Positive pregnancy

Reviewed & updated 2014
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Editorial

While HIV remains a confronting diagnosis, improvement in treatments are bringing hope to affected families.

With advances, including antiviral treatments that are available, people with HIV are now able to live full active lives. The improved treatments have also produced dramatic improvements in the outlook for unborn babies of infected mothers.

This booklet is designed to help couples living with HIV make difficult choices about pregnancy and having babies.

The editorial team wishes to thank the many contributors, especially Amelia, and to acknowledge the generous assistance of
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A note from a parent

I’m really pleased to be making this contribution to a booklet specifically addressing issues around pregnancy for HIV positive women.

When I was first diagnosed with HIV I ruled out the possibility of children in my future. In 1994 it was shown that AZT reduced the risk of HIV transmission to the baby so I decided to explore the possibility of having a baby. This was a big decision to make and one I didn’t make lightly. Information was scarce and I had to research a lot of it on my own.

I was fortunate to be living in Sydney and to have access to a knowledgeable HIV specialist and the Paediatric HIV Services at Sydney Children’s Hospital, Randwick. I was also supported in my decision by family and friends; however I did encounter some people who were very judgemental about my decision to have a child as a positive woman, which was really upsetting.

Six years later I am just about to deliver my second child. I feel there is more information and support for positive women who decide that pregnancy is an option for them. I didn’t know any other positive women when I had my first child. This time I have met 6 positive women having babies around a similar time to me!

This booklet brings together all the relevant information needed to make a decision on your pregnancy options and is in an easy to read format. I wish I had access to a booklet like this when contemplating my pregnancy.

Pregnancy and being a parent has been a fulfilling experience for me. I wish you well in the decisions you make.

Amelia
Thinking of having a
Every woman has the right to have a baby and being HIV positive is no exception. If you are HIV positive and pregnant or you are considering having a baby, it is important that the choice you make is an informed one. Informed choice means knowing and understanding all of the associated risks and options available to you and knowing what these options involve.

There are many things that can reduce the risk of passing on the virus to your baby and these will be discussed in this booklet.
Some basic information on HIV/AIDS if you have just been recently diagnosed and are considering having children or are pregnant
WHAT IS HIV AND WHAT DOES BEING HIV POSITIVE MEAN?

If a person is HIV positive this means that the person has been infected with HIV. HIV is the Human Immunodeficiency Virus, the virus that causes the Acquired Immune Deficiency Syndrome (AIDS). Once HIV infects the body, it attacks the body’s immune system (T cells or CD 4 count). The immune system is our defence system against diseases like infections and cancers.

WHAT IS AIDS?

AIDS refers to a collection of illnesses and/or infections that can develop when the body’s immune system has been severely weakened by HIV. This may occur several years after being first infected with HIV. Even after AIDS has developed, people may have long periods of being well between infections and other complications.

HOW IS HIV TRANSMITTED?

HIV is a fragile virus and is therefore not easy to transmit. For a person to become infected, a large quantity of the virus must exit the blood stream or some bodily fluid or tissues of an infected person, and enter the blood stream or tissues of an uninfected person. One bodily fluid that contains a large amount of the virus is blood. Semen, vaginal fluids and breast milk also contain the virus.

THE MAIN WAYS IN WHICH A PERSON GETS HIV ARE:

- Having unprotected sex with a person who is infected with HIV
- Sharing needles and syringes with a person who is infected with HIV
- From mother to baby, if the mother is infected with HIV.
- Receiving blood, blood products or tissues from an infected person

(See more information in the section “WHAT IS KNOWN ABOUT HIV TRANSMISSION FROM MOTHER TO BABY?”)
WHAT IS THE HIV TEST?
This is a blood test. Normally when you are infected with a virus, even a cold, your body produces antibodies to fight off the infection. The HIV test checks if you have been infected with HIV by seeing if you have produced antibodies to HIV. If your test comes back HIV antibody positive you are said to be "HIV positive".

DON'T ALL WOMEN WHO ARE PREGNANT GET TESTED FOR HIV?

The Australian Government recommends HIV testing for all pregnant women. It is not lawful to perform an HIV test without your knowledge and permission. The midwife or doctor will recommend the test and women need to give informed consent for the test to be conducted. The government policy states that all pregnant women should be recommended to have HIV testing (after providing consent) and there should be a discussion about HIV before the test and after the test is performed. A midwife, doctor or counsellor will want to make sure that you understand and think about the test before you agree to it.

INFORMATION FOR HIV POSITIVE WOMEN WHO ARE PREGNANT OR CONSIDERING PREGNANCY

WHEN IS THE BEST TIME TO GET PREGNANT?
If you are thinking of becoming pregnant, talk to your HIV doctor. It is better to become pregnant when your viral load (the amount of virus in your blood) is low or “undetectable”, your T cell count (CD4 count) is high and you are feeling well. There are many other people you can speak to, such as other HIV positive women and others outlined under what support is available to me later on in this booklet.
WILL PREGNANCY AFFECT MY HEALTH?

Being pregnant should not make your HIV worse, unless you are ill with an advanced HIV infection. When you are pregnant, your immune system is a bit weaker, which is true for all pregnant women. After you have had the baby, your immune system should return to the level that it was before you became pregnant.

WILL HIV AFFECT MY PREGNANCY?

If you are unwell with advanced HIV infection, there may be an increased risk of going into early labour. There is also an increased risk of passing on HIV to your baby.

I'M NOT SURE THAT I WANT TO CONTINUE WITH THE PREGNANCY.

For some women, continuing with an unplanned pregnancy may not be an option for them. If you have just found out that you are HIV positive you might want time to think about you, without having to worry about a baby too. Some women feel that even a small risk of passing on HIV to their baby is too high, while some HIV positive women feel more comfortable about the pregnancy, especially given the knowledge that transmission to baby is almost always preventable.

Whatever your feelings, the choice to continue or to terminate a pregnancy is yours, but for some women the choice is very difficult. You should speak to your doctor and seek expert advice on HIV and pregnancy to help you decide. Family Planning Clinics, hospitals that provide antenatal care or gynaecology services and the Paediatric HIV Service at Sydney Children’s Hospital, Randwick, can also provide you with counselling.

If you decide that you cannot continue with a pregnancy you will need to speak to a doctor as soon as possible. Most terminations are performed within the first 12 weeks of pregnancy and your doctor will refer you to an appropriate service.
WHAT IS KNOWN ABOUT HIV TRANSMISSION FROM MOTHER TO BABY?

Vertical transmission or ‘mother to child transmission’ (MTCT) is the transmission of HIV from HIV positive pregnant woman to her baby. The virus can pass from mother to baby during pregnancy, at delivery or via breast feeding. Most transmissions happen around the time of the birth. The risk of transmission is higher if the mother’s viral load is high or if the baby is premature. Breast feeding adds substantially to the risk of transmission of HIV from mother to child.

The risk of transmission is lowest when the mother is on effective anti-HIV therapy especially when her viral load is undetectable on testing and when the baby is not breast-fed.

The risk of HIV transmission from an HIV positive mother (who is untreated and who has a detectable viral count in blood) to the baby is about 25%, and even higher with breastfeeding. However the good news is that this risk can be reduced to less than 1-2% by a number of strategies.

Strategies to reduce the risk of transmission from mother to baby include:

• Antiviral therapy in pregnancy: It is important to take effective antiviral treatment during pregnancy to reduce your viral load so that it is “undetectable” on laboratory tests. Effective anti-viral therapy is known as ‘Highly Active Anti-Retroviral Therapy’ (HAART) or combination Anti-Retroviral therapy (cART). The lower the mother’s viral load, the lower the risk, but there is no known circumstance where the risk is zero. However, it is clear that transmission is lowest (and significantly so) if the mother’s viral load is “undetectable”
• Intravenous (via a drip) antiviral treatment during labour and birth: This may be prescribed during delivery if the mother’s viral load is detectable.

• Type of birth: If the mother’s viral load is “undetectable” close to the time of birth, a vaginal delivery is now considered an option that is associated with minimal risk of transmission. A planned Caesarean section is recommended when the viral load is detectable above a certain level.

• Antiviral medication for the baby: Antiviral treatment (given as a liquid medication by mouth) for four weeks after birth is recommended for all babies, to further reduce the risk of transmission, even if the mother’s viral load is undetectable. This assists, along with other strategies to further prevent transmission of HIV. Your baby, will take a medicine called zidovudine or AZT by mouth in a syrup form for 4 weeks after birth. If your baby is having difficulty tolerating feeding and medications by mouth, it may be necessary to give AZT via a drip. Most babies tolerate this medicine very well, without side effects.

• Formula feeding your baby and not breast feeding: Formula feeding means that the potential for any ongoing exposure to HIV is not present. In developed countries with advanced economies such as Australia, the recommendation is for HIV positive women to exclusively formula feed their infants to reduce the risk of HIV transmission via exposure to HIV in breast milk. There are ways to help stop your breast milk supply after the baby is born to reduce any discomfort.

WHO CAN HELP ME NOW THAT I AM PREGNANT?

It is really important that you get specialist care. This specialist care usually includes:

HIV specialist team: This team specialises in the care of people with HIV. They will talk to you about your treatment choices and monitor your health before, during and after your pregnancy.

Obstetric team: This team specialises in the care of pregnant women. They will care for you during your pregnancy and for a short time afterwards. Your HIV specialist doctor can make a referral to an obstetrician.
Paediatric HIV team: This team specialises in the care of your baby. Even though your baby is not yet born, you can ask to see this team during your pregnancy. The team will counsel you on the risks of transmission of HIV from mother to baby and tell you what to expect once your baby is born. In addition this team will continue to see your baby after he/she is born or advise your paediatric team on the clinical follow up of your baby.

These three teams work closely together to provide you and your baby with the best care available. If you live in the country don’t worry, these specialist teams are available to talk to your local doctors, nurses and counsellors so that you can still be provided with the best care available.

TELL ME ABOUT THE TREATMENTS THAT ARE AVAILABLE TO ME

If you require treatment for HIV infection it should be the best treatment for you, regardless of the pregnancy. A combination of three drugs is usually recommended and this is called ‘Highly Active Anti-Retroviral Therapy’ (HAART) or combination Anti-Retroviral therapy (cART). It has been found that, in general, using a combination of three drugs is more effective in treating HIV than one drug alone or most combinations of two drugs. Tablets and capsules are taken by mouth, usually one or two times a day. Sometimes, 2, 3 or 4 drugs are combined in a single tablet or capsule, simplifying your medication.

The benefits of using a combination of drugs are:

- The drugs work more effectively together than on their own.
- The viral load is much more likely to decrease significantly.
- The likelihood of transmission of HIV to your baby becomes extremely small (even less than 2%).
- It reduces the mother’s risk of ‘viral resistance’ (evolution of a clever strain of virus which is not damaged by the drugs any more). This can stop the drugs from working if the mother needs to keep taking them, or needs to start them again in the future.
The goals of anti-HIV treatment are:

* To maintain a healthy immune system.
* To prevent complications such as infections and cancers.
* To improve your quality of life.
* To live a longer, healthier life.
* To reduce the risk of passing on the virus to someone else: especially for a pregnant woman, to protect the baby from HIV.

**WILL I EXPERIENCE ANY SIDE EFFECTS?**

The most common side effects of anti-viral treatment may be nausea (feeling sick), diarrhoea, headaches and feeling tired. However, they vary from person to person and depend on which drugs are used. The side effects can appear shortly after the medication has been started and they usually disappear after a few weeks. In almost every case the side effects are not dangerous, but sometimes do require that the doses of the drugs be reduced, or drugs be stopped or changed. These side effects are rarely dangerous and this will be explained to you.
WHAT IF I AM ALREADY PREGNANT AND I'M ON COMBINATION ANTI-VIRAL THERAPY?

Do not stop taking your medications. The most important thing for you and your baby is to keep your viral load as low as possible. If you stop taking the medication your viral load might start to rise. Many women have now been through their entire pregnancies on combination therapy and have produced healthy babies. See your doctor to make sure that the tablets you are taking are safe for you and your baby.

WHAT HAPPENS IF I DON'T WANT TO TAKE TREATMENT?

The choice of taking or not taking treatment during pregnancy rests with you, after informed discussion with your HIV doctor. Caesarean section is highly recommended if your viral load is detectable. Your baby will need antiviral treatments for four weeks, as well as being formula fed and not breast fed. In addition testing of your baby will be more frequent and your baby may need to take another medicine in order to prevent a lung infection called ‘pneumocystis’

TELL ME ABOUT CAESAREAN SECTION DELIVERY

There are important reasons why Caesarean section may be recommended for some women with HIV infection. When there is a high risk of the baby getting infected with HIV (for example, when the mother’s viral load is high, an elective Caesarean section (planned to be performed before labour begins) produces a very important reduction in the risk of the baby getting HIV during the birth process. Overall, the risk of passing on HIV is significantly reduced by Caesarean section before going into labour, and before the ‘waters break’ (known as rupture of membranes) if the mother’s viral load is detectable.

Of course, HIV infection is not the only reason why women sometimes require a Caesarean section. Other reasons include a mother’s having had more than one caesarean section before, or lack of progress in labour. Be guided by your obstetrician when decisions are being made about proceeding to a Caesarean section and don’t be afraid to ask questions.
IS A VAGINAL DELIVERY SAFE FOR MY BABY?

If you are taking combination therapy (HAART) and your viral load is undetectable, it is not clear that a Caesarean section will provide your baby with any additional protection against HIV transmission. In this context a vaginal delivery is now considered an option for delivery with minimal transmission risk.

WHAT IF I HAVE HAD A PREVIOUS CAESAREAN SECTION: CAN I HAVE A VAGINAL DELIVERY IN THE EVENT THAT MY VIRAL LOAD IS UNDETECTABLE?

You will need to discuss this option with your obstetrician. In general, a trial of labour after a previous Caesarean may be an option. It is generally thought that the risk of mother-to-child-transmission (MTCT) of HIV would still be minimal in that situation.

IF I HAVE A CAESAREAN SECTION, WHAT SHOULD I EXPECT?

You will either have an epidural anaesthetic or a general anaesthetic for the Caesarean section. An epidural anaesthetic involves an injection into your back, near your spine. It numbs you from the waist to your feet; however you can be awake for the operation. Your partner can stay with you for this. A general anaesthetic will put you to sleep and your partner cannot be in the operating theatre. Speak with your obstetrician about your options.

SOME INFORMATION ON THE BABY: ARE THE TREATMENTS THAT I TAKE SAFE FOR MY BABY?

To date, medications taken for HIV appear to be safe in the long term. Many women living in Australia and elsewhere have been through pregnancies on combination therapy and have produced healthy babies who have grown into healthy uninfected children.
There are some drugs that are not recommended for use in pregnancy. In particular, a combination of stavudine (d4T) and didanosine (DDI) used together could be harmful to you if you are pregnant. It is strongly recommended that these drugs not be used during pregnancy. Precautions may be needed in starting some antiretrovirals in pregnancy e.g. nevirapine (Viramune) or efavirenz (Stocrin). Speak to your doctor if you are on any of these drugs and you are pregnant or thinking of getting pregnant.

If you are not on anti-viral medication and you are already pregnant and worried about the effects of the treatments on your baby, you should discuss your options with your doctor. A growing fetus makes all of its major organs (kidneys, heart, liver, brain) by the first trimester of pregnancy, so putting off taking the medication until the end of the first trimester (week 12) may be considered. Remember though, that it is important to start antiviral treatment as soon as possible if you need them for your own health, if recommended by your physician. Tenofovir is now in common use and is known to sometimes have unwanted effects on kidneys and bones. It is not known if it is safe during pregnancy and in babies and young children. If you are receiving this drug these are the issues your team will discuss with you.

WHAT HAPPENS ONCE MY BABY IS BORN?

The baby is dried off with a towel and given to you for a cuddle. Any blood on your baby is washed off as soon as possible by giving the baby a bath. Then the baby stays with you in your room. Sometimes newborn babies can experience unexpected problems that are not related to HIV and these babies may require a period of nursing in the special care unit.

The baby will start on anti-HIV medicine within 6-12 hours of life. If your viral load is undetectable, then zidovudine (AZT) syrup alone is enough to protect your baby. If your viral load is detectable around the time of delivery then additional anti-HIV medications may be recommended, and a paediatrician will discuss this with you. For example, lamivudine (3TC) syrup as well as nevirapine in addition to zidovudine (AZT) might be recommended. You will be taught how to give your baby the medicine before you go home as the baby will require the medication for 4 weeks.
You will be formula feeding your baby therefore you will need to have prepared for this prior to delivery. You will need to have a supply of formula, bottles, teats and a steriliser available for use, both once the baby goes home and also for when you are in hospital.

**ARE THERE OTHER TREATMENTS THAT MY BABY REQUIRES?**

If the risk of transmitting HIV to your baby is low (less than 2%) no further medications are needed. If, however, there were circumstances that made the risk for transmission higher, one other medication may be used. Babies who are HIV positive are prone to pneumonia called Pneumocystis jiroveci pneumonia (often abbreviated to ‘PJP’ or ‘PCP’). This is a type of pneumonia that can be life threatening in babies with HIV infection. If your baby is at a higher risk of acquiring HIV infection, co-trimoxazole (also known as Septrin or Bactrim) is recommended until testing confirms that your baby is not infected. If the tests are positive, co-trimoxazole will continue for the first year of life.

**HOW DO I KNOW IF MY BABY IS HIV POSITIVE OR NEGATIVE?**

All mothers pass antibodies, a special protein that helps fight infectious agents, on to their baby while in the uterus (or womb). If you are HIV positive you will automatically pass your “HIV antibodies” on to your baby. This does not mean that your baby has the virus; just the HIV antibodies. It can take up to eighteen months for your baby to clear your HIV antibodies. Therefore, a more detailed test that detects the virus called a “PCR test” is used to test babies from birth. This test can tell the difference between antibodies and the actual virus.
Before you go home from hospital you will be given an appointment to see the paediatrician when your baby is 6 weeks old, so your baby can be examined and another blood test taken. The anti-viral medicine should be stopped when the baby is 4 weeks old. If the risk of transmission of the virus is considered to be high, your baby may be commenced on co-trimoxazole (Septrin, Bactrim) to take until the next visit to the doctor at 3 months of age. This is the medicine that protects your baby from getting PJP.

Babies are considered uninfected at 6 months of age if all of the PCR tests have been negative and the baby has not been breast fed. If a result is PCR positive (i.e. HIV is found) at any of the times tested, your doctor will need to advise you on the next step.

Even if all the PCR tests are negative up until your baby is 6 months old, your baby will be seen by a doctor at the age of 12 months for a general check-up and immunisations. Also, it is still considered important for the baby to have a final blood test when they are 18 months old, to check the baby has cleared all of the antibodies received from you before birth, and that no new antibodies have been produced by the baby’s own immune system (indicating HIV infection).

Testing your baby for HIV can be an emotional roller coaster ride. Becoming acquainted with the testing procedure whilst you are pregnant, and talking through the experience with another HIV positive woman or health professional may help to ease your concerns.

IMMUNISATIONS

Your baby will follow the routine immunisation schedule for newborns. Speak to your doctor or nurse about getting your baby immunised during the visits for blood tests. It might save another trip to the doctor.
IF MY BABY IS HIV POSITIVE, WHAT SHOULD I EXPECT?

If your baby is HIV positive, then your child will be seen by a paediatrician (children’s doctor). Your baby’s health will be monitored regularly and you will be provided with lots of support. We suggest you read the booklet from our Service called "Your Child and HIV" for some guidance on what happens next. For further information on this, you may like to speak to the staff from the Sydney Children’s Hospital HIV service (details are in the further resources section of this booklet).

MY BABY IS HIV NEGATIVE. WHAT HAPPENS IF I GET SICK DUE TO MY HIV INFECTION?

It is really important to think about this, difficult though it may be. If you have a partner then perhaps they can help out. If you don’t have a supportive partner, you will probably want to tell a close friend or relative, so that they can help out when you are sick. You might also want to make arrangements in advance for someone to look after your child if you are no longer able to do so. These are difficult things to think about, but you can talk to your social worker about assistance that is available to you. The social worker of the Paediatric HIV Service at Sydney Children’s Hospital Randwick can also help.

WHAT SUPPORT IS AVAILABLE TO ME?

All women experience times during their pregnancy when they worry about whether their baby will be all right. It is normal to worry about your unborn child during pregnancy. It is well recognised that having a baby is one of life’s major milestones and stresses. You don’t have to do it alone. There are many supports out there and many HIV positive women who have pioneered the way.
Speak to another HIV positive woman

To get the support from family and friends means that you may need to tell them that you are HIV positive. However, not everyone is comfortable with this. Positive women’s support networks provide you with the opportunity to meet and develop a circle of friends who not only live with HIV, but may also be pregnant or have had a child since becoming HIV positive. This support is invaluable and allows you the opportunity to air your fears and concerns in a safe and confidential way with someone who has been in a similar situation.

Speak to a support worker

After you have a baby you need some recovery time, particularly if your baby was delivered by Caesarean section. It is important that you have people around you who are able to support you in your new role as a parent. If there is limited support within your network of family and friends, speak to your social worker who will be able to arrange referrals to other support service providers in your local area.

Speak to the Family Assistance Office

It is worthwhile making an appointment with the Family Assistance Office at your nearest Centrelink or Medicare Centre. Talk to them about financial benefits that you may be eligible for, such as parenting payments, Immunisation Allowance, Family Tax Benefit and Childcare Benefit. Formula feeding your baby can be expensive but some states in Australia can provide you with financial assistance so speak to your social worker or nurse about this and they will make the referral.
Speak to people who deal with regular childhood problems.

The Tresillian and Karitane hotlines provide valuable 24-hour advice on issues such as feeding, settling and routines. They offer day stay and overnight stay programs if you are having problems settling or feeding your baby.

A specialist paediatrician will monitor your baby and all of the testing for HIV will be performed at the hospital. However, your local early childhood health centre can monitor your baby’s general health and we would recommend that you go there regularly. They will weigh your baby, assess your baby’s development and provide good advice on looking after your baby. Most baby health centres run education and support groups for new mothers. It is important to remember that you are not obliged to disclose your HIV status to your early childhood nurse, and this information does not need to be recorded in your baby’s blue book. Should you wish to disclose, you might want to do this with the assistance of the specialist doctor, nurse or social worker caring for you and your child.

Camp Goodtime

Camp Goodtime is a national camp for children and families living with HIV held approximately annually. It is coordinated by the social worker from the Paediatric HIV Service at Sydney Children’s Hospital Randwick. Speak to your social worker, doctor or nurse about the possibility of your family being included in this invaluable event. It is a time for families to come together to support each other and be supported through workshops, support groups and having fun. Childcare is provided by a dedicated group of trained volunteers.
Support groups

Support groups separate to camp are run throughout the year for families in NSW living with HIV. The Paediatric HIV Service at Sydney Children’s Hospital Randwick can inform you of when they are.

SUMMARY BY AMELIA

Since writing about my experience for this booklet, I have given birth to my second beautiful healthy daughter. It definitely was a much better experience; with all the services I accessed having a greater understanding about the needs of a positive woman. Good luck in all of your endeavours and don’t hesitate to call any of the services listed at the end of this booklet for assistance.
FURTHER READING

Your Child and HIV
L. Maurice, Sarah and David,
C Romberg and A Stewart. Published in 1999, revised 2008 and 2014
Available from The Paediatric HIV Service,
Sydney Children’s Hospital.

Baby Resources
Karitane – Caring for families
Ph: 1300 227 464 or 9794 1848

Tresillian Family Care Centres
Ph: 1800 637 357 or 9787 0855

Other useful websites
http://womenchildrenhiv.org/
www.aidsinfo.nih.gov
www.chiva.org.uk
Acknowledgements
Informative Websites:

Paediatric HIV Service, Sydney Children’s Hospital, Randwick, NSW
Clinical Nurse Consultant Ph: (02) 9382 1654
Social Worker Ph: (02) 9382 1851

National Association of People Living With HIV/AIDS (NAPWHA)
Ph: (02) 8568 0300 free call 1800 259 666
http://napwa.org.au/

Pozhets (The Heterosexual HIV/AIDS Services)
Ph: 1800 812404

AIDS Council of NSW (ACON)
Ph: Freecall 1800 063 060 or email acon@acon.org.au
http://www.acon.org.au

Positive Women Victoria (Inc)
Positive Women Victoria
Coventry House, 111 Coventry Street, Southbank 3006
Phone (03) 9863 8747
http://www.positivewomen.org.au

Positive Life (South Australia)
16 Malwa Street, Glandore, South Australia
Phone: (08) 8293 3700 or 1300 854 887
Fax: (08) 8293 3900
Post: PO Box 383, Marleston SA 5033
Informative Websites:

Western Australia AIDS Council
664 Murray St, West Perth WA 6005
www.waids.com/
(08) 9482 0000

Positive Women (Auckland)
Address: 176 Dominion Road // Mt Eden // Auckland 1024 // New Zealand
Postal Address: PO Box 56076 // Dominion Road // Auckland 1446 // New Zealand
Phone: 09 623 9183
Free phone: 0800 POZTIV 0800 769 848
Fax: 09 623 9281
Web: www.positivewomen.org.nz
Email: admin@positivewomen.co.nz

Family Planning Association (FPA Health)
328 - 336 Liverpool Road, Ashfield NSW 2131
Ph: (02) 8752 4364
http://www.fpahealth.org.au
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