mother
- ▶ Plan safe delivery for the baby
- ▶ Get post treatment for the baby
- ▶ Avoid breastfeeding

## DOES AN HIV POSITIVE MOTHER NEED TO CHANGE HER HIV MEDICATIONS?

It is strongly recommended that HIV positive mothers have a discussion with their doctor or health care professional before changing HIV treatment, medications or dosage. It is best to have a health care plan that works well for all involved.

## WHAT IF A BABY IS HIV POSITIVE?

Despite interventions, some babies will remain HIV positive when being born to an HIV positive mother. Finding out a baby is HIV positive is not easy and accessing medical care and support during this time is essential. While the care of the child remains important, it is also crucial that the mother continue to take care of herself both physically and emotionally. There are a variety of counselling, advice and support groups available for additional information and guidance. Counsellors will be able to provide care and support to both parent(s) and child.

With proper care, support and treatment, many HIV positive children grow up to be healthy and happy; contributing and participating in all aspects of life.

## ONLINE RESOURCES

- ▶ **BC Health Guide:** [www.bchealthguide.org/healthfiles/hfile38a.stm](http://www.bchealthguide.org/healthfiles/hfile38a.stm)
- ▶ **Caring for Kids:** [www.caringforkids.cps.ca/babies/HIVtesting.htm](http://www.caringforkids.cps.ca/babies/HIVtesting.htm)
- ▶ **Positive Women’s Network:** [www.pwn.bc.ca](http://www.pwn.bc.ca)
- ▶ **Society of Obstetricians and Gynecologists of Canada:** [www.sogc.org/health/pregnancy-hiv\\_e.asp#pregnancy](http://www.sogc.org/health/pregnancy-hiv_e.asp#pregnancy)