

A fact sheet for parents to be

HIV, Pregnancy, & *Your Choices!*

If you are going to become a parent, you have to consider that you or your partner may be HIV-positive. A pregnant woman can pass HIV to her child before, during or after birth.

If you are HIV-positive there are things you can do to lower the risk of this happening.



Clinics across the country offer services to reduce the risk of mothers passing the virus to their children.

This fact sheet will help you understand HIV and pregnancy. It will also help you understand what you can do to protect your health and your child's health.

As a parent to be:

- You can get an HIV test and counselling. Your clinic may call this service VCT, which is short for voluntary counselling and testing.
- If you have HIV, you can get medicines called ARVs (antiretrovirals) to help you live a longer, healthier life.
- You can practice safer sex by always using a condom.

If you are a pregnant woman:

- You can choose to keep or terminate your pregnancy.
- You should go to a public antenatal clinic, which is a special clinic for pregnant women, for regular check-ups.

If you are a father:

- You should support your partner and her choices.
- You should help raise your child.

As a grand-parent to be:

- You should support your daughter or son and his or her choices.
- You should encourage your daughter or son to stay healthy.
- You should learn about HIV.

What is available for pregnant women with HIV?

HIV is the virus that causes AIDS. Don't blame yourself or feel shame if you are infected with HIV. Many pregnant women have HIV. If you know your status you can look after your child's health and your own health.

- Your clinic should offer you HIV counselling and testing (VCT). It should also provide the medical care that you and your child need.
- This medical care includes Prevention of Mother to Child Transmission (PMTCT) of HIV, which will help reduce the chance of you passing on HIV to your baby.

PMTCT works like this:

- You should be given a medicine called AZT (zidovudine) from 28 weeks of pregnancy until you give birth.
- You should also be given a medicine called nevirapine when you go into labour.
- Your newborn child should get nevirapine syrup. This is a once-off treatment and should be given within 72 hours of birth.
- It is your right to receive PMTCT and you **must** ask your clinic for it if not offered.

At your clinic you can also do the following:

1. You can have a test called a CD4 count. This will tell you and your health worker how strong your immune system is.
2. If your CD4 count is near or below 200, or if you are sick because of HIV, you should be offered antiretroviral treatment for your own health. Your medicine will consist of three antiretroviral medicines called d4T (stavudine), 3TC (lamivudine) and nevirapine. These medicines come either all in one pill or in two pills which you take everyday for the rest of your life. These medicines will help you live a much longer, healthier life.
3. TAC is campaigning for government to start HIV-positive people on ARVs at a CD4 count of 350 not 200. This is better for the longterm survival of people living with HIV, for protecting health and for preventing opportunistic infections. Always remember, what is better for you is also better for the health of your baby. So speak to your health care worker about starting ARVs if your CD4 count is below 350 but above 200.
4. TAC is also advocating for the Department of Health to include 'the tail' in its PMTCT regimen. The reason for this is that a single dose of nevirapine at labour and birth could cause nevirapine resistance in the mother and child and reduce your future treatment options. A week of taking AZT (zidovudine) and 3TC (lamivudine) after delivery would reduce the risk of nevirapine resistance.
5. If you do not have enough income, you can get a child support grant for your child once he or she is born, which you can apply for at your nearest South African Social Security Agency (SASSA), Welfare office or Magistrate's Court.

If you go to church, your church should support you.

Reverend Teboho Klaas of the South African Council of Churches says:

We have to improve maternal health and prevent mother-to-child transmission. The bible says *"Never again will there be in it an infant who lives but a few days "* (Isaiah 65:20 NIV)

What is available for your child if you have HIV?

- The clinic should test your baby for HIV when he or she is six weeks old. The clinic should use what is called a PCR (polymerase chain reaction) test. This will test whether there is HIV in his or her blood.
- Your clinic must provide you with accurate information about how to feed your baby. It is your choice to either give your baby only formula milk or only breast milk. You should not give both because this increases the chance of your baby getting HIV.

If you choose to breastfeed:

- Breast milk is more nutritious for your child than formula milk, but there is a risk it could infect your baby with HIV because there is HIV in the breast milk of HIV-positive women.
- You must feed your baby only breast milk and not any other foods or liquids until you stop breastfeeding at six months.
- The clinic should test your baby for HIV again at 18 months.

If you choose to formula feed:

- The clinic should provide you with instructions on how to formula feed.
- You should only formula feed if you can afford it and you can do so safely. Your clinic should provide you with free formula milk for six months.
- You should take your baby to the clinic if he or she gets diarrhoea.
- If your child has HIV, your clinic should provide him or her with antiretroviral treatment. This can help your child live much longer and have a more healthy life.

The Constitution gives you the right to make decisions about reproduction.

It also gives you the right to access reproductive health care services. You can use these rights to make the best decisions for you and your child.

You must demand PMTCT services, other essential medicines and health services for you and your baby to protect your health.



National Office 021 422 1700
Khayelitsha District 021 364 5489
Ekurhuleni District 011 873 4130
Mopani District 015 307 3381
Umgungudlovu District 033 394 0845
Gert Sibande District 017 811 5085
Lusikisiki District 039 253 1951/2
www.tac.org.za