

Having a baby?

Some helpful information and advice for
women attending The Lawson Unit

Who will I see during my pregnancy?

The doctor managing your care during pregnancy will be Dr.Yvonne Gilleece.

You can also speak to the Women's Health Adviser, Trisha Keith

Dr.Gilleece will also refer you to Mr.Rob Bradley (Obstetrician) and Dr.Rob Bomont (Neonatologist / Baby Specialist). They will both see you during your pregnancy, and together with Dr.Gilleece will work to achieve the best outcomes for both you and your baby.

Dr.Gilleece and Mr.Bradley will discuss with you the options for the delivery of your baby, and at around 36 weeks Dr.Gilleece will write a 'Birth Plan'. A copy of this plan will be sent to you at home so that you also have a copy to take with you to labour ward. If you do not want this sent to your home address, please tell Dr.Gilleece so we can arrange for you to come and collect it.

You will also see your community midwife for routine ante-natal appointments throughout your pregnancy, just like any other mother-to-be.

Treatment during pregnancy

If you are already on treatment (antiretrovirals or HAART), you will stay on it during your pregnancy, though sometimes your medication may be changed.

If you are not already on treatment, you will start HAART by about 22-24 weeks to help prevent your baby from being infected.

The good news is that with correct treatment and other interventions your baby has less than 1% chance of becoming infected.

The other good news is that there is no evidence that taking HAART in pregnancy causes an increased risk of congenital abnormalities in babies. There is however a slightly increased risk that you may deliver early, and also a higher chance of you getting a condition called pre-eclampsia, so you will be monitored more closely, with regular checks of your blood pressure, urine and general health.

It is important that you take your treatment with you when you go into hospital to deliver your baby, and are confident about when you need to take it.

If you are only taking treatment for the duration of your pregnancy and then stopping once your baby is born, Dr.Gilleece will tell you how to stop taking the medication. It is important to follow her instructions carefully.

If you are unwell or vomiting and cannot take your HAART correctly, please ring the Lawson Unit as soon as possible.

Having a check up

You will be offered a sexual health screen in both early and late pregnancy. It is important to ensure you have no vaginal infections, which may increase the risk of your baby becoming infected with HIV. Even 'minor' infections such as thrush can be a problem, so please report any symptoms such as abnormal vaginal discharge, itching, soreness or an unusual smell to Dr.Gilleece as soon as possible. We can then treat the problem promptly.

It is a good idea for your partner to have a check as well, so ask reception about booking him an appointment.

Feeding your baby

As breastfeeding can transmit HIV to your baby, we recommend you use a suitable formula milk such as SMA, Cow and Gate or Aptamil.

The midwives who help to look after you in the hospital after your baby is born will help you to make up feeds safely.

You will need to buy bottles and sterilizing equipment, as well as the formula itself.

If you have financial difficulties and are worried about the cost of formula milk, speak to Dr.Gilleece or Trisha Keith. There may be some funds available to help with this cost, which can be accessed via Paula Evenden at The Women's Service at the Sussex Beacon. You can also ring Paula directly yourself to discuss this.

What type of delivery will I have?

Whether you have a vaginal delivery or a caesarean section will depend on several factors. These will include whether you have had a baby before and if your HIV is well controlled with an undetectable viral load at your 36 week appointment.

The decision about what type of delivery is best for you and your baby will be made after discussion between you, Dr.Gilleece and Mr.Bradley.

If you are having your baby by planned caesarean section, this will be booked for 38-39 weeks.

Which ever method of delivery you are having, it is vital that you ring the labour ward if your waters break (a 'trickle' of fluid or a

'gush' from your vagina) You must also tell them that you are HIV positive, so they know how to safely manage this. In this event you will be advised to go straight to labour ward, be given antibiotics, and your baby should be delivered within 24 hours to reduce the risk of HIV transmission. If you were planning a vaginal delivery but your waters break without strong signs of labour and an imminent delivery, it may be that you will have a caesarean section instead.

Likewise, if you were planning a vaginal delivery, but your viral load is still 'detectable' at 36 weeks, you may require a caesarean section instead, possibly with extra HAART given to you during the delivery.

Treatment for the baby

Your baby will be given HAART soon after birth (within four hours). This is usually Zidovudine liquid, It will be measured in a syringe and then given slowly into your baby's mouth. The midwives will show you how to give the medicine to your baby so that you can continue it when you go home. This is usually only needed for four weeks.

It is important that the medicine is started within four hours of your baby being born. If the medicine is not started on time please remind the midwife looking after you. She will not mind.

Testing your baby

Your baby will have a blood test for the HIV virus shortly after birth, at 6 weeks and again at 3 months. These appointments will be made for you with Dr.Bomont. He will write to you with the results. You can be reassured that if all three tests are negative, it is 95% likely that your baby is HIV negative. A final HIV antibody test is performed at 18 months of age.

Support for you

We realise that this can be an anxious time for you, and want you to know we are here to offer you care and support throughout your pregnancy and beyond.

We can refer you to the Community HIV Team who can help you with practical, social, medical and emotional support, advice and help.

The Women and Families Service at the Sussex Beacon offers 1 to 1 support and advice, life skills courses, practical help (such as managing finances, helping with the cost of buying formula milk, support with immigration and housing issues and so on) They also run a monthly Women's Group which is safe, confidential, friendly and supportive space where women living with HIV can be themselves and share experiences. You can refer yourself by ringing Paula Evenden or ask Trisha to refer you.

All professionals / organisations involved in your care will respect your confidentiality.

Useful contact numbers

The Lawson Unit

(appointments, medical advice or medication concerns

Monday-Friday 9-5)

01273 664722

Out-of-hours (weekends /evenings/nights) HIV medical advice /
medication concerns **01273 523061**

Trisha Keith (Women's Health Adviser)

01273 664721 press option 2 then option 4

Delivery Suite (Labour Ward) RSCH 01273 664793

Delivery Suite (Labour Ward) PRH 01444 448669

Community Midwives Office RSCH 01273 664794

Community midwives Office PRH 01444 441881 Ext. 8414

Community HIV Specialist Team 01273 267575

Terence Higgins Trust South 01273 764200

Women's Service at the Sussex Beacon

Paula Evenden 01273 645698

Brighton Voices in Exile (immigration advice)

01273 328598

Written by Trisha Keith, Women's Health Adviser

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你唔明白本單張的內容，我們可安排口譯員服務。

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اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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