

Having a baby?



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Nursing Team

Special Preventive Programme

Department of Health

BOK/AA4/ 10-12 (E) HIV-EDU

Some things to think about !

- Your spouse's opinion



- Your finances



- Child Care



- Living conditions



- Your current health



- Your current treatment
 - some drugs may harm the baby

And a lot of other factors



The HIV risks of getting pregnant – you are a positive man and your spouse is negative

- You may infect your spouse directly, and your baby indirectly.
- After any attempt of natural conception, your spouse needs to be followed for infection, pregnant or not.
- New infection in a pregnant woman greatly increases mother-to-child transmission (MTCT).
- Will your own health allow you to be an effective carer?



To reduce HIV transmission between positive husband to negative wife

- Artificial insemination with “washed sperm”, timed with ovulation
 - not available in Hong Kong



- Timed intercourse
 - sexual intercourse within 6 days before ovulation



To reduce the risk of infection: -

- Treat all existing sexually transmitted infections in both of you
- Attempt only after full suppression of viral load

The HIV risks of getting pregnant – you are a positive woman and your spouse is negative

- With natural conception, your spouse may be infected.
- Your baby is at risk of mother-to-child HIV transmission
- Will your own health allow you to be an effective carer?
- Are you committed to the health care of the baby?
Treatment is required even if it is not infected.

To reduce the risk of mother-to-child transmission (MTCT)

- Risk can be reduced to $< 2\%$ from more than 40%
- Conceive at a relatively high CD4 count and after viral load is suppressed
- Treat all existing sexually transmitted infections
- Use antiretroviral drugs
 - during pregnancy and at delivery
 - for newborn baby
- Caesarean section may add to risk reduction in certain circumstances
- NO breast-feeding

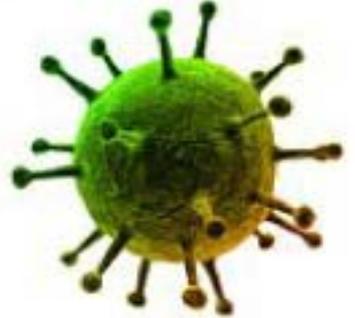


To reduce HIV transmission between positive wife – negative husband

- Artificial insemination timed with ovulation

HIV risks if both of you are positive

- Suprainfection of resistant HIV strains with unprotected intercourse
- Child care if your health deteriorates
- MTCT can happen but risks can be reduced; therefore:
 - Commit to all ways of reducing MTCT
 - Commit to caring your baby even if infected



To reduce all HIV risks

- Conceive at a relatively high CD4 count and after viral load is suppressed



- Treat all existing sexually transmitted infections

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When do we know that the baby is HIV negative?

- If the baby has a negative HIV antibody test at 18 months of age or older
- If the baby has been repeatedly negative with viral load tests at 4-6 month old
- Until the baby is confirmed negative, all treatment has to be continued.



Continuing your Pregnancy

- ☑ Careful obstetric care, including
 - Timing and mode of delivery



- ☑ Referral to paediatric care, including
 - continuation of antiretroviral in the baby
 - prevention of opportunistic infections
 - diagnosing HIV status

- ☑ HIV care, including
 - adjustment of antiretroviral for best prevention against MTCT
 - monitoring of viral load
 - management of medical complications



Terminating your Pregnancy (TOP)

- Risk of MTCT alone does not justify TOP

- If committed, TOP should be done as early as possible



- Needs referral to Obstetrician
 - For TOP
 - For advice on contraception

