



# HIV and pregnancy





## TO THE READER

*The brochure is intended for women and families that are either pregnant or planning a pregnancy. The brochure discusses the matters that must be taken into consideration when planning a pregnancy and during it. This brochure has been created in cooperation with HUS Children's Hospital and the Finnish AIDS Council.*



# GENERAL INFORMATION ABOUT HIV

HIV, or the Human Immunodeficiency Virus, is a virus that damages the immune system of the infected person and causes a permanent infection. The virus can easily transform itself to resemble the genotype of the host cell, which makes it difficult to destroy with medication. The virus penetrates the T-helper cells (lymphocytes) and destroys them. Without proper medication, the immune system of HIV positive persons weakens little by little, and they will be exposed to numerous different illnesses. When untreated, HIV infection leads to AIDS. An HIV positive person can be symptomless for years.



## HOW IS HIV TRANSMITTED?

HIV does not spread easily. The virus does not spread through air or surface contact: it requires contact of mucous membranes or blood to be transmitted.

### Routes of HIV transmission include:

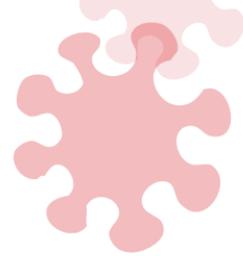
- unprotected vaginal or anal intercourse with an HIV positive person
- unprotected oral sex with an HIV positive person (a person who gets vaginal discharge, semen or pre-seminal fluid in their mouth has the highest risk)
- blood transfusion or organ transplant from an HIV-infected person
- use of drug injection equipment containing HIV
- from mother to child during pregnancy, delivery or breastfeeding



## DIAGNOSING INFECTION

HIV infection is diagnosed with an HIV antibody test. HIV can be detected in the test one to three months after contracting the infection. HIV infection cannot be seen on the outside and it cannot be diagnosed from symptoms. The test can be performed as a rapid test through a blood sample taken from either your fingertip or your arm. In Finland, the test can be taken in any healthcare unit, at the Finnish AIDS Council and at the Finnish Red Cross (SPR). Diagnosing infection as soon as possible after acquiring it offers a good possibility to take care of your own health and to protect others.

All pregnant women are offered the possibility at the maternity clinic to have an HIV test at the beginning of pregnancy. A new test can be made at the end of pregnancy, if necessary. If the mother has not visited a maternity clinic, an HIV test can be made upon delivery.



## GETTING PREGNANT WHEN HIV POSITIVE

HIV does not pose any limits to having children; people with HIV can have a family as well as any others. The hopes and rights that the HIV positive have concerning having a family are not different from the HIV negative. When planning pregnancy, it's important to address the issue early on with a doctor of infectious diseases.

The medication of an HIV positive fertile woman should always be designed to account for the possibility of pregnancy. If the woman is HIV positive and the man is not, one way of performing the conception is "insemination at home", in which the semen is taken to the vagina from a cup or a condom using a syringe during ovulation. If pregnancy does not start with these methods within a year, it is recommended to discuss the matter with a gynecologist or a doctor of infectious diseases in order to start fertility tests. HIV positive persons are entitled to infertility treatments in Finland.

If the man is HIV positive and the woman is not, the conception can be achieved through intercourse. The risk of transmission can be lowered efficiently if the man is taking HIV medication. The medication lowers the viral load in the semen. One possibility is also sperm washing.

If both the woman and the man are HIV positive, the conception can be achieved through intercourse. In this case, both the woman and the man must have HIV medication. This is to ensure that the baby will not be infected.





## HIV INFECTION AND PREGNANCY

HIV infection is not known to disturb pregnancy and pregnancy does not affect the progress of HIV. Pregnancy monitoring will be carried out at a maternity clinic of a child health centre.

### Medication during pregnancy

- HIV can be transmitted from the mother to the fetus at any stage of the pregnancy but the greatest risk is at the end and upon delivery. HIV can also be transmitted via breastfeeding. At the moment of delivery, the virus count of the mother's blood is the most significant factor predicting infection.
- The mother's regular and appropriate virus medication decreases the infection risk of the child to less than one percent. Without medication the risk of infection is high, even 15–40 percent. A doctor of infectious diseases will take care of the monitoring of the HIV infection and the virus count as well as the medication of the mother.
- For pregnant women in non-medicated monitoring, antiretroviral compound medication will be started when the woman is 12 to 14 weeks pregnant as soon as the nausea often related to the first months of pregnancy has stopped.
- If the woman has HIV medication when she becomes pregnant, the medication will be continued. If, on the other hand, the HIV infection is diagnosed during pregnancy, medication will be started immediately.
- Medication can be linked to higher risk of gestational diabetes and, therefore, a blood sugar test must be performed at a maternity clinic for all HIV positive mothers who are 24 to 28 weeks pregnant.
- The virus count of an HIV positive mother will be monitored monthly until it is low enough (<20) and after this approximately every two months.



## SPECIAL CIRCUMSTANCES DURING PREGNANCY

Amniocentesis may slightly increase the infection risk of a fetus but can be carried out for justified reasons. Injecting through the placenta must be avoided. The risk is probably minimal with contemporary medication.

Placenta sample and umbilical paracentesis are not recommended for HIV positive pregnant women due to the infection risk of the fetus.



## GIVING BIRTH

Usually, the delivery method evaluation will take place in pregnancy week 36. The delivery method will be specified individually for each mother according to the circumstances if the virus count of the mother's blood is less than 200 copies/ml. When the virus count is over 200 copies/ml, a planned cesarean section will be performed in pregnancy week 38+, which leads to a decreased risk of infection.

After the water breaks, labour must be induced immediately. Therefore, it is important to go to the hospital immediately if the labour starts with the water breaking. Synnytyksessä ei tehdä rutiininomaista kalvojen puhkaisua, episiotomiaa, scalp-elektrodin käyttöä tai oteta mikroverinäytteitä. Jos nämä toimenpiteet ovat synnytyksen hoidon kannalta hyvin perusteltuja, voidaan niitä tehdä harkiten. Synnytyksessä voidaan käyttää tarvittaessa apuna helppoa imukuppia.

No routine rupture of membranes, episiotomy, use of scalp electrodes or micro blood samples will be performed during labour. These procedures can be performed if they can be well justified. The easy suction cup can be used to aid delivery, if necessary.





## NEWBORN

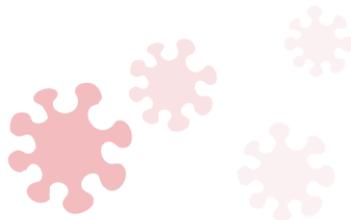
A PCR test will be performed for the newborn and HIV infection will be diagnosed in the following manner:

- 38 percent of those infected will produce a positive test result at the age of two days and 93 percent at the age of two weeks.
- When the baby's PCR test is negative both one and three months after labour, it is safe to assume that the child has not been infected.



## TREATING THE BABY

HIV can be transmitted from the mother to the baby via breastfeeding and, therefore, an HIV positive mother cannot breastfeed but instead use breast-milk substitutes and donated breast-milk. After labour, the mother will be given medication that prevents milk production. The everyday life of a family with children includes regular treatment and care of the baby, early interaction between the parents and the baby, supporting the individual growth and development of the child and taking care of the cleanliness, intimacy, sleep and safety of the baby. Parents cannot infect their baby by accident.



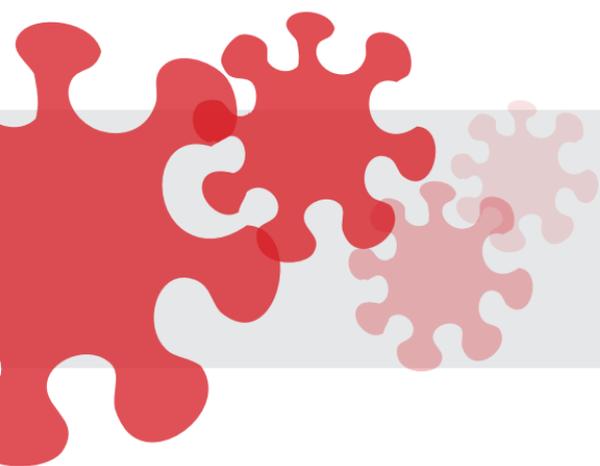


## THE FINNISH AIDS COUNCIL

The Finnish AIDS Council has offices in three cities: Helsinki, Tampere and Oulu. The AIDS Council is a professional organization that works to prevent HIV infections. The council offers services to people who have been infected with HIV, people close to those infected, and those who worry about being infected. Low threshold services offered by the AIDS Council include HIV testing and advice by phone or online. You can take an HIV test at any Council location by reserving an appointment by phone.

The phone service operates Mon-Thu from 10.00 a.m. to 3.30 p.m., tel. +358 20 7465 705, and Internet counseling at [www.hivtukikeskus.fi](http://www.hivtukikeskus.fi)/[www.aidsCouncil.fi](http://www.aidsCouncil.fi). Further information on HIV, testing and offered services can be found on the Finnish AIDS Council's website in Finnish, Swedish, English and Russian.

The AIDS Council also offers crisis and support discussions as well as social guidance and adaptation training courses.



Hiv  Aids

**HIV FOUNDATION**

Unioninkatu 45 K, 00170 Helsinki

**HIV Foundation counselling and  
appointments for HIV tests +358 207 465 705**

(Mon-Thu, 10.00 a.m. to 3.30 p.m.)

**[www.hivtukikeskus.fi](http://www.hivtukikeskus.fi) [www.aidsCouncil.fi](http://www.aidsCouncil.fi)**

