



HIV and Me: Choosing Motherhood

By CHRISTINA

Being a mother is amazing, a great experience and a privilege. It's changed my life and I wouldn't change it back for the world. Ironically, I didn't think I would have children, even before I was diagnosed with HIV.

I was diagnosed in 1990. I already knew about HIV, and when I experienced classic seroconversion illness, I figured I better get tested. I just had this feeling about it. I didn't fit the stereotypes, so I had to convince a doctor to test me, and I wasn't surprised when it came back positive (the doctor was).

With diagnosis, my life took a different direction than what I had figured it would. For one thing, I imagined it meant I wouldn't get married. I didn't have a relationship for seven years after I was diagnosed. Then I met a man, and told him my HIV status. He pretended it didn't matter, but when he didn't call me for about a month, I knew it did. I met my husband Allan after that, in 1998. About two weeks into the relationship, I told him. He was fine with it. He knew about safe sex, and it wasn't an issue.

Being the eldest of six children, I didn't feel I had to have children, and in fact the first HIV doctor I saw said to me that I might as well be sterilized. He's since changed that opinion, but that was relatively early days. I told Allan I didn't want to have children, and he was fine with that too.

But things changed when my mother died. Something in me realized that maybe I would like to think about having children. I assumed I was

going to die before Allan, and I started thinking about wanting someone to be with him after I died.

Allan and I imagined what it might be like to have children. Were we willing to try? Were we willing to take the risk that the child might have HIV? Because I would be an older first time mom (I was 38 at the time), were we willing to take the risk that the child might have birth defects?

We went to see my HIV doctor, who sent us for a consult with Dr. Deborah Money at Oak Tree Clinic. I had already made up my mind about some things. I told her that I

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Choosing Motherhood ...

didn't want to hassle with monitoring my menstrual cycle beyond trying to get pregnant at what I figured was the middle of my cycle. [Editor's Note: often women are advised to take their basal temperature on a daily basis to learn about their pattern of ovulation]. I didn't want to take any fertility drugs, or interfere much. And I only wanted to try for 4-6 months, because I didn't want to get caught in the fertility roller coaster. If it happened, it happened, and if not, then that was okay too. Dr. Money was very nice, but laughed and said, "Most women who are 38 try to get pregnant for six months to a year and then come see me. It's been nice to meet you."

I didn't want Allan to take any risks of getting infected. We always practice safe sex. We tried that first month- I used the "turkey baster method" on day 14 [inserting Allan's sperm with an oral syringe. See sidebar on page 4]. A few weeks later we were going to a party and I realized my period was a bit late. I thought I'd better take a test, because if I were pregnant, I wouldn't have a drink at the party.



When we saw that it was positive, we couldn't believe it. I really think it was meant to be.

When I was first diagnosed, I had started on AZT right away, and except for 2000-2002, I've always been on meds. I've always been healthy. I was on a triple combination when I got pregnant, and I continued that right through pregnancy. I had a great pregnancy- no nausea, no complications like gestational diabetes. My viral load was tested monthly, and I had four ultrasounds during the

“Something in me realized that maybe I would like to think about having children.”

pregnancy. I decided to have an elective c-section. I knew that even with the medications, my baby's chance of infection was only about 1%, but I thought if a c-section could make it less, that's the route I wanted to go. It turned out my baby was breech, so it would have ended up a c-section anyway.

The delivery was wonderful. There were a lot of people in the room- a doctor for me, a doctor for the baby, a student doctor, a nurse for each of those people, and a few extra nurses. Everyone was great- there was no strangeness or discomfort about my having HIV. Allan and I were amazed when we met our baby - a boy! We named him Jacob.

Jacob was absolutely perfect. He had good Apgar test scores [standard tests to check a baby's health at birth] and his first HIV test, which was taken at birth, came back negative the next day.



That first 24 hours of his life was so focused on meeting him and getting to know him that I didn't think too much about the first test. The test at one week made me a bit more nervous. I started thinking "What if?" and knowing that if it did come back positive, it was because of me. I had a feeling it wouldn't, but I wanted to hear it out loud. That one-week test came back negative too, and I thought, "Thank God." He was also tested at one month, and it was negative too, so they told us then that he was negative. Nevertheless, he was tested again at 6 months, a year, and 18 months just to be sure. And he is negative.

I would have liked to breastfeed, but I didn't want to take the risk of transmission, and it was nice for Allan to have the chance to feed him (nice for me to sleep a little more too!). All of my family and close friends know I am positive, so I didn't get any flack there, but if a stranger asked why I wasn't breastfeeding, I told them I sometimes took medication for migraines, and it would not be good for Jacob.

“For women who are thinking about having a baby, there is stuff to consider. I think the big one is do you have support from family or friends?”

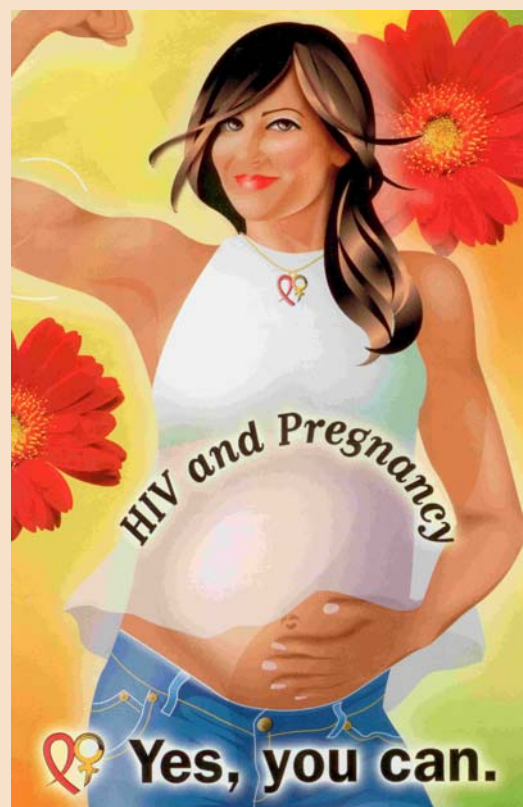
The only negative experience I've had around birth and feeding choices came in a prenatal class. The instructor was adamant that a natural, medication free vaginal birth and breastfeeding were the only options for "good" mothers. I wrote a letter to the hospital about that. I felt confident in my own choices, but what if a woman didn't?

HIV and pregnancy: Yes you can!

Want to know more about HIV and pregnancy?

PWN's new Pregnancy and HIV brochure/poster can give you answers on getting pregnant, what to expect during pregnancy (treatment and testing), safe delivery, and feeding your baby.

Call or e-mail for your copy.



Choosing Motherhood ...

For women who are thinking about having a baby, there is stuff to consider. I think the big one is do you have support from family or friends? Is your partner supportive? Do you have the financial means to pay for daycare (which is incredibly expensive in Vancouver)? Medically, I think any woman with HIV who is thinking about having a child has great access to care and can go ahead with confidence. There is great care at Oak Tree Clinic.

One day I will tell Jacob about my HIV status. At three and a half, he already knows that I need to take medicine. I figure when he's around six or seven, I'll introduce the basic concept of HIV, but I'll also tell him that it's something we keep in our family. It's a private thing, because I don't want people to discriminate against him. As he gets older, I'll tell him how I got it.

When I think about the future, I know Allan and Jacob will have each other if anything should happen to me. I am Catholic, and my spiritual faith helps me. I don't worry about death, and I know Allan and Jacob will remember me and we will meet again. I am very healthy now, and there's no reason to think I will die prematurely. I look forward to watching Jacob get older. We decided to try to have second child, and agreed we would try for six months. It didn't happen, so I believe this is the family we are meant to be. Being a parent has strengthened me and I wouldn't change it for the world.

Oak Tree Clinic:
B4 West- 4500 Oak Street
Vancouver, BC
Phone:
604.875.2212

How do you get pregnant? (Beyond the obvious)

If you are HIV+ and your partner is not, you can safely get pregnant by having your partner ejaculate into a cup and putting the sperm into your vagina with an oral syringe (available at a pharmacy counter for about 50 cents). Keeping track of when you ovulate (release an egg) and inseminating just before is most likely to result in pregnancy.

If you are both positive, you can reduce the risk, but not eliminate it. If you have unprotected sex, you are putting each other at risk for another strain of HIV or other STD. It's a good idea to talk to an HIV doctor about the safest route. Oak Tree Clinic often sees women for pre-pregnancy counseling.



Pregnancy for HIV-Positive Women Safer in Early Stages of Virus, 2007 Study Says

HIV-positive women who want to become pregnant should be informed that pregnancy is safer during the early clinical stages of the virus, when CD4+ T cell counts are higher, according to a study published recently in *Tropical Medicine & International Health*, Uganda's Monitor reports.

Lieve Van der Paal of Uganda's Medical Research Council and colleagues from the Uganda Virus Research Institute examined the medical records of 139 HIV-positive women of reproductive age residing in southwestern Uganda who were in a clinical group established in 1990. The researchers examined the effect of pregnancy on HIV progression and survival among HIV-positive women before the introduction of antiretroviral drugs.

The study found that women who became pregnant had higher CD4 counts when they enrolled in the study and that they had a slower decline of CD4 cells than those who did not become pregnant. The study also found that CD4 counts declined faster after pregnancy. The researchers concluded that the "initial comparative immunological advantage possessed by fertile women before they become pregnant is subsequently lost as a result of their pregnancy." The researchers suggested that women taking antiretrovirals who have low CD4 counts wait until their CD4 counts have increased before becoming pregnant.

According to the study, HIV-positive women who want to become pregnant should be warned about the potential negative effect a pregnancy could have on their immune system's ability to fight HIV and should be offered contraception. Pregnant women living with HIV who are eligible for

antiretroviral therapy "should be offered such treatment as a priority group since they are at high risk for fast progression" of HIV and because the antiretrovirals will help prevent mother-to-child HIV transmission, the study said. The study also found that since the introduction of a program aimed at preventing mother-to-child transmission, less than 5% of HIV-positive mothers in southwest Uganda do not breast-feed (Kirunda, Monitor, 9/17).

(Source: Kaiser Daily HIV/AIDS Report
September 19, 2007)

For another perspective, see "Pregnancy May Slow - Not Accelerate - Progression to AIDS" on page 6.



Pregnancy May Slow - Not Accelerate - Progression to AIDS

A new study may help put to rest fears that pregnancy accelerates progression to full-blown AIDS in women with HIV receiving antiretroviral therapy. The study, published in the October 1st issue of the *Journal of Infectious Diseases* and now available online, revealed that pregnancy may, in fact, slow disease progression in these women.

Before the advent of highly active antiretroviral therapy (HAART), many women with HIV infection or AIDS were told that becoming pregnant would be unwise because there was thought to be a 25 percent risk of transmitting the virus to the child and that the effects of pregnancy on disease progression were unclear. It is now clear that the use of HAART in pregnancy can reduce the HIV transmission to the newborn to approximately 1 percent, but the effects of pregnancy on the HIV-infected woman remain unknown.

To determine the effects of pregnancy on HIV disease progression in the HAART era, Timothy R. Sterling, MD, and colleagues at Vanderbilt University performed an observational study of HIV-infected women between 1997 and 2004. Disease progression was defined as experiencing an AIDS-defining event such as Kaposi's sarcoma, *Pneumocystis carinii* pneumonia, or *Candida* fungal infection of the esophagus; or death. Of the 759 women studied, 71 percent (540) were receiving HAART. Eighteen percent (139) of women studied had one or more pregnancy during this study.

“Sterling and colleagues found that women who became pregnant actually had a lower risk of HIV disease progression and were healthier than women who did not become pregnant.”

Based on the results of studies conducted before HAART, researchers had expected there might be no difference in HIV disease progression between pregnant and non-pregnant women. What Sterling and colleagues found was that women who became pregnant actually had a lower risk of HIV disease progression and were healthier than women who did not become pregnant. Women experi-

enced a lower risk of disease progression both before and after pregnancy. This may be a result of the healthier immune status of women who become pregnant and/or a beneficial interaction between pregnancy and HAART.

Although the pregnant women in the study were younger than the non-pregnant women, had higher initial CD4+ lymphocyte counts (white blood cells that are attacked by HIV), and a smaller amount of HIV RNA in their plasma, their risk of disease progression remained lower even after factoring in these differences. Nor did it matter that the pregnant women also were more likely to receive HAART and more likely to attend clinic appointments.

Additionally, women with multiple pregnancies during follow-up tended to have a lower risk of disease progression than did women with only one pregnancy. Sterling notes, "This apparent dose-response relationship supports a possible protective effect of pregnancy on disease progression. Pregnancy is associated with a complex set of immunological changes during the gestation period, which



may provide additional benefit to the mother's health."

In an accompanying editorial, Kathryn Anastos, MD, of the Albert Einstein College of Medicine emphasized that although understanding of this complexity is not complete, Dr. Sterling's study gives hope that correlative studies of the immune response to pregnancy and the influence of pregnancy on HIV disease may help to provide the needed information.

Dr. Anastos suggested that this information may be of particular significance to women in resource-limited communities, who generally bear more children than do those in higher-resource communities. She noted that "women can now have greater confidence that in addition to protecting their children from [mother-to-child transmission of HIV] with HAART, their own health will not be compromised by pregnancy, which would place their children at long-term risk ... the findings by Sterling and coworkers suggest that at least for HIV disease progression, the odds may be in their favor."

(Source: What's New at The Body, September 19, 2007
<http://www.thebody.com/updates/>)



Fast facts:

Women who became pregnant had a lower risk of HIV disease progression and were healthier than women who did not become pregnant.

Women with multiple pregnancies during follow-up tended to have a lower risk of disease progression than women with one pregnancy.

Currently, nearly all mother-to-child transmission can be prevented by the administration of appropriate HAART regimens during pregnancy and delivery, with postnatal treatment for the infant.

Solidarity with Our Sisters

By PEGGY FRANK

Women with HIV live with a disease that has changed the lives of women around the globe. We share successes and challenges - in person and in print. For the past four years I have been corresponding with Emerithe, a positive woman in Rwanda. We sometimes write about our illnesses, but more often about life's challenges - like her large family and my loss of motherhood. It takes effort on both our parts, as we are different culturally and linguistically, but the joy that Emerithe and her

comes into her home through holes in the roof, and she cooks outside in all kinds of weather. Emerithe is so happy to know me and understand that there is hope. My realities, including 20 years of positive living, are inspiring for her, and help her believe in a future where she might see her children get jobs, marry and produce grandchildren.

Recently I was in Rwanda, doing some research and training for positively AFRICA. (positively AFRICA is an NGO I co-founded and is dedicated to assisting and empowering women, children and families affected by AIDS in Africa). Of course, I spent time with Emerithe, and that was memorable.

Another highlight was a couple of hours I spent with a group of women in a sewing cooperative called INEZA WE ACTx. They come from a variety of religious and ethnic backgrounds, are HIV positive, and get together every day to make dolls, purses, computer bags and many other things to sell. Their wage is small but helps these women to look after their families.



family bring to the lives of myself, my father and my partner far outweigh the difficulties. We now have family in Africa. I am Auntie to Emerithe's five children.

It is humbling to hear Emerithe's story. She looks after a large extended family and has little money. She celebrates employment of her oldest son, and worries that her youngest son is only interested in music and girls. When it rains, water

We talked through an interpreter, Frank Mugisha, who is the coordinator of this income-generating project. "You are one of them," he told me. "They want to spend time with you and hear about life with HIV in Canada." We shared medical stories. We did Pal Dan Gum exercises aimed at releasing trauma held in the memory of our bodies. I left, sadly thinking that I might not see these friends again.



What do you put in your first letter?

Frank asked me to do one favour for the women. Could I find them Canadian pen pals? There are 27 women, with names like Cecile, Theresse, and Nassim. They would like to share their stories with other positive women and hear about the lives we live. If you would like to write to one of these women, please contact me through the Positive Women's Network. I am on the Board and will forward your first letter to Frank who will prepare translations. I will copy you and from then on you and your pen pal can share a fuller understanding of HIV.

Letters may be sent to:
Peggy Frank
c/o Positive Women's Network
614-1033 Davie Street
Vancouver, BC
V6E 1M7

Your name and where your name came from, and if it has a meaning to you.

Your address or at least where you live and maybe a little description of the area.

Your favourite things to do.

Anything that you might like to share about living positively (perhaps something about the Positive Women's Network and how it helps you).

Gratitude at being able to write someone so far away and for the services of Frank, our generous interpreter.

Do not ask about ethnic origin.



Questions Remain About Circumcision's Ability to Protect Female Partners

In previous issues of [Global Campaign for Microbicides] News, we've reported on recent research suggesting that routine male circumcision could significantly reduce a man's risk of acquiring HIV infection. Three randomized controlled clinical trials undertaken in Kenya, Uganda and South Africa demonstrated that circumcision reduced a man's risk of infection through heterosexual sex by about 60 percent. The World Health Organization (WHO) is now officially promoting male circumcision as part of a comprehensive HIV prevention package, and the US President's Emergency Plan for AIDS Relief (PEPFAR) recently announced plans to provide money for circumcision programs as part of its effort to reduce the spread of HIV in some African countries.

One of the biggest unanswered questions, however, is whether male circumcision will also help protect the female sexual partners of circumcised, HIV-positive men. A prospective study of serodiscordant couples in Uganda suggested otherwise, but that trial was stopped early and the data available was limited. An epidemiological survey of almost 5,000 sexually-active women in Uganda and Zimbabwe, published in the August 20th edition of AIDS, found that male circumcision had little influence on the female partner's risk of acquiring HIV.

4,417 sexually-active, low risk, HIV-negative women were enrolled at trial sites in Uganda and Zimbabwe. An additional 393 Ugandan women considered at high risk of infection—sex workers and patients from sexually transmitted infection clinics—were also enrolled, for a total of 4,810 study participants. At enrollment, women were asked the circumcision status of their current partners, as well

as detailed questions about their reproductive, contraceptive and sexual behaviours. The women were then followed for an average of two years, with frequent clinic visits to test for HIV and other sexually transmitted infections; treat any active STIs; and collect additional information about sexual behaviour, including the circumcision status of any new partners.

A total of 210 women became infected during follow-up. No protective effect from circumcision was seen for women considered at low risk of HIV infection when these data were analyzed ~ after taking into account a woman's age, age at sexual debut, contraceptive use, husband's employment status, level of education, and number of sexual partners in the previous three months. Low-risk Ugandan and Zimbabwean women had a similar risk of infection, regardless of their partner's circumcision status. High-risk Ugandan women appeared to derive a small protective effect from having a circumcised partner, but this result was based on an analysis of relatively few HIV infections (19 infections total, with only two among women with circumcised partners) and did not achieve statistical significance.

For more information about male circumcision as an HIV prevention option, visit <http://www.global-campaign.org/malecircumcision.htm>.

(Source: Global Campaign News - Issue #86, 13 September 2007)



It's Retreat Time Again!

Friday, February 15th to

Sunday, February 17th, 2008
at Springbrooke Retreat Centre,
in Langley

The February retreat is open to all members of the Positive Women's Network, but priority will be given to PWN members who have never before attended a retreat and to out of town members. Space is limited, so apply early.

There is an option of joining us just for the day on Saturday, February 16th.

It's FREE!

PWN covers all retreat and transportation costs.

Application Deadline:

Friday, January 11th, 2008

For more information and registration forms, visit www.pwn.bc.ca.

Something NEW!

Do you have a creative idea for a retreat workshop? Are you interested in planning and leading a workshop at the upcoming retreat? Workshop application forms will be mailed to all members who have been accepted to attend the February retreat. So ... jot down your ideas and stay tuned for more information.

SpringBoard 2008

health. vision. connections.



Thursday March 6, 2008
Century Plaza Hotel
1015 Burrard Street, Vancouver

4-8 PM

Set the date aside for the fourth annual SpringBoard conference. Details on sessions to follow.

Sponsored by:



Events and Program Information

	MON	TUE	WED	THU	FRI
drop-in	11:30-3:30	11:30-3:30	11:30-3:30	11:30-3:30	-----
lunch	-----	12:00-2:00	-----	12:00-2:00	-----
office hours	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00	9:00-4:00

Our **FOODBANK** is no longer open every Tuesday. It will be closed the day before cheque day and the following week as well. See our calendar (www.pwn.bc.ca) or call for the schedule.

Beat the January blues!

Join us for our annual post-holiday get together - at a **NEW Fabulous Location!** Tuesday, January 22nd, 12-2 at the Alibi Room, 157 Alexander St. Call PWN to RSVP.

Telephone Support group

This spring we will be "piloting" a Telelink Support group - that is, a support group over the phone. This would mean women from all over BC could participate in a support group together. All you need is a phone! Please call Bronwyn if you are interested.

A late welcome to Krista, our practicum student (sorry Krista!). You've undoubtedly met her at a lunch, or in the grocery.

SpringBoard 2008

SpringBoard 2008 will be held on Thursday March 6, 2008 4-8 PM at the Century Plaza Hotel 1015 Burrard Street, in Vancouver. Program information will go out in January.

Thank You Dr. Ogilvie!

We'd like to extend our appreciation to Dr. Gina Ogilvie, who presented at our forum to mark World AIDS Day. Over lunch at the Alibi Room, Gina spoke to a group of positive women and community workers about finding new ways of delivering health care to women who don't normally access care. Thanks also go to Abbott Laboratories, which sponsored the event. Gina's passion for accessible care for all women is much appreciated.

February retreat

We will be hosting a retreat for PWN members February 15-17 at the SpringBrooke Retreat Centre in Langley. See page 11 for more details.

Oxfam speaks out on Violence Against Women

Marcie, our Executive Director, spoke out about the intersection of HIV and violence at a special evening to mark the 16 days of action to prevent violence against women. Oxfam coordinated this event on December 7, and we are pleased we could be present to talk about positive women's issues.



Events and Program Information

Donations light up the season

The winter can be a lean, dark, tough time for many of our members. This year we were able to help brighten things up for many families, thanks to donations from individuals and companies. Kudos to:

SISU Vitamins, which contributed funds for grocery vouchers and children's gift card programs, as well as vitamins.

The Southern Gulf Island AIDS Society "Tea Parties", which provided for grocery vouchers and children's gift card programs. Many thanks to Board members Margarite Sanchez and Peggy Frank for heading this up.

Valeria & Starbucks, who provided chocolate and sweet gifts for members and their children.

Lillie & Cohoe, for sending us designer winter hats and scarves.

Girl Gig & Trigger, for fantastic bath products and support of our holiday voucher program.

Yes You Can! A 16 - Step Empowerment Model

For Overcoming Trauma and Addiction With Love, Strength, and Power

"The 16-step empowerment approach encourages women to break through limitations, focus on strength and talents, use their rational mind as an ally in healing, and bond in power and joy.

Empowerment is based on love, not fear. While fear may jump start people into recovery, only love heals - a love that starts with a deep exploration that takes us beyond shame and guilt to accepting ourselves in all our humanness.

To become our biggest self, we need to focus on all that we can be." (Charlotte Kasl)

**"Yes You Can" starts January 17th
Thursdays 6:00 - 8:00 PM
Room 103**

Speak to Sangam for info - 604.692.3006

Calendar of events: go to www.pwn.bc.ca for updates

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with
us**

Positive Women's Network, a partnership of women living with and affected by HIV/AIDS, supports women in making informed choices about HIV/AIDS and health. We provide safe access to support and education/prevention for women in communities throughout British Columbia. The Positive Women's Network provides leadership and advocacy around women's HIV/AIDS health and social issues in the national and local health care communities.

Thanks to our Supporters!

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BC Hydrex for keeping our drop-in well-furnished.



Pregnancy pamphlet made possible by an unrestricted grant from **Boehringer Ingelheim (Canada) Ltd.**



Minerva Foundation for supporting our Transition House training initiative.



RBC Foundation for supporting our Health Enhancement Program



SISU for sponsoring our Holiday Voucher program.



Our portable housing subsidies and food program made possible by support from **Shooting Stars Foundation.**

DISCLAIMER

The information herein cannot replace the information provided by a medical professional. In using this material, the user acknowledges these limitations and does not hold Positive Women's Network or its funders liable for any damages, costs or consequences that may result from use of this material.

Unless otherwise noted, all materials in this newsletter are written by Janet Madsen, Communications Coordinator (janetm@pwn.bc.ca).