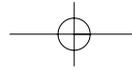


POSITIVELY PREGNANT

ENGLISCH



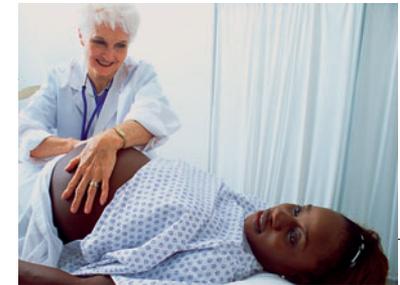
CONTENTS

→ INTRODUCTION (DEAR READER...)	3-6
→ PROTECTIVE MEASURES FOR YOUR CHILD	7
→ THE PREGNANCY	8-21
FOR THE HEALTH OF MOTHER AND CHILD	9
HIV TREATMENT	13
EXAMINATIONS	16
HIV PROPHYLAXIS IN THE LAST WEEKS OF THE PREGNANCY	21
→ THE BIRTH	22-25
PLANNED CESAREAN SECTION	24
NATURAL CHILDBIRTH	25
→ THE NEWBORN BABY	26-29
HIV PROPHYLAXIS	27
BOTTLE-FEEDING INSTEAD OF BREAST MILK	28
HIV TESTS	29
→ INFORMATION AND ADVICE	30

DEAR READER,

→ YOU ARE PREGNANT AND HIV POSITIVE.

It is important that you are well cared for from the very beginning of the pregnancy so that you remain healthy and your child is not infected with HIV. This booklet will give you the necessary information. Much of this may be new and unfamiliar for you, because you may come from a culture in which pregnancy or illness are viewed differently than in Germany and in which traditional medicine plays a larger role. And much of what you find in this booklet may even scare you, such as the numerous examinations that are recommended for pregnant women. However, being well informed can often take away one's fears. This is another reason why it is important to seek extensive advice from doctors and other experts.



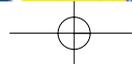
↑ EXAMINATION

→ YOU ARE NOT ALONE.

If you have questions or are looking for someone with whom you can speak openly about your worries and problems: the local branches of the **AIDSHILFE** (AIDS support service) will be pleased to help you (see Information and Advice, p. 30). There, you can get advice, either in person,



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(3)



over the telephone or by e-mail, regarding welfare services, medical care, residence rights, child care, rehabilitation and all subjects relating to HIV infection. The people who work in the Aidshilfe will also tell you where you can meet other HIV positive women of African origin, such as in self-help groups or at meetings for HIV positives (see Information and Advice, p. 30). They will also provide information about foundations such as the Deutsche AIDS-Stiftung (German AIDS foundation) or the Stiftung "Mutter und Kind" ("mother and child" foundation) which give support in case of financial hardships, and they can also help you to fill out and submit the appropriate application forms for such support.

In the Aidshilfe, you don't have to give your name or pay anything: all services are free of charge.

→ **YOU NEED A GOOD DOCTOR.**

Perhaps you would rather have a midwife, but as an HIV positive woman you and your child need doctors with experience in HIV treatment and in caring for HIV positive pregnant women and whom you can trust. These specialists will not tell you what you have to do, but rather help you to make the correct decisions for you and your child.



You can get addresses at the Aidshilfe near you or at the Arbeitsgemeinschaft für HIV in Gynäkologie und Geburtshilfe¹ (working group for HIV in gynecology and midwifery). At the AIDS-Hilfe, they also tell you where you can get good medical care if you don't have health insurance, are living illegally in Germany, or have applied for asylum.

In case of problems with the German language: Ask your Aidshilfe or the above-mentioned Arbeitsgemeinschaft for doctors who speak English, French or another language in which you can communicate well. There are interpreters in many clinics.

→ **ARE YOU CONSIDERING TERMINATING THE PREGNANCY?**

Perhaps you feel that a child would worsen your situation. Or you definitely do not want to have an HIV infected child. Then you may wish to terminate the pregnancy - which is possible in Germany under certain circumstances. But perhaps your partner or your family are pressing you to have the child. Or you are afraid that you will be discriminated against in your community if it becomes known that you terminated the pregnancy. If you don't

¹ Arbeitsgemeinschaft für HIV in Gynäkologie und Geburtshilfe, c/o Dr. Andrea Gingelmaier, Ludwig-Maximilian-Universität, 1. Frauenklinik Innenstadt, Maistraße 11, 80337 München, Tel. 089 / 51 60 42 85

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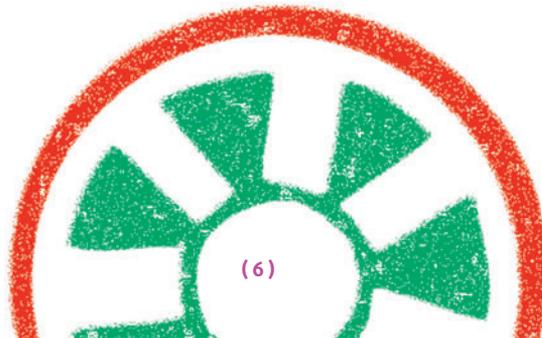


know what you should do, you should turn to a pregnancy advisory office. Here, they will help you to make a decision. You can get the addresses of such offices at the local Aidshilfe.

It is important that you decide as quickly as possible: The later a pregnancy is terminated, the greater the the potential physical and emotional damage can be. If termination is the option chosen, then the pregnancy must be terminated within the first 14 weeks after the beginning of the last period.

→ **NO ONE WILL KNOW THAT YOU ARE HIV POSITIVE.**

Advisors, doctors, and the medical personnel are legally obliged to maintain confidentiality in Germany. Whatever you discuss with them therefore remains a secret – no one will find out anything about it. You also don't need to worry that the doctors will give you "special" treatment that could indicate to other patients that you are HIV positive. They will treat you just like all of the other patients.



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PROTECTIVE MEASURES FOR YOUR CHILD

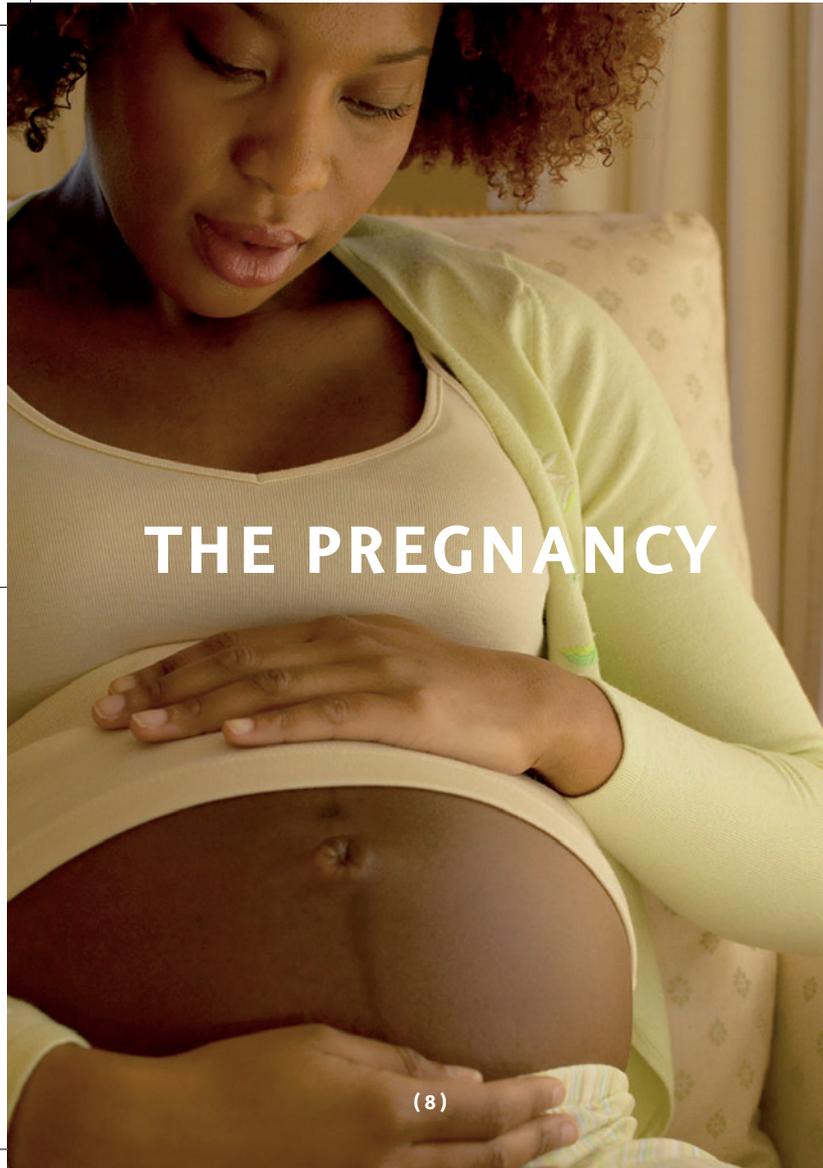
"Will my child be healthy?" This question will be particularly on your mind. What you should know is this: HIV can be transmitted from mother to child during pregnancy, during birth, and during breastfeeding, because HIV is also carried in breast milk. Without measures to protect the child, the risk of passing HIV from mother to child is 20 % in Germany. If all protective measures are taken, the risk of HIV transmission is less than 2 %.

YOUR CHILD CAN BE PROTECTED FROM HIV INFECTION:

- **IF** you are regularly examined by your gynecologist and your HIV doctor
- **IF** you take anti-HIV medication during pregnancy
- **IF** your child's birth is attended by a team of doctors who are well informed on HIV
- **IF** you do not breastfeed
- **IF** your child receives an HIV prophylaxis for 4 weeks

Your doctor will inform you of all details. If you don't understand something: Do not hesitate to ask questions!

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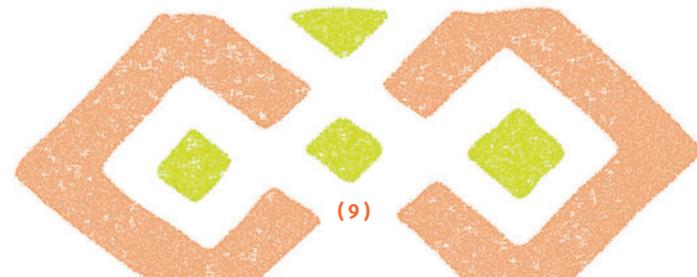
FOR THE HEALTH OF MOTHER AND CHILD

During pregnancy, it is particularly important to live as healthily as possible. The more you do for yourself, the greater the chance that you will have a healthy child.

Perhaps you would like to follow the rules that exist in your homeland, concerning, for example, which foods pregnant women should eat and which ones are taboo for them. Such rules may be very helpful in your homeland for hygienic or other reasons, but they may be harmful to HIV positive women. We therefore advise you to ask your doctor what is good for you and your child and what is not. Here are a few important recommendations:

→ KEEP ACTIVE

Movement stimulates circulation and prevents typical pregnancy problems such as back pain and vein problems. Walking in the fresh air, swimming, and gymnastics are good for your health!



(9)

→ **EAT HEALTHILY**

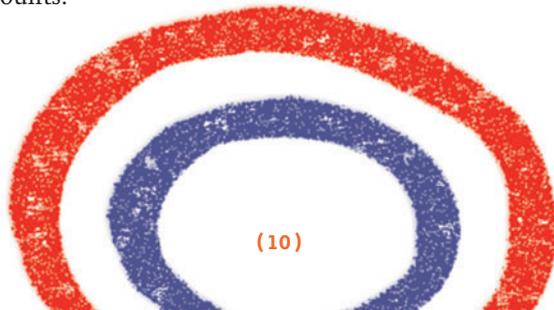
A varied diet with lots of vegetables and fruit supplies you with all of the important nutrients and vitamins.

If you have nutritional questions, consult your doctor or a pregnancy advisory office.

If you live in an accommodation centre with poor food: consult a social advisory office (such as the Arbeiterwohlfahrt, Caritas or Diakonie) or the Aidshilfe near you to find out what can be done to ensure that you can eat more healthily.

→ **DRINK LESS COFFEE**

Normal coffee contains caffeine. This active ingredient passes through the placenta into the blood circulation of the child, increases its heart rate and stresses its nervous system. Therefore, you should not drink more than two cups of coffee per day. Caffeine-free coffee, on the other hand, is not harmful and can be drunk in greater amounts.



→ **DON'T TAKE ANY DRUGS, IF POSSIBLE**

Tobacco and *alcohol* not only damage your own health, but also the health of your child. For this reason, you should avoid cigarettes and alcohol during pregnancy as far as possible.

The same is true for drugs, such as *crack*, *cocaine*, *ecstasy* or *sleeping pills* and *sedatives*. For women who regularly use *heroin*, we recommend treatment with substitutes (substitution therapy) during pregnancy. Those already taking substitute medication should not decide on their own to reduce the dose, as this could cause premature labor. The risk of transmitting HIV to the child would then be very high.

If you take drugs: speak to a doctor about this and consult a drug advisory office.

→ **SEXUALLY TRANSMITTED DISEASES: PREVENTION, DIAGNOSIS AND TREATMENT**

Sexually transmitted diseases (such as syphilis, gonorrhea, hepatitis, herpes or chlamydia) would put additional strain on your immune system and endanger your child. Some of these diseases can be transmitted to the child during pregnancy or during birth and can cause serious illness in the child. These infections can also raise the risk of premature

(11)

birth, which in turn increases the risk of transmitting HIV to the child. That is why it is important that they are recognized and treated as soon as possible and that you protect yourself against them. Condoms reduce the risk of becoming infected with these diseases during sex – and they protect your sex partner from an HIV infection.



→ **PERHAPS YOU ARE A WOMAN ...**

...who has undergone circumcision. This can easily lead to complications. During pregnancy, infections in the genital area can lead to inflammations and be very dangerous for the mother as well as the child. And during natural childbirth, the scar may tear – the risk of transmitting HIV from the mother to the child is then very high.

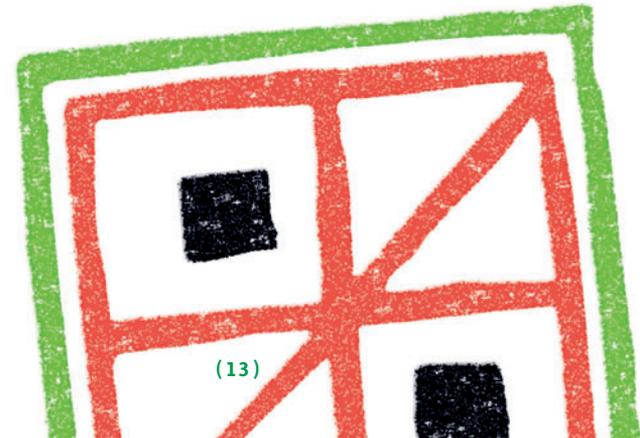
In order to avoid such complications, you should talk to your doctor. In Germany, there are also advisory offices for circumcised women, which you can contact confidentially (see p. 31 for addresses).

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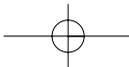
HIV TREATMENT

In general, women are advised not to take any medication during pregnancy if possible, because this could harm the child. You, too, should only take what you really need; in your case this may be HIV-medication. Therapy with this medication prevents you from becoming sick. In the last weeks of pregnancy, it also helps prevent HIV from being transmitted to your child (see p. 21).

By now, thousands of HIV-positive women have taken HIV-medication during pregnancy, and have given birth to healthy children. According to current knowledge, deformities and other health defects are no more frequent than for other children. If you are still afraid that the medication could harm your child, you should speak with your HIV doctor about this.



(13)



IF YOU ARE NOT YET TAKING HIV MEDICATION ...

... ask your doctor whether you should begin therapy. If you don't have any symptoms and your laboratory values (see p. 16) are still good, your doctor may advise you to wait. You will be recommended to commence medication at a later date during your pregnancy, in order to protect your child against HIV.

IF YOU ARE ALREADY UNDERGOING HIV THERAPY ...

... your doctor will check whether you can take a *break from treatment* in the first months of pregnancy. Because this is the time when the baby's organs are developing, it should not be exposed to medication, if possible. Usually, the treatment will be continued after the 14th week of pregnancy.

If it is not possible to take a break from therapy, your doctor will check whether you are taking HIV medication that could harm you or your child. If so, your doctor will prescribe different HIV medication.

TAKE YOUR HIV MEDICATION REGULARLY

During HIV therapy, it is particularly important that you take the pills regularly and in the prescribed number and do not skip a dose. If there is not enough medication present in your body, HIV can become resistant to it – and then the medication is no longer effective.

If you frequently suffer from nausea and vomiting in the first weeks of pregnancy, your body may not have enough time to absorb the medication. And if you feel sick all the time, it may be difficult for you to take the medication as prescribed. Do not stop taking your medication by yourself, but consult your doctor as soon as possible.

IF YOU ARE TAKING OTHER MEDICATION ...

... such as healing herbs or traditional medicine from your homeland, you should inform your doctor of this. Together with HIV medication, these agents can have serious side effects or cause the HIV medication to not work properly.



TAKE YOUR MEDICATION! →



EXAMINATIONS

In Germany, all pregnant women are advised to have regular medical examinations. Not because pregnancy is an “illness”, but to avoid complications. For you as an HIV positive woman, this is particularly important – even if you feel well and have no symptoms.

LABORATORY VALUES

You should have your blood examined regularly: The “laboratory values” determined here give important information about your health.

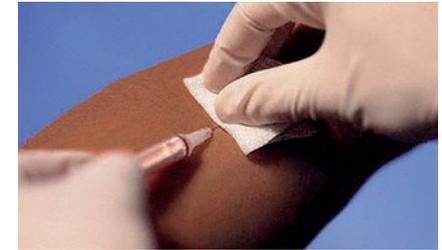
THE FOLLOWING SHOULD BE CHECKED:

- **BLOOD COUNT** at least once a month, in order to check for anemia.
- **VIRAL LOAD** (number of viruses in the blood) at least every two months. The viral load provides information about how active the virus is and how well the HIV medication is working.
- **IMMUNE CELLS** (number of CD4 cells in the blood) at least every two months. This laboratory value provides information about the condition of your immune system.
- **LIVER VALUES** at least once a month, to see whether you are tolerating your medication well.

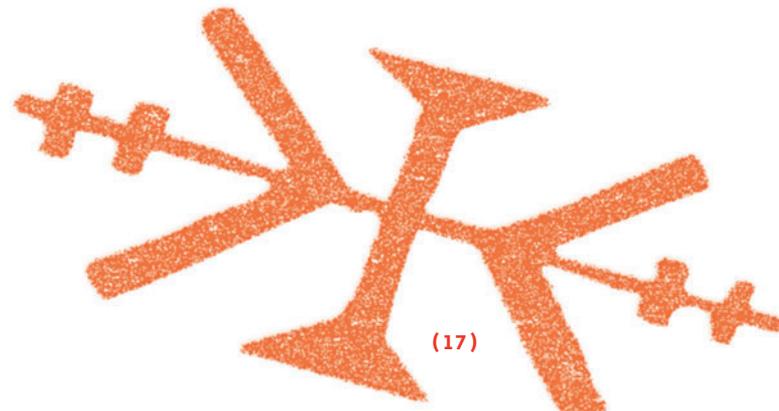
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RESISTANCE TEST

This test is carried out before HIV medication is used for the first time in order to find out whether the virus is already resistant to certain types of medication. This could be the case if you became infected by someone who was already undergoing HIV treatment and in whom the medication was no longer working properly. A resistance test is also performed if the laboratory values indicate that the HIV therapy is ineffective. The medication that is no longer effective is then replaced by different HIV medication.

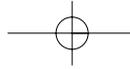


For the resistance test, the doctor takes a blood sample to have it examined in a laboratory.



TAKING A BLOOD SAMPLE →

(17)



GLUCOSE TEST

Both pregnancy and HIV therapy can cause diabetes, which can cause harm to the unborn child. Your doctor will therefore offer you a glucose test between the 24th and 28th week of pregnancy. For this, you will be given glucose syrup and a blood sample will be taken from you. If the test indicates diabetes, you may need to be treated to protect the child.

GYNECOLOGICAL EXAMINATION

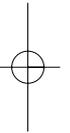
HIV positive pregnant women are advised to have a gynecological examination every two to three weeks. In this examination, the doctor will listen to the heartbeat of the child and check the child's position and size by feeling the mother's belly. He will check the size of the uterus to find out how the child is developing. He will check whether the cervix is closed or already open, whether there is a weakness in the cervix (this makes a miscarriage more likely) and whether there are any infections in the vagina. The doctor will also check the mother's general state of health, for example, by taking her pulse and blood pressure and by examining her urine.

ULTRASOUND (SONOGRAM)

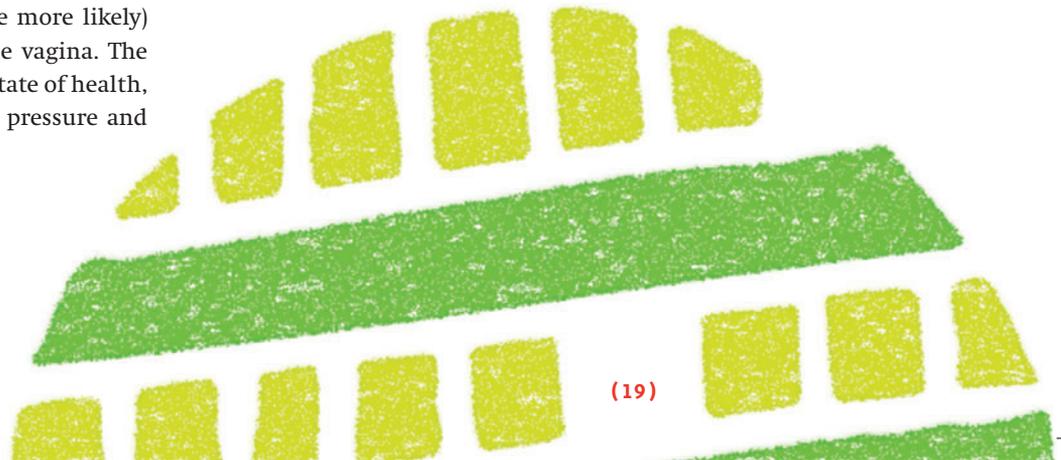
Your doctor will advise you to have a sonogram at least three times during pregnancy. The examination is carried out either through the surface of the belly or through the vagina. This examination is not dangerous for either the mother or the child, and does not hurt. With ultrasound, the doctor can see how the child is developing and whether it has any deformities. Physical problems of the mother can also be detected. It is important to recognize complications as early as possible so that the woman can be optimally treated during pregnancy and the child while still in the mother's body or after birth.



ULTRASOUND →



(18)



(19)



INFECTIOUS DISEASES

Infectious diseases like hepatitis, tuberculosis or toxoplasmosis can harm the health of the child if they are not treated. Your doctor should check you for toxoplasmosis at the beginning of the pregnancy and in the second and third trimester of the pregnancy.

ACT QUICKLY WHEN PROBLEMS ARISE!

Complications during pregnancy increase the risk of HIV being passed on to the child. In order to prevent this, you should go to hospital as quickly as possible if you suffer

- **BLEEDING**
- **A FEELING OF PRESSURE IN THE LOWER ABDOMEN**
- **BACKACHE**
- **PRETERM LABOR PAINS**
- **LOSS OF AMNIOTIC FLUID (WATERS BREAKING)**

HIV PROPHYLAXIS IN THE LAST WEEKS OF PREGNANCY

If your health condition and your laboratory values are good and you have not needed any HIV therapy until now, your doctor will advise you to take HIV medication after the 32nd week of pregnancy at the latest. This is not therapy for you, but rather a “prophylaxis” for the child. Because the HIV medication reduces the viral load in your blood, your child is better protected from HIV transmission during birth. The prophylaxis will be stopped after birth.

Here, too, it is important that you take the medication as prescribed. Otherwise, it may lose its effectiveness: either for yourself, if you need HIV therapy later, or for your child, if it is infected with HIV in spite of the protective measures (see p. 7). If you cannot take the medication regularly, you should speak to your doctor.



TAKE YOUR MEDICATION! →





(22)

Like most mothers, you may want to have your child naturally. This is possible if the medication has been effective, that is, if no traces of HIV may be detected in your blood. If however the virus is still detectable in your blood, your child can easily become infected with HIV during a vaginal birth, because during contractions blood and vaginal fluid are pressed against the mucous membranes and the mouth of the child with great force for an extended period of time. This does not happen with a planned cesarean section. Here, the child is not subjected to any contractions, and it is quickly (within a few minutes) removed from the abdomen and immediately cleaned: this prevents the child from exposure to HIV. Ask your HIV-specialist which type of delivery is best suited for you and your child, and which hospital offers the best-informed team of medical practitioners.

Most people are understandably afraid of operations. But a cesarean section only lasts a total of 25 to 40 minutes. It is performed very carefully and is a routine operation. In Germany, about 15 % of all babies are born this way. The doctors at the hospital will answer any question you may have on cesarean birth.

(23)



In the hospital, you will probably have to forego traditional birth ceremonies that you may be accustomed to from your homeland. Only your partner is allowed to be present during the birth. Other family members or friends may only visit you in the patient room after the birth.

PLANNED CESAREAN SECTION

Birth by cesarean section makes it possible to prepare all measures necessary without being rushed, and to avoid most complications. A cesarean section is not carried out in the week of the estimated delivery date, but is planned for the 38th week of pregnancy. If your doctor sets a fixed date, the hospital can bring in doctors and pediatricians for the birth who are experienced with HIV infection and can provide you with optimum care.

It is best if only the lower half of the body is anesthetized during a cesarean section. Here, you can experience the birth awake and without any pain and the child is not exposed to any anesthetics. After the birth, you can hold and stroke your child while still on the operating table. And while you are holding your child, your abdomen will be sewn up again – with the baby in your arms you will be distracted. In some cases, a cesarean section may also be carried out with a general anesthetic. The doctors at the hospital will answer your questions regarding a cesarean section.

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IF ANYONE ASKS YOU ...

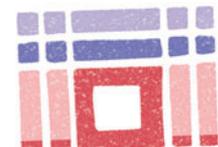
... why you had your child with a cesarean section and you do not want to tell them the real reason, you can say the following: "The child wasn't positioned correctly in the womb, so to be on the safe side the doctors delivered it by cesarean section."

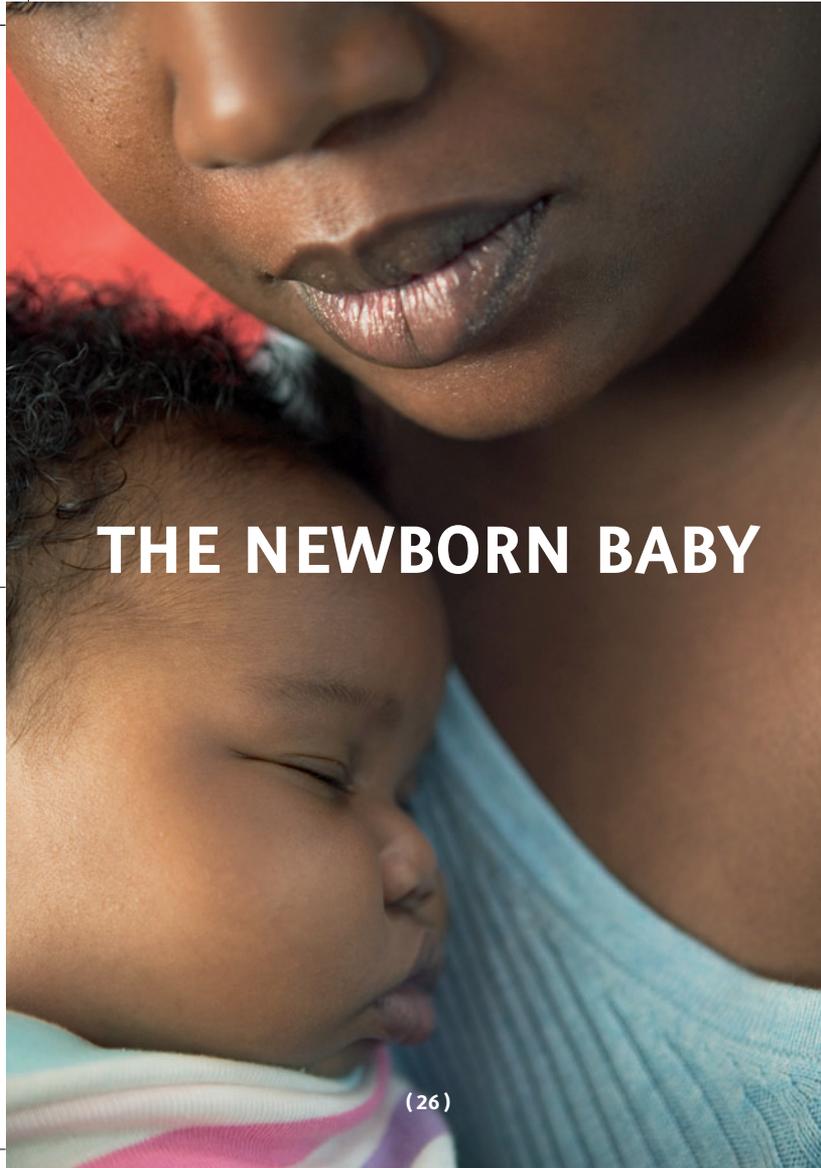
NATURAL CHILDBIRTH

If the medication you have received has led to a sufficient decrease of HIV, so that after the 34th week of your pregnancy it may no longer be detected in your blood, it is possible to give birth naturally. The risk of infection is evaluated as equal to that of a cesarean birth. Vaginal birth is also considered better if you are planning to have more children: after a cesarean section, the abdominal walls and the uterus retain scars, which may impede future cesareans.

However, only few hospitals are able to accommodate HIV-positive deliveries: natural childbirth may not be planned, and may take very long, – up to ten hours, or even longer – and a specialized team of doctors needs to be on call during the entire duration of the birth. Cesarean sections may be planned down to the very last minute, and may therefore be conducted at any hospital.

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THE NEWBORN BABY

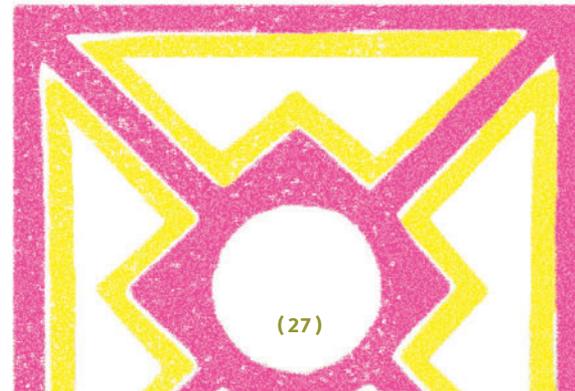
(26)

After the birth, the clinic will take good care of you and your child. It is important that your child continues to be cared for by a doctor after being released from the clinic. A pediatrician who is familiar with children of HIV positive mothers is best suited for this. You can get addresses at your local Aidshilfe.

HIV PROPHYLAXIS

After the birth, your child will receive HIV medication for four weeks. This makes it possible to further reduce the risk of the child being infected by HIV.

Most women can take their babies home and give them the medication themselves. Here too: The medication must be given as prescribed so that it is effective. The medication is usually accepted and tolerated well by the babies.



(27)

BOTTLE-FEEDING INSTEAD OF BREAST MILK

Many women want to breastfeed because they rightfully believe that breast milk is the best for the child. HIV positive mothers should avoid this, however: Since breast milk contains HIV, you could infect your child by breastfeeding. For this reason, give your child bottled (formula) milk and do not breastfeed. After the birth, you will receive medication to block the production of breast milk.

Bottle-feeding is only a problem where there is no clean water. In Germany, drinking water is purified and disinfected. Baby formula mixed with boiled tap water is therefore safe. And disease-causing bacteria can be safely killed by placing bottles and teats in boiling water for three minutes.

IF ANYONE ASKS YOU ...

... why you are not breastfeeding and you do not want to tell them the real reason, you can say the following: "After the birth, my breast glands became inflamed, so I had to stop breastfeeding." Such inflammations happen often.

(28)



HIV TESTS

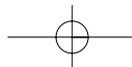
Like most HIV positive mothers, you will want to know quite soon whether your child is healthy. The first test is carried out right after the birth, additional tests after the second and sixth week and between the fourth and sixth month after birth. If these tests do not find HIV in the blood of your child, it is relatively certain that it is not infected. Final certainty is provided by an HIV antibody test, which is carried out between the 18th and 24th month of life.

This period of waiting can cause strong emotional stress. Your partner, family members and good friends can give important support. The people who work in the Aidshilfe are also there for you and can tell you where you can find additional support, for example, from the counselors of ProFamilia or a psychologist.

So that you and your child can continue to receive optimum care, you should stay in contact with your doctor as long as possible after the birth. This also makes sense even if your child is not infected with HIV. If the doctors know how you and your child are doing, they can learn from this and further improve medical care for pregnant women with HIV.

(29)





INFORMATION AND ADVICE

The addresses of the local Aidshilfen can be found in the telephone book or in the Internet under www.aidshilfe.de. **The Deutsche AIDS-Hilfe e.V.** will be happy to inform you of an Aidshilfe near you (telephone 030 / 69 00 87-0, fax 030 / 69 00 87-42).

The **Bundeszentrale für gesundheitliche Aufklärung** (German Federal Center for Health Education) offers consultation by telephone at 01805 / 555 444 (Mon-Thu 10:00AM-10:00PM, Fri-Sun 10:00AM-6:00PM; a call generally costs 14 cents per minute from a German landline telephone), or alternatively at www.aidsberatung.de in the Internet.

Our nationwide meetings for HIV positives (Positiventreffen) are available for women and men together or just for women, and also for African men and women. The Deutsche AIDS-Hilfe e.V. can inform you about the dates of these meetings. Internet forums such as <http://www.hivlife.de> or <http://netzwerkplus.aidshilfe.de> also provide opportunities to communicate with other HIV positive persons.

Information and support is offered by the **"Afro-Leben+"** network (www.afroleben.de), which you can contact via e-mail (afroleben2000@yahoo.de) or by telephone (0160 / 95 01 33 26).

You can get free information material from the Deutsche AIDS-Hilfe e.V. (tel. 030 / 69 00 87-0; Internet: www.aidshilfe.de under "Material"), from local Aidshilfen or from the Bundeszentrale für gesundheitliche Aufklärung (Internet: www.bzga.de).



(30)



ADVICE AND SUPPORT FOR CIRCUMCISED WOMEN

Terre des Femmes e.V.

Konrad-Adenauer-Str. 40, 72072 Tübingen
Tel. 07071 / 79 73 11 - info@frauenrechte.de - www.terre-des-femmes.de

Deutsch Afrikanisches Frauen Netzwerk Projekt - DAFNEP

Wildpfad 7, 14193 Berlin - Contact: Mariatur Rohde
Tel. 030 / 8 25 57 65 oder 89 72 99 70 - mariatur@web.de - www.dafnep.de

Afriקהerz - gesundheitliche Aufklärung für afrikanische Frauen

Petersburger Str. 92, 10247 Berlin
Tel. 030 / 4 22 47 06 - Fax 030 / 29 00 71 54
afriקהerz@via-in-berlin - www.via-in-berlin.de

AGISRA Köln e.V. - Beratungsstelle für Migrantinnen

Steinbergerstr. 14, 50733 Köln
Tel. 0221 / 12 40 19 oder 1 39 03 92 - info@agisra.de

IMPRESSUM

DEUTSCHE AIDS-HILFE E.V.: Wilhelmstr. 138, 10963 Berlin
Internet: <http://www.aidshilfe.de> - E-Mail: dah@aidshilfe.de

2., überarbeitete Auflage 2008, Bestellnummer: 023111

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FOTOS: Big Cheese Photo, Brand X Pictures, Corbis, Creatas, Dynamic Graphics, Getty Images (PhotoAlto, Photodisc) - DRUCK: alle Berlin

SPECIAL NOTE: This booklet was written to the best of our knowledge and according to the latest standard of knowledge (April 2008). Even so, there is no possibility to fully exclude errors. Moreover, medical research proceeds very rapidly which is particularly the case in the field of HIV/AIDS. This means: what is up-to-date today, may be out of date tomorrow. We therefore ask our readers to keep themselves informed by reading the latest publications on this topic.

(31)

