

Having babies

by Shari Margolese

Pregnancy is never without challenges, and HIV adds another layer of complications. Here are some things to think about as you start your family.

Getting pregnant safely

Recent studies have shown that it's safer to have unprotected sex with your partner if: you're taking HIV drugs; your viral load is undetectable; and you have no other sexually transmitted infections (STIs). The risk is reduced further if you limit unprotected sex to when you're ovulating and most likely to become pregnant. You can ask your doctor or nurse to help you know when you are ovulating. But since there's still a possibility of transmitting HIV infection, unprotected sex isn't recommended.

If your male partner is HIV negative, you may want to use the so-called "turkey-baster" method to insert his sperm into your vagina. Talk to your doctor for specific instructions.

If you and your partner are HIV positive and you have unprotected sex, there's a risk of superinfection with a different strain of HIV.

Sperm washing

Sperm washing virtually eliminates the risk of transmission from a positive man to both his partner and the fetus. The seminal fluid — which is where HIV is found — is washed away, leaving "clean" sperm to fertilize the egg in an assisted insemination procedure. Sperm washing and assisted insemination must be done in a fertility centre.

If fertility is a problem, you can ask about some of the assisted reproductive technologies available. Remember, though, that these may not be covered by health insurance.

Plan ahead

To increase the chance of having a healthy baby, take folic acid supplements (the recommended amount is 0.4 mg a day) starting at least one month before you become pregnant. Folic acid reduces the risk of neural tube defects that can result in abnormalities of the brain, skull or spine, such as spina bifida. Give up smoking, drinking alcohol and using recreational drugs. Before you get pregnant, get tested for rubella (German measles) and get vaccinated if you haven't already had it, as infection during pregnancy can cause birth defects.

You'll need to take antiretroviral medications (ARVs) during pregnancy to reduce the risk of transmitting HIV to your baby. The standard of care is that your baby take AZT (Retrovir®) for six weeks after birth. Talk to your doctor before becoming pregnant to make sure you're on a suitable highly active antiretroviral therapy (HAART) regimen. Some ARVs, such as Sustiva® and Atripla®, aren't safe during pregnancy, so you may have to change your HAART regimen for the duration of the pregnancy. You can usually switch back to your original regimen after the baby is born.

If you or your male partner is also taking drugs for hepatitis C, these drugs may harm the fetus (unborn child). You (or your partner) should stop taking them for at least six months before trying to become pregnant. If you're taking herbal remedies for hepatitis C, check with your doctor or pharmacist that they're safe for the baby.

You and your partner should be tested for STIs. Many STIs with no noticeable symptoms can affect fertility or be passed on to the fetus.

Birth and after

Delivering the baby by Caesarean section (a surgical procedure) can further reduce the risk of transmission to the baby in some circumstances, such as if your viral load is over 1,000 copies/mL or you haven't taken ARVs during pregnancy. But for many women, vaginal delivery is just as safe. Discuss each option with your doctor.

Because babies can be infected with HIV through breast milk, it's not recommended for HIV-positive women to breast-feed their babies. Some provinces provide free formula to HIV-positive new mothers for the first year of their baby's life.

People around you may either pressure you to have children or question your right to do so. Make sure the decision feels right to you. Talk to your local AIDS Service Organization (ASO) to find out if they host support groups or activities where you can connect with other parents living with HIV. **R**



Shari Margolese has been an active advocate for people living with HIV since shortly after her own HIV+ diagnosis in 1993. Ms. Margolese is currently working with Dr. Mona Loutfy to develop the Ontario HIV Pregnancy Planning Initiative and National HIV Pregnancy Planning Guidelines. Look for the detailed guide to pregnancy and HIV she wrote for the Canadian AIDS Treatment Information Exchange at www.catie.ca.