

What every woman should know about HIV

By Dr. Mona Loutfy

For many women, the increase in life expectancy associated with modern antiretroviral (ARV) medication has made it possible to imagine living longer and possibly starting a family. Finding a good doctor with whom you feel comfortable discussing these personal issues and expectations is a must for every woman living with HIV.

The proportion of women living with HIV in Canada is on the rise. In 2006, it reached its highest level yet, at nearly 28% of all new positive test reports (compared to 11% in years prior to 1997). The statistics are most alarming among young women: those between the ages of 15 and 19 represented nearly 64% of all positive test reports in this age group in 2006.

Seeing a gynecologist or HIV-experienced family doctor regularly is important. Women with HIV may be at greater risk of complications from the human papilloma virus (HPV). HPV is a very common sexually transmitted virus that can cause genital warts, but usually has no symptoms and is picked up only during a routine **Pap test**. While most types of HPV don't cause problems, some strains of this virus have been linked with cervical cancer if they're left undetected and untreated for many years. Routine Pap tests are the best way to catch HPV and treat it before it can cause problems.

Most women with HIV who don't want to become pregnant can safely take the same oral contraceptives (i.e. 'the pill') as women who are HIV negative. However, some anti-HIV drugs may decrease the effectiveness of the pill and increase the chance of an unwanted pregnancy. Make sure to ask your doctor about this possibility each time you start a new combination of ARVs or when one or more drugs in your regimen is changed. Your doctor may recommend other options for preventing pregnancy, such as an intrauterine device or Depo-Provera®, which is given by injection every three months.

Baby talk

If you are thinking about having a child or adding to your family, talk to your HIV doctor as soon as possible to plan for a healthy pregnancy. Taking ARVs during pregnancy can decrease the risk of infecting an unborn baby to less than 1%, but there are some other things you need to consider:

It's strongly recommended that HIV-positive women considering pregnancy take anti-HIV drugs to prevent



spreading the infection to the baby. If you're not already on medication, your doctor can talk to you about the best time to start and which combination would be best for you.

Although most drugs won't harm the fetus, efavirenz (Sustiva®, also in Atripla™) has been associated with certain birth defects and shouldn't be used during pregnancy. If you're taking efavirenz and intend to get pregnant, don't stop the drug on your own. Talk to your doctor about what you need to do to switch to a safer alternative before you become pregnant.

Smoking, alcohol and other recreational/illegal drugs can have seriously harmful effects on a developing baby and should be avoided even before you try to get pregnant. You should also take a folic acid supplement at least one month before you start "trying," in order to prevent neural tube defects, a very serious type of developmental problem.

If you are an HIV-positive woman of childbearing age, be proactive in taking care of yourself. Eating right, regular exercise and avoiding harmful habits like smoking are important steps that you can take to stay healthy. Find a doctor with whom you are comfortable sharing personal information so that the two of you can make the best decisions about your health. **R**

Mona Loutfy, MD, FRCPC, MPH, is an infectious diseases specialist at North York General Hospital and research director at the Maple Leaf Medical Clinic in Toronto. She's also an assistant professor at the University of Toronto.