

HAVING A BABY

What people living with HIV should know
about pregnancy and infant feeding



 **CATIE**

Having a baby

If you are living with HIV and pregnant, or if you want to have a child, HIV treatment can help you to have a healthy, HIV-negative baby. We know that people living with HIV who take HIV treatment and maintain an undetectable viral load do not transmit HIV to their sex partners. So it is now easier than ever for people to get pregnant safely. Effective treatment also helps people living with HIV give birth to HIV-negative babies. Pregnancy does not make HIV worse and HIV does not change how pregnancy proceeds.

If possible, try to find an obstetrician (a doctor who specializes in pregnancy and childbirth) who has experience with HIV care and who will support you and respect your choices. If you live in a smaller town or rural area, it might be harder to find an obstetrician who is knowledgeable about HIV. In that case, you can help your doctor find information about HIV and pregnancy (visit www.catie.ca or call 1-800-263-1638).

Before effective HIV treatment existed, about one in four babies born to a person living with HIV was born HIV-positive. However, we now know that **if you start HIV treatment before pregnancy and maintain an undetectable viral load throughout your entire pregnancy, you will not transmit HIV to your baby during pregnancy or delivery.** Tell your doctor if you are pregnant or considering getting pregnant, as you may need to change your HIV treatment. If you are not on treatment at the beginning of your pregnancy, starting HIV treatment as soon as possible dramatically lowers the chance of passing HIV to your baby.

Canadian guidelines recommend:

- HIV treatment before conception and during pregnancy and labour
- folic acid for three months before becoming pregnant and during the first three months of pregnancy
- vaginal (frontal) delivery for most pregnancies; only in a few cases will a C-section (surgery to deliver a baby) be necessary
- a short course of HIV medication for the baby after birth
- feeding the baby formula, and not breastfeeding (chestfeeding), because HIV can be passed through breast milk even if the parent is on successful HIV treatment

Talk to a healthcare provider whom you trust if you have a desire to breastfeed (chestfeed) or if you have questions about infant feeding. If you choose to breastfeed (chestfeed) your baby, it is important to work with a knowledgeable healthcare provider for monitoring, treatment and other related supports.

Free formula programs

The following list contains contact details for free formula programs in Canada for people living with HIV. You can also contact your service provider, support worker or local community health organization for up-to-date information about free formula programs.

British Columbia

Oak Tree Clinic
at BC Women's Hospital and Health Centre
604-875-2212

Alberta

Northern Alberta Program
at the University of Alberta – Kaye Edmonton Clinic
1-844-407-1852

Northern Alberta Program
at Royal Alexandra Satellite Clinic
780-735-4811

Southern Alberta HIV Program
at the Sheldon M. Chumir Health Centre
403-955-6399

Saskatchewan

Saskatchewan Infant Formula Program
contact@hivplt.ca

Manitoba

Manitoba HIV Program with Nine Circles Community Health Centre
Contact the dietitian at 204-940-6000

Ontario

The Teresa Group Provincial Baby Formula Program
416-596-7703

Other provinces and territories

At the time of publication, no other provinces or territories advertised free formula programs specifically for people living with HIV. If you live outside of the provinces in this list, contact an HIV organization or healthcare provider to see if there is an alternative program you can use to get help covering the cost of formula.



Canada's source for
HIV and hepatitis C
information

555 Richmond Street West
Suite 505, Box 1104
Toronto, ON M5V 3B1
1-800-263-1638

www.catie.ca

    /CATIEinfo

Disclaimer

Information in this brochure is not medical advice. Decisions about treatment should always be made with the advice of a doctor who knows about HIV. Treatments change, so talk to a doctor to get the latest information. The opinions stated here may not be the views of CATIE, its partners or funders.

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