

Reasons to Have a Baby

- Someone to love you unconditionally
- Someone you can love unconditionally
- Motherhood gives women special status
- Could strengthen relationship with mate
- Social connections (to family, school)
- Your DNA lives on
- They give you something to live for

“Children are the anchors that hold a mother to life.”

-Sophocles

Reasons Not to Have a Baby

- The risk of passing HIV on can be greatly reduced but cannot be eliminated –for some, *any* risk is too much risk
- It's an exhausting, 24/7 job
- It's expensive
- Competing needs (yours, partner's, baby's)
- Stigma by those who think HIV+ women shouldn't get pregnant
- Fear/concerns you won't survive to care for your child
- It's the wrong time (illness, addiction, incarceration...)
- The impact on your relationship with a mate/partner who won't provide the help needed to raise a child
- Don't want to get pregnant/fat/heartburn or deliver (ouch!)
- You're not "the parenting type"

How do Babies Get HIV?

- During pregnancy
- During delivery (riskiest time)
- Post-partum (through breast-feeding)

HIV & Pregnancy: Is it Safe?

It's safer now than ever before, but there are still no guarantees

Year	MTCT (Mother-To-Child Transmission)
1996 – without AZT	22%
1996 – with AZT (pregnancy, delivery & after)	7%
2005 – with combination of HIV drugs	<2%

What Affects the Risk of MTCT?

Increases the risk

- High viral load
- Smoking
- > 4 hours ruptured membranes

Decreases the risk

- Good medical care
- Low viral load
- Treat STDs
- Elective C-section? (if VL>1000)
- HIV drugs (preferably including AZT)

Make a Plan



If you are not yet pregnant:

- Find a doctor
- As much as possible, avoid drugs, alcohol, stress
- Quit smoking
- Get lots of rest, eat healthy food
- Establish a support network

Before Planning Pregnancy, Women Should Talk to Their Doctors About:

- Contraception
- Transmission risks
- Strategies to reduce risks
- Drugs to treat HIV & OIs/prevent MTCT
- Drugs to avoid (due to toxicities)
- Nutrition and vitamins
- Screening for STDs, genetic diseases

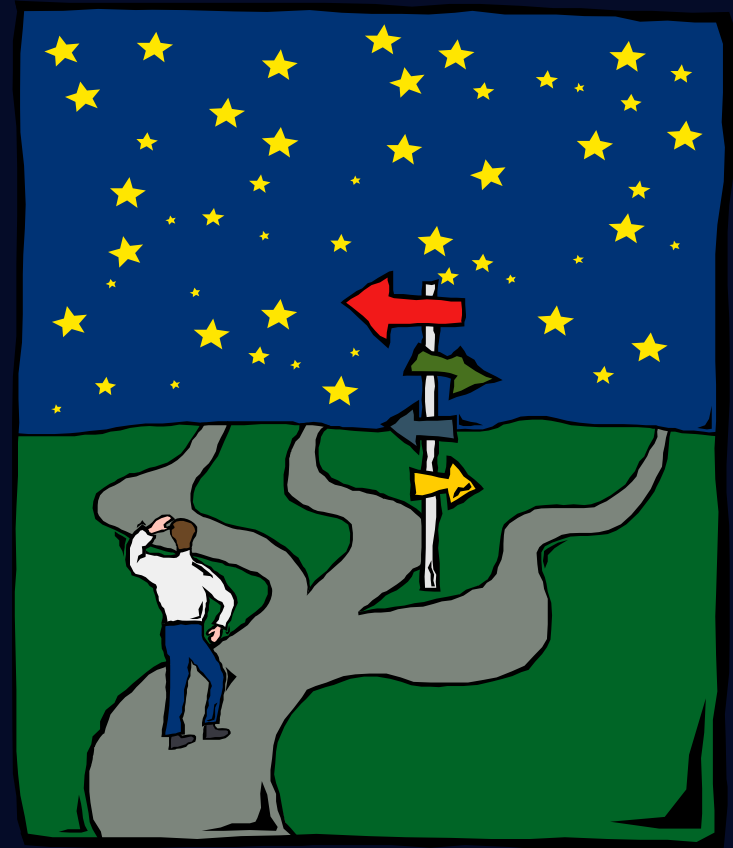
Get Support



- Medical team
- Mental health team
- Family (if supportive)
- Friends
- Partner
- Co-workers

Paths to Parenthood

- Unprotected sex
- Artificial insemination
- Adoption
- Foster care
- Blended families
- Becoming a grandparent



Positive Parenting - Sleep

Very few babies in the U.S. will be born with HIV. However, almost all new parents (HIV+ or not) will experience sleep deprivation and physical exhaustion.



Positive Parenting - Disclosure

- HIV+ moms wonder...
 - Will nurses gossip about me or reveal my HIV status in front of my visitors?
- Women may be asked about pregnancy and breastfeeding plans in public settings including:
 - WIC, childbirth classes, mothers' groups, etc.
- It may be awkward to answer questions such as:
 - “Are you planning to breastfeed? Oh, why not?!”
 - “Why does the baby get medicine?”
 - “Why did you deliver at *that* hospital?”



Post-Partum Depression

Many women suffer depression after delivery, even though they love their babies very much.



If you see these signs, talk to your medical provider:

- Changes in appetite or weight
- Aches and pains
- Feelings of sadness, guilt, low self-worth
- Irritability
- Lack of interest in activities
- Low sex drive
- Thoughts of self-harm or suicide
- Difficulty making decisions or concentrating
- Changes in sleep patterns
- Fatigue or loss of energy

Depression is common in HIV+ women, but treatable!

Romance After the Baby Comes

Many hope a baby will bring a couple closer together, and that may be true. But caring for a baby also puts stress on a relationship. Concerns may include:

- Disclosure/blame: who brought HIV into the relationship?
- Exhaustion: One or both parents may be too tired to care for the baby, one another or themselves
- Illness: Being sick contributes to the exhaustion, and can also make people afraid
- “Sex? What’s sex? I think I hear the baby crying.”

If Your Baby is HIV+



- You are not alone!
- As with adults, HIV medications are helping children live longer
- Get support for yourself and for your child (online, support groups, camps for HIV+ kids)

If Your Baby is HIV-Negative

- That's great news! Be glad
- Be aware that it is not unusual for women to become overwhelmed by difficult feelings once they know their baby's health is OK
 - Sometimes only then do they begin to face the reality of their own HIV diagnosis



It's Hard to Put Yourself First

For parents, focus on baby's needs makes it hard to:

- Get enough sleep
- Shop for, cook and eat healthy food
- Adhere to medications
- Find time for medical appointments
- Stay connected to a social support system
- Avoid germs that come home from school

Before You Decide

- Remember: pregnancy lasts 9 months – that's a short commitment compared to parenting which lasts a lifetime
- There are many wonderful commitments you can choose for your life
- It's hard, but essential, that HIV+ moms make their own health a priority
 - Your baby needs you to be well, because no matter how many wonderful people are in a baby's life, no one can take your place in your child's life
- Meeting a child's long-term emotional, physical, educational and financial needs is a big job for anyone
 - Factors that can make that harder: poverty, violence/abuse, illness or death, depression, stigma isolation

HIV is Powerful, but so Are You!

- Get informed
- Ask questions
- Make a plan
- Take action
- Ask for support
- Revise your plan, as needed
- Always remember: Knowledge = Power

Sophie and Madelyn

