

Pregnancy, Childbirth and feeding your baby

Fact sheet 3

This is a short summary of a much longer document which is available by e-mail from info@icw.org Or you can download it from <http://www.icw.org/>

ICW supports the right of all women to choose for themselves whether they want to have children or not. HIV positive women who want to have children should be able to access the treatments and care which they need to have healthy pregnancies and healthy HIV negative babies. This sheet summarises the information positive women need to minimise the risk of transmitting HIV to their babies.

HIV can be passed to babies from their mothers' bodies during pregnancy, during childbirth or through breastfeeding. Around 50%-60% of children born to HIV positive women are likely **not** be HIV positive themselves. With some basic precautions, transmission rates during pregnancy, childbirth and breastfeeding can be considerably reduced. The possibility of passing on the virus can be reduced to as low as 2% in many settings. Understanding of these issues is constantly improving, but there are many parts of the world where women are still not able to gain access to the information, care or treatment which is their right. This is why ICW campaigns for global access to care, information and treatment for all HIV positive women and why we have written this information sheet.

This information sheet explains how the risk of transmitting HIV from mother to child can be greatly reduced. The information is as up to date as possible, (as of August 2003) but research is still going on and we suggest that you should, if possible, **consult a health professional** about your pregnancy, to learn about your best options. If you have access to the internet you can also check <http://www.aidsmap.com/web/pb3/eng/1a3edd95-c60b-4bff-83d5-ce706aa88191.htm> or www.unaids.org for the latest available information.

Reducing the Risk of HIV transmission

If you are able to keep healthy, this will be better for you as well as for your baby. There are a number of ways that you may be able to reduce the risk of infection being passed to your baby during pregnancy, during childbirth and if you breastfeed.

- **Know your HIV status.** If you know your status, this will help you to decide what steps you might be able to take to reduce the risk of transmission to your baby.

- **Seek medical advice.** Contact with health workers before or early in your pregnancy means that they can monitor your health and advise you about reducing the risk of transmission to your baby. It is best that your delivery is attended by a trained health professional who is aware of your status if you are HIV positive, who is therefore able to take the necessary steps to reduce the risk of transmission.
- **Try, if you can, to look after your health.** Pregnant or breastfeeding women who are sick because of HIV are more likely to transmit HIV to their babies than women who are well.
- **Use condoms, especially if you have sex during your pregnancy and while you are breastfeeding,** to protect yourself against other strains of HIV and other sexually transmitted infections, which can otherwise affect your own health and affect your baby too. If using condoms is a problem for your partner, it may help if you or the health professional can explain to him that using condoms may reduce the risk of transmission to the baby.
- **Try to eat a healthy balanced diet,** including, for instance, red meat and eggs, green vegetables, fruit and cereals.
- **Rest** is also important.
- **Take anti-retroviral medicine** (*if you have access to it*) (carefully following medical advice about what to take and when) in order to reduce the amount of virus in your blood. These can both reduce the progression of HIV in your own body and reduce the chances of transmission of HIV to your baby. There is more about anti-retrovirals below.

NB All babies are born with their mother's antibodies in their blood. So it can take up to 15 months before an HIV antibody test is able to show whether the baby is HIV positive or negative.

More about pregnancy

All HIV positive pregnant women ideally need to have regular follow-up and care during pregnancy. Seeking early antenatal care means that tests can be carried out, illnesses identified (such as malaria or intestinal worms, which can cause anaemia) and, where necessary, treatment given. Maintaining your own health, by eating well, avoiding illness, using condoms, resting and taking ARVs, is one of the most effective ways of staying well, of looking after yourself and of reducing the risk of transmitting HIV to your baby.

Continued overleaf 

More about childbirth

Strategies to reduce transmission of HIV during childbirth include:

- Providing ARVs to women before and during delivery (and usually AZT or nevirapine to the baby after delivery).
- Preventing prolonged and/or difficult labours. Birth attendants should not break the waters artificially.
- Avoiding interventions that cause bleeding such as episiotomies, using forceps to deliver or applying electrodes to the baby's scalp.
- Having a caesarean section (CS) if you are HIV positive but not on long-term combination therapy. *Is this available near you?*
- If you are HIV positive, and have a CS you should be provided with antibiotics to reduce the risk of infection.

Feeding your baby

Breast milk is the best food for a new baby. However, breastfeeding is a route of HIV transmission. This sheet highlights issues to consider when deciding whether or not to breastfeed. For more information see the longer ICW Information Sheet for HIV positive women 'Pregnancy, Child birth and feeding your baby' and try to discuss the matter with a health provider:

- Some HIV positive women are now expressing their breast milk regularly and then pasteurising it, by heating it just until it starts to bubble round the edge of the pan, then letting it cool before feeding it to their baby. Preliminary research suggests that this might be a safe way of destroying the HIV virus in the milk. You can read more about this in the longer ICW information sheet.
- If you would prefer not to breastfeed, how easy will it be for you to prepare a safe alternative to breast milk?
 - Do you have access to safe, clean water?
 - Can you afford a replacement milk supply for six to twelve months?
 - Do you have access to adequate utensils for feeding?
 - Do you have access to fuel for sterilising equipments and heating the milk?
- Will people guess that you might be HIV positive if you do not breastfeed?
 - Will that cause problems for you?
 - Can you think of another reason to say to people who ask why you are not breastfeeding? (for instance, that it hurts your breasts too much. Quite a few women find this anyway).

More about Anti-retrovirals (ARVs)

A healthy mother is more likely to result in a healthy baby. If a woman needs anti-retroviral therapy for her own health, then giving these drugs to her is more likely to result in a) her own continued good health and, in addition, b) reduced transmission to her baby. In some situations when a mother does not require therapy at present, "monotherapy" (normally zidovudine, also known as AZT, or nevirapine) can be given to her before and during delivery, and to the baby after delivery. Monotherapy can also be given in situations where combination therapy is not available (but where the mother ideally should have combination therapy). Although this reduces risk of transmission to the baby, it does have drawbacks for the mother's health.

How do they work? ARVs reduce the amount of virus in the bloodstream, and therefore reduce the risk of transmission to a baby during pregnancy, delivery or through breastfeeding. ARVs may have side effects for both you and/or your baby. Many women believe that the benefits of having an HIV negative baby outweigh the risk of complications in pregnancy or of the very low possible risk of birth defects.

Why should I take more than one set of ARVs? A single drug ('monotherapy' – normally AZT or nevirapine) can reduce the risk of transmission to the baby during labour/delivery but not as effectively as combination therapy. Ask your medical advisor about this. Monotherapy may also lead to the development of drug resistance in the mother. Again, it's best to ask your medical advisor about this.

If I am already on combination therapy, should I continue it when I become pregnant? Yes. Although taking drugs in the first three months of pregnancy is generally not advised, if you are already using combination therapy it is best to continue, because if you stop it, the amount of virus in your blood may increase and the risk of transmission to your baby would also increase.

Some combination therapy drugs are not recommended during pregnancy, so you may need to change them. Ask your medical advisor about this.

In conclusion

There are many things that you can do which can help you and your baby stay healthy. If you can, try to find a group of other HIV positive women with whom you can discuss the ideas and suggestions in this information sheet. Many HIV positive women have found that it really helps to do this. There are still no simple answers to many of these difficult and challenging issues, but ICW will continue to try to keep you informed about new research as it emerges.