

*You can have a*  
**healthy pregnancy**  
*if you are* **positive**



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# You can have a healthy pregnancy if you are HIV-positive

Are you HIV-positive and pregnant or considering having a baby? You are not alone. Living with HIV does not necessarily take away your desire or your ability to have children. The good news is that advances in HIV treatment have allowed many HIV-positive women\* to have healthy pregnancies and healthy babies.

*"HIV-positive women should know that they can get pregnant."*

You probably have many questions. Asking questions is an important step in making choices. This booklet is meant to help you make informed decisions about your health during pregnancy as well as the health of your baby. It also includes words of support and inspiration from women living with HIV from across Canada.

Maybe you are pregnant and have just found out that you are living with HIV. That can be a lot to deal with at once. In addition to the information provided

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\* We have written this information using the term "woman" to describe a person who can get pregnant. We acknowledge that some people who can get pregnant do not identify as women and may have needs that are different or in addition to the topics presented here. If this is you, we encourage you to see a healthcare provider familiar with your health needs.

in this booklet, you may want more information about HIV and its treatment, as well as guidance on whom to tell about having HIV. **The most important thing right now is to find a doctor** who can help you get this information and who will support your choices around your pregnancy and your HIV. The **resources listed at the end of this booklet** can link you to services in your area.

You may be thinking about ending your pregnancy because you may feel you cannot care for a child right now, or maybe there are other reasons. Having an abortion is a very personal choice. Only you can decide whether or not to continue your pregnancy. No one can force you to have a baby or force you to end your pregnancy. You may want to know more about abortion; you can discuss your options with



a doctor, nurse or counsellor. They can answer your questions about future pregnancies as well.


It's possible you will face stigma. Stigma is the negative judgment some people make about others. Some people living with HIV face stigma and discrimination because of choices they make about having children. In this case, other people may feel your choices are wrong. Stigma about HIV can limit the services and other support available to you. This is called discrimination. Stigma and discrimination are often based on fear and can happen when people don't know all the facts about HIV and pregnancy.

You may face stigma because you choose to have a child.

*"I was told it wasn't my right to have a child."*

You may face stigma because you choose to *not* have a child.

*"In my culture everyone really pressures you to have children."*



Whatever you are facing, you might want to talk with people you trust—friends, family members or healthcare providers. They can give you support while you make your choices. If you decide pregnancy is right for you, your network can also play an important part in helping you to stay healthy and to have a healthy baby.



## You can have an HIV-negative baby

When HIV is passed from a mother living with HIV to her fetus or baby, this is called **vertical transmission** or perinatal transmission. When HIV passes between sexual partners or people who share equipment to use drugs, this is called horizontal transmission.

In the time before effective treatment was available for HIV, about one in four babies born to mothers with HIV was also HIV-positive.

However, we now know a lot about how to prevent vertical transmission, and with proper treatment and care, the chance of your child becoming HIV-positive can be less than one percent (one in 100 chance). Experts have written treatment guidelines that outline the best practices to reduce the risk of vertical transmission. Canadian guidelines recommend:

- HIV medicines for the mother during pregnancy and during labour
- a short course of HIV medication (or medications) for the baby after birth
- vaginal delivery for most pregnancies; and in some cases surgery to remove the baby from the uterus, called a C-section or cesarean section
- feeding the baby formula, and not breastfeeding

Guidelines are a starting point. Everyone's situation is unique, so you and your doctor should fully discuss all decisions about your treatment, pregnancy and delivery.

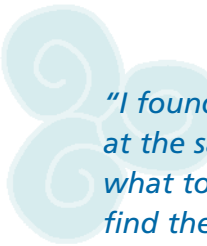
## Building a relationship with your healthcare providers

Some women living with HIV may feel nervous about talking to their healthcare providers about having a baby because they have heard that some doctors do not support women with HIV who want to have babies. This may still be true in some cases—but no matter what, know that you have the right to have a child just like any other woman.




Some women choose to have their babies closer to large cities where doctors are more experienced with HIV and pregnancy, but this is not always practical. **If your doctor is not experienced with**

**HIV and pregnancy, you can help her or him find information** about having a healthy HIV-positive pregnancy. At the end of this booklet is a list of resources for healthcare professionals.



*"I found out I was pregnant and HIV-positive at the same time. It was scary not knowing what to do. A supportive doctor helped me to find the information and support I needed to put my mind at ease."*

You may wish to have a midwife assist during your pregnancy in addition to your medical care. In Canada, most provinces and territories have laws that regulate midwife services, but only some jurisdictions cover the cost. You can find more information at [www.canadianmidwives.org](http://www.canadianmidwives.org).



*"I must have asked a million questions—most of them over and over again. My healthcare providers didn't mind. I liked that."*




## Getting pregnant

If you are considering pregnancy, it is a good idea to get connected to healthcare providers with experience with HIV and pregnancy before you get pregnant. However, pregnancy is often not planned, and women with HIV can have successful pregnancies that they were not expecting. Whatever stage of pregnancy planning or pregnancy you are at, being connected to care and being informed will help lead to the best outcomes for you and your baby.



Many women living with HIV have no trouble getting pregnant. However, some research shows that HIV disease, HIV medications or having other sexually transmitted infections may make it harder for some women living with HIV to become pregnant.

If you are having trouble getting pregnant, ask your doctor for advice and possibly a referral to a fertility clinic.



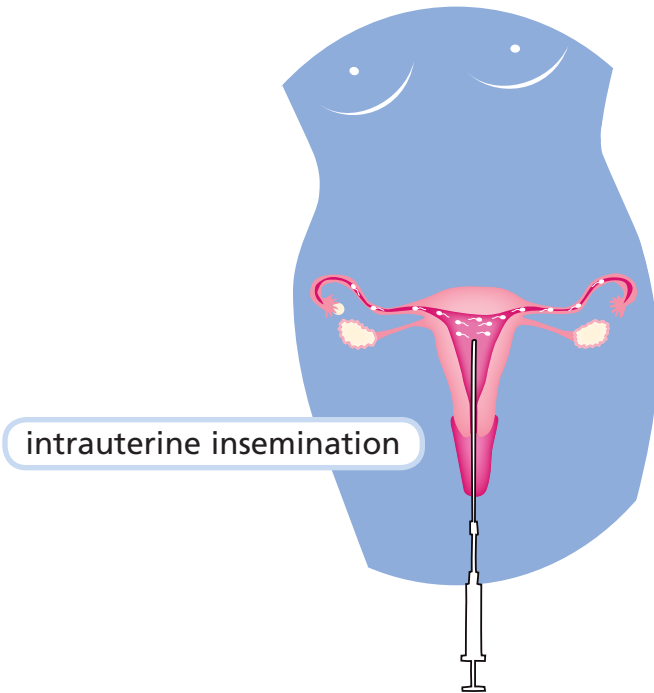
*"I ruled out intrauterine insemination because of the cost, but it is an option."*

HIV transmission between sex partners—called horizontal transmission—can happen while trying to get pregnant, especially if the partner living with HIV is not on HIV medications. The good news is that effective HIV treatment, when used consistently and correctly, is highly effective at lowering the chance of passing HIV during sex. After talking to their healthcare provider about how to lower the chance of passing on HIV as much as possible, some couples try to become pregnant through condomless intercourse during ovulation to increase the chance of conception and reduce exposure to HIV.

Another option is PrEP. PrEP stands for pre-exposure prophylaxis—it is medication for the HIV-negative partner. If used consistently and correctly, PrEP is highly effective at lowering the chance of passing HIV during sex. Using PrEP correctly involves more than just taking a pill every day, so make sure you have all the information while considering this option. Your HIV doctor can tell you if PrEP is a good option for your partner and you.

One way to avoid any chance of horizontal transmission between a woman living with HIV and her HIV-negative partner is alternative insemination. (Alternative insemination reduces the chance of horizontal transmission only if the sperm comes from

an HIV-negative person.) This can be done at home or with medical assistance at a fertility clinic. At home, sperm is placed into the vagina with a syringe or eye dropper. Some women have their partner or a private donor provide sperm. If using a private donor, get advice from a fertility specialist. Other women use the services of a sperm bank.




Medically assisted insemination places the sperm directly into the vagina close to the cervix (intravaginal insemination) or the uterus (intrauterine insemination) and can increase the chance of getting pregnant. This procedure is expensive and is not available in every province and territory. If you're thinking about using a fertility clinic, be sure to get information about all the services you will need and their costs. Some or all of the costs may be covered in some parts of Canada.

## Staying healthy while pregnant

Good health is very important while you are pregnant, and there are many things you can do to help yourself have a healthy pregnancy. Being pregnant and having HIV requires special medical care, so it is important to find a good doctor.





*“Getting support from a good doctor and a support group is important for any woman who is HIV-positive and pregnant.”*

Try to find an obstetrician (a doctor who specializes in pregnancy and childbirth) who is familiar with HIV care. It is best to do this before you get pregnant or soon after. Some big cities have clinics that specialize in HIV and pregnancy. Your family doctor or HIV doctor can help you find the care you need. Remember that you have the right to the same level of care that is available to anyone who is pregnant or thinking about having a baby.

Research shows that pregnancy itself does not make your HIV worse and HIV does not change how your pregnancy proceeds. However, any time a pregnant woman has any illness or a virus (such as HIV) many factors need to be considered to ensure a safe pregnancy and delivery. Doctors describe these kinds of pregnancies as “high-risk,” which is why you may hear HIV in pregnancy described that way. This also means that you may have more frequent visits to the doctor to monitor your health and the health of the fetus. You may be referred to a specialized pregnancy clinic. Or, if there is not a specialized clinic in your area, a specialized clinic elsewhere may be able to offer advice long distance to your local obstetrician.


Treating HIV and reducing the amount of virus in your blood (your viral load) during pregnancy is one of the most important ways to reduce the likelihood of vertical transmission. It is also good for your long-term health. Your doctor will talk with you about taking medications that can significantly reduce the amount of HIV in the blood. These HIV medications are called antiretrovirals (ARVs), and you take a combination of them. The combination is tailored to your health and needs—and it's chosen to reduce the risk of vertical transmission.

In addition to taking HIV medications, there are many things you can do to have a healthy pregnancy, such as:

- making sure that your doctor tests and treats you for sexually transmitted infections
- making sure that your doctor tests you for hepatitis B and C, syphilis, group B streptococcus status and rubella immunity
- making sure you eat as well as you can; during pregnancy, your body has special nutritional needs, so you should talk to your doctor about the following:
  - taking a daily prenatal multivitamin (prenatal vitamins are different from regular multivitamins); check the amounts of folic acid, iron and calcium to make sure you are getting the recommended amounts listed below:
    - taking 0.4 to 1.0 milligram of folic acid once a day for one to three months before getting pregnant and during your pregnancy

- taking 16 to 20 milligrams of iron daily
- getting 1,000 milligrams of calcium every day either from foods such as milk, cheese and yogurt or from a supplement
- connecting to community programs if you have difficulty having enough healthy food
- finding healthy ways to deal with stress
- putting together a support network

If you are planning to travel during your pregnancy, your doctor can advise you if you require special vaccinations or if the area you are travelling to presents other risks.



*"I am a former drug user. When I was pregnant, everyone put their moral judgments on my life about whether I should even be allowed to have children. Moral judgments prevent women from getting the chance to learn healthy baby and self-care skills."*

If you are pregnant and drinking alcohol, smoking, or using drugs, cutting down or stopping will increase your chances of a healthy pregnancy. Some people may not be able to stop completely or without help. Speak to your doctor, pharmacist, nurse or someone else that you trust to help you find the resources you need to keep you and the fetus as healthy as possible.

## HIV treatment options

Canadian guidelines recommend that all pregnant women living with HIV take combination HIV therapy. You and your doctor will decide which combination is right for you based on your particular situation, including the stage of your pregnancy and whether or not you are already on HIV medications and your treatment history.



### What HIV medications are recommended during pregnancy?

If you are starting treatment for the first time while you are pregnant, the combination of HIV medications that you take during pregnancy depends on several factors. The good news is that many



HIV medications are safe in pregnancy and many options exist. However, some medications are not recommended during pregnancy. Some newer medications have not been tested in pregnancy and so no data exists on their safety. Certain guidelines recommend specific combinations during pregnancy. But knowledge of HIV medications in pregnancy is always changing, so **make sure you have the latest information**. You and your doctor together will determine which combination is best for you.


Some side effects of HIV medications—especially high blood sugar, low red blood cell count (anemia) and stress on the kidneys—can be made worse by being pregnant. It is important to monitor for these side effects carefully. Your viral load, which measures how much virus is in the blood, and CD4 counts, which measures the strength of your immune system, should also be tracked. In some cases, your doctor will also assess the genetic material of the virus (called resistance testing) to help determine which medications are best for you. Doctors usually order blood tests one month after the start of treatment and then every one to three months.

## When should you start HIV medications?

Most treatment guidelines recommend starting HIV medications as soon as possible after you are diagnosed, even if you are pregnant. And we know that the sooner someone starts HIV treatment, the better it is for her long-term health and the less chance of transmission to her baby. If you are not already

taking HIV medications when you become pregnant, speak to your doctor about the best treatment for yourself and when to start.

## You're already on HIV medications



*"Since I tested positive I have been thinking about becoming pregnant. I have now been on meds for over a year and if I choose to get pregnant I might have to change my meds."*

If you are planning to become pregnant it's a good idea to discuss treatment options with your doctor in order to reduce the chance of possibly harming the fetus and to protect your own health.

If you are pregnant and already on HIV medications, you and your doctor may decide to change some or all of the medications you are taking. Many HIV medications are safe for pregnancy, though some need to have the dose changed while you are pregnant. No HIV medication has definitely been linked to an increased chance of birth defects, however some medicines are best avoided during pregnancy. Talk with your doctor about what is best for you as soon as possible after finding out you are pregnant.

If you are a newcomer to Canada who has been taking HIV medication in another country, it is possible that the name or look of medications may be different or that you have been taking medications

which are no longer used in Canada. Speak to your doctor or pharmacist if this applies to you. Fortunately, there are many medication options, so check with your doctor and pharmacist for the most up-to-date information.

## Stopping or changing your HIV medications

It is not a good idea to stop or change your medications without first seeing your doctor. If you stop your treatment suddenly, your viral load will likely increase and there will be a higher risk of passing HIV to your baby. You may also increase the risk of developing drug resistance, which could limit your treatment options in the future. If the HIV in your body becomes resistant to one or more medications, those medications won't work anymore. If you keep taking those medications, they won't stop HIV from replicating and infecting cells in your body. Your viral load will increase and the damage to your body and immune system will increase. This situation is called treatment failure.

## What if you haven't taken HIV medications during your pregnancy?

Canadian guidelines recommend that all women living with HIV take HIV medications during pregnancy. This is good for your health and it is part

of a care plan that can lower the risk of your baby being HIV-positive to less than 1 percent (one in 100 babies). If you do not take treatment while you are pregnant, the risk that your baby will be HIV-positive is about 25 percent (one in four babies). If you are diagnosed late in your pregnancy or during labour and delivery, it is not too late to start treatment. Medication can still be given to you and to your baby to reduce the risk that your baby will be born with HIV. However, the best way to lower the chance of your baby being HIV-positive is to start treatment as early as possible.

## Other treatments while pregnant

Some medications and vaccines for treating and preventing certain common HIV-related conditions are safe to use in pregnancy, while others are not. Talk with your doctor about the risks and benefits of these treatments to you and the fetus.



It is safe to use preventative medication for *Pneumocystis pneumonia* (PCP), *Mycobacterium avium* complex (MAC) and tuberculosis (TB). If you have active tuberculosis, you can also take treatment for TB. As well, it appears to be relatively safe to take acyclovir or valacyclovir to prevent or treat herpes outbreaks, although you should first talk with your doctor about the risks and benefits of these medications.

Although methadone is generally safe to use during your pregnancy, it is important to be aware that your baby may be born dependent on (addicted to) it and will need to be weaned off. If you are on methadone and become pregnant, you should not stop taking methadone without first speaking with your doctor. For people taking buprenorphine-naloxone (Suboxone), guidelines recommend a switch to buprenorphine (Subutex) alone during pregnancy.

Some people living with HIV use medicinal marijuana. While there is no evidence that marijuana causes birth defects, smoking of any kind is not recommended during pregnancy. Little is known about the effects of ingesting (eating) marijuana. The risks and benefits of medicinal marijuana should be weighed carefully.

You should avoid medications like fluconazole (Diflucan), itraconazole (Sporanox) and ketoconazole (Nizoral), which are used to stop candidiasis and other fungal infections. Other medications you may be taking for depression, pain, diabetes or other conditions might not be safe during pregnancy. Speak to your doctor and pharmacist about which medications are safe for you and the fetus.

You may need to have some vaccines if you have not already received them. It is safe to receive pneumococcal, tetanus-diphtheria, hepatitis A, hepatitis B and flu vaccines. However, you should avoid live virus vaccines such as those for measles, mumps and rubella, chicken pox (varicella zoster) and yellow fever. As well, the HPV vaccine has not yet been shown to be safe in pregnancy and should be

avoided until after pregnancy. Ideally you will already be on HIV medications before receiving vaccines.

Some specialists are giving tetanus-diphtheria-pertussis vaccine in the third trimester of pregnancy to pass on temporary protection to the infant.

For women who have hepatitis C virus alone, there is a small chance of passing on hepatitis C to the baby, about 6 percent. Having both HIV and hepatitis C (co-infection) can increase the risk of vertical transmission of the hepatitis C virus. There is no known treatment to prevent vertical transmission of hepatitis C; however, studies have shown that there is a lower risk of hepatitis C transmission if a co-infected woman is on HIV treatment during pregnancy.



It is important to be aware that ribavirin, a drug commonly used to treat hepatitis C, can cause severe birth defects and should not be taken during pregnancy. What's more, *both partners* should not use ribavirin for at least six months before trying to get pregnant. Newer treatments for hepatitis C do not have a lot of safety information and should only be used during pregnancy when the benefit outweighs the risk. Speak with your doctor and pharmacist to find out more about which medications are safe and which are not. Some people decide to get treated for hepatitis C before trying to get pregnant.

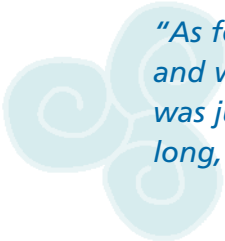


# Delivery

During labour and delivery, there are ways to reduce the risk of vertical transmission, including taking HIV medications and choosing the appropriate type of delivery. In most cases, vaginal delivery is safe and preferable.



Most women living with HIV give birth in a hospital, where they can receive appropriate care. Canadian guidelines recommend that during labour and delivery, the HIV medication AZT (zidovudine, Retrovir) be given to the mother to reduce the risk of vertical transmission in addition to her regular HIV medications.



*"As for the C-section, I found it so strange and weird. But now that I think about it, it was just a moment of discomfort leading to a long, wonderful life with my beautiful boy."*

There are two types of delivery: 1) vaginal delivery and 2) a surgery to remove the baby from the uterus called a C-section or cesarean section. Canadian guidelines advise that if your viral load is over 1,000 copies or you are not on HIV medications at the time of your delivery, a C-section will reduce the risk of vertical transmission. Some doctors prefer to perform a C-section when there is any detectable viral load. Each birth is different and the best mode of delivery is decided on a case-by-case basis. Sometimes C-sections are performed as emergency surgery because vaginal birth is not possible.

In people with risk factors such as a high viral load at delivery or co-infection with hepatitis C, the chance of vertical transmission can be further reduced with the following precautions: limiting the use of forceps and vacuum, no use of fetal scalp electrodes and no fetal scalp sampling. Doctors can explain these precautions in more detail.

## Your baby's health

Babies born to mothers with HIV usually get special care during the first few months of life. Your baby will likely receive HIV medications to further reduce the risk of vertical transmission of HIV. Doctors will also regularly test the HIV status of your baby during this time.




### Does your baby have to take treatment?

Treatment during pregnancy is the best way to reduce the risk of HIV transmission to your baby. Giving medicine to the baby after it is born can further reduce the risk of transmission. HIV medications will be given to your baby within the first 12 hours after delivery and be continued for six weeks. The HIV

therapy your baby receives will depend on your viral load at the time of delivery. You and your doctor can discuss the individual plan for you and your baby.

## How will HIV medications affect your baby?

Many women worry about how the HIV medications they take during pregnancy will affect their children as they grow. The Antiretroviral Pregnancy Registry, a program run by U.S. health authorities, has been monitoring children born to mothers living with HIV since 1994. So far, they have found no evidence of serious long-term side effects in children of mothers who took HIV treatment during pregnancy.



*"I can't tell you how scary it was waiting until I found out my child was negative. I could have used some emotional support for that."*

## How will you know whether your baby is HIV-positive?

In most regions of Canada, tests such as PCR (polymerase chain reaction), which look for the genetic material of HIV in the blood, are used as a rapid and very accurate way of finding out the HIV status of your baby. These tests are typically done at birth, one to two months, and two to four months of age. With this test it is possible to be fairly certain whether or not your baby has HIV by the age of two to four

months, although testing usually continues until your child is about two years old. Where possible, children born to women with HIV in Canada are monitored for potential effects from medication until adulthood.

*"My son was born HIV-positive before effective HIV medications were available. He is now 23 years old and living a full and active life."*

## What if your baby is HIV-positive?

Very few children are now born HIV-positive in Canada to mothers who take HIV medications. But we know that most children who are born HIV-positive can lead healthy, active lives. Children with HIV require regular doctor visits, blood work, medications and support, just like adults living with HIV, but the rest of their care is the much the same as for other children. If your child is HIV-positive, it will be necessary for you to make decisions about his or her health, as well as your own. This can be stressful and it is important that you build a strong support network that includes knowledgeable healthcare providers and social and community services, as well as emotional and practical support.



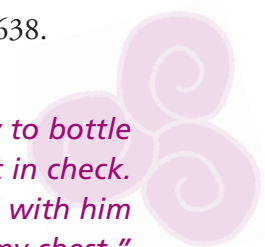
## Feeding your baby

Because the risk of HIV transmission from breast milk is significant, doctors in Canada recommend that you do not breastfeed your baby. Instead, Canadian guidelines strongly encourage you to use baby formula. You may need extra support, especially if breastfeeding is an expectation among family members, friends and community.



Some provinces offer programs that provide formula free of charge to mothers living with HIV. You can ask your doctor or local HIV organization for more information. It is important not to feed your baby both formula and breast milk (sometimes called “mixed feeding”). Feeding both can increase the chance of your baby becoming HIV-positive.

Donor breast milk is an alternative to formula, but it may not be affordable or available in your area. As well, you must be sure that donor milk is free from HIV, other germs and harmful substances. CATIE's *Is Formula Good for My Baby?* is a helpful booklet on formula feeding for new mothers living with HIV. Find it online at [www.catie.ca](http://www.catie.ca) or call 1-800-263-1638.



*"My son took really quickly to bottle feeding, which kept his weight in check. I found that I could still bond with him by letting him sleep on my chest."*

Several studies are underway to find ways to reduce the amount of HIV in breast milk. These studies are especially important in places where women cannot afford formula or do not have access to clean water. Although research has shown that it is possible to *reduce* the amount of HIV in breast milk with HIV medications, having the mother or baby stay on HIV medications until breastfeeding stops does *not* eliminate HIV risk and is therefore *not* safe and is *not* recommended in Canada.

When a baby is ready to try solid food, some mothers and other relatives choose to pre-chew food before it is fed to the baby. Although rare, it is possible to transmit HIV through pre-chewed food, and this feeding method should be avoided.

## Legal matters

**You might not want to think about it, but there are a few important legal matters that women living with HIV who are pregnant or considering pregnancy need to know.**

For example, some women wonder whether they can be arrested for not taking HIV medications during pregnancy or for not giving HIV medications to their baby. Under Canadian law, you cannot be forced to take any sort of treatment while pregnant in order to protect the fetus (e.g., HIV medications, treatment for drug or alcohol addiction). Once a baby is born alive, however, he or she is considered an independent person under Canadian law with his or her own rights.



People caring for children, such as parents, guardians and other family members with custody are legally required to provide the children with appropriate care. If a caregiver does not follow medical advice about the care of the child, including giving medications as prescribed and following infant feeding recommendations, criminal justice and/or child protection authorities may intervene. If they believe your child is in need of protection, child protection



workers could take your child away and place him or her in foster care or with guardians to ensure he or she receives appropriate care. You could also face criminal charges if you have put your child at risk.

If you are concerned, seek medical advice, support to care for the child, and legal advice.

If you are considering becoming pregnant by having sex without a condom, know that people living with HIV in Canada have a legal duty to disclose their HIV status before any sex that poses a “realistic possibility of transmitting HIV.” This includes vaginal sex without a condom. Not disclosing your status to your sex partner before having sex without a condom could lead to serious criminal charges.

Finally, there are also legal considerations regarding sperm donation, especially from a known donor who is also living with HIV.

For more information on HIV and the law, contact the Canadian HIV/AIDS Legal Network ([info@aidslaw.ca](mailto:info@aidslaw.ca), 416-595-1666). Legal Network staff can provide legal information and may be able to refer you to a lawyer. They cannot, however, provide you with legal advice.

## Building a support network

Many women rely on their friends and family for support. Some look to other women living with HIV, community workers and healthcare providers for information and practical help.

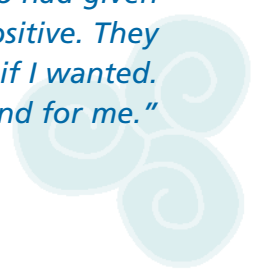


You can ask your family doctor or local HIV organization for help finding support in your area.

We encourage you to seek out other sources of information about HIV and pregnancy. Treatment guidelines can change over time and it is important to discuss your options with your healthcare team.

Your local HIV organization and trusted healthcare providers are good places to start looking for information and emotional and practical support as you make decisions around pregnancy and HIV. **HIV411.ca** is a website that lists HIV services across Canada. You can also contact **CATIE** to find out about treatments or for information about an organization in your area. Call toll-free **1-800-263-1638** or visit **www.catie.ca**.

*"I have met so many women who had given birth to children after testing positive. They encouraged me to have a baby if I wanted. That was when things turned around for me."*



For a list of fertility clinics in your province, you can contact the Canadian Fertility and Andrology Society at [www.cfas.ca](http://www.cfas.ca) or by phoning 514-524-9009. (Not all of these fertility clinics provide services to people with HIV.) Your HIV specialist may be able to help you find an HIV-friendly fertility specialist.

## More info



# CATIE

Canada's source for  
HIV and hepatitis C  
information



You can contact CATIE at 1-800-263-1638 for unbiased and up-to-date information about HIV and pregnancy. All calls are confidential. As well, the following publications are available from CATIE at [www.catie.ca](http://www.catie.ca) or by calling 1-800-263-1638:

*Pregnancy Planning Information for HIV+ Women and Their Partners*

*Pregnancy Planning Information for HIV+ Men and Their Partners*

*Information for Women who are Diagnosed with HIV during Pregnancy*

*Information for HIV+ New Moms*

*Is Formula Good for My Baby?*

[www.caringforkids.cps.ca](http://www.caringforkids.cps.ca) – information for parents on all aspects of child health from the Canadian Paediatric Society

## And for healthcare professionals:

Guidelines for the Care of Pregnant Women Living with HIV and Interventions to Reduce Perinatal Transmission. *J Obstet Gynaecol Can* 2014;36:S1-S46.

Canadian HIV Pregnancy Planning Guidelines. *J Obstet Gynaecol Can* 2012;34:575-90.

*MaterniKit* – a guide on HIV and pregnancy for front-line healthcare providers in hospital or clinic settings (available through CATIE at [www.catie.ca](http://www.catie.ca)).

*Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States*. U.S. Department of Health and Human Services.

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CATIE gratefully acknowledges Voices of Positive Women (VOPW) as the originators of this resource. VOPW was the first organization in Canada run exclusively by and for women living with HIV. VOPW existed in Toronto from 1991 until 2010 and is commemorated with a permanent street sign at 66 Isabella Street, Toronto, Ont., by the Department of Public Memory Project, [www.departmentofpublicmemory.com](http://www.departmentofpublicmemory.com).

CATIE also thanks the many organizations and individuals across the country who provided thoughtful review of this resource.

#### Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV who wish to manage their own healthcare in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. CATIE endeavours to provide the most up-to-date and accurate information at the time of publication. Users relying solely on this information do so entirely at their own risk. Any opinions expressed herein may not reflect the policies or opinions of CATIE or any partners or funders. Information on safer drug use is presented as a public health service to help people make healthier choices to reduce the spread of HIV, viral hepatitis and other infections. It is not intended to encourage or promote the use or possession of illegal drugs.

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