

About one-quarter of women with HIV want to become pregnant

About one in four women who have tested positive for the human immunodeficiency virus (HIV) expect pregnancy and motherhood to be a part of their future, recent research suggests.

A woman's age at the time she learns of her HIV status appears to influence this decision. Women in an Ohio State University study who learned of their HIV infection when they were under age 30 were almost four times more likely to say they wanted to become pregnant than were women who were over 30 when they learned they had HIV.

Researchers say the findings point to a need for clinicians to be aware that women with HIV might be struggling with decisions about motherhood – a relatively new phenomenon accompanying the increase in HIV-positive women of childbearing age and the longer survival rates among patients who receive treatment.

“We shouldn't assume that women aren't going to become pregnant or don't want to become pregnant now that they have HIV. That's an erroneous assumption,” said study co-author Julianne Serovich, professor and chair of human development and family science at Ohio State. “Clinicians should be routinely discussing pregnancy with HIV-positive women of childbearing age.”

In 2005, 29.5 percent of all new reported HIV infections and 27 percent of new AIDS cases in the United States were among women, according to the Centers for Disease Control and Prevention. Twenty years earlier, only 5 percent of new AIDS cases were reported in women. HIV is the virus that causes AIDS.

The study is published in a recent issue of the journal *AIDS and Behavior*.

The researchers collected questionnaires about pregnancy decisions from 74 women who were participants in a larger, long-term study led by Serovich that explored women's HIV disclosure decisions and mental health. This particular line of research emerged from interviewers' observations that participants were talking about pregnancy and, in some cases, becoming pregnant. Simultaneously, health care professionals were sharing stories with researchers about the women's success in avoiding transmission of the HIV virus to their babies.

“It became obvious that this is a disease that is manageable for women,” said lead study author Shonda Craft, who completed the research while she was a doctoral candidate at Ohio State.

“If a woman is 19 years old and diagnosed with HIV, she can still assume she has her whole life ahead of her. Deciding whether to have a family is part of the development process for young women, including these young women,” said Craft, now an assistant professor of family social science at the University of Minnesota. “This study is about living with a chronic disease, and not just the physiological piece of that, but also the psychological and sociological factors, as well.”

Women in the study were asked to quantify how influential several factors were on their decision about whether or not to become pregnant after their HIV diagnosis.

Aside from external influences, age emerged as a major factor in the choice. Nearly 40 percent of women age 30 and younger chose to become pregnant while 11 percent of the women over 30 opted for pregnancy.

The most influential external factors on women's choices against pregnancy, regardless of age, were fear of transmitting HIV to a child or other concerns about preserving their own health. Conversely, a powerful

personal desire to have children was associated with a woman's choice to become pregnant.

Within the women's social network, medical personnel had the strongest influence on their decisions about pregnancy – either for or against having a baby.

Though there are no guarantees of safely conceiving and delivering a healthy baby for women with HIV, the medical community has found ways to reduce health risks for both mother and child, said Michael Brady, professor and chair of pediatrics at Ohio State and a co-investigator on the study's funding grant. Women who are HIV-positive should receive antiretroviral medications throughout their pregnancy and during labor, and their newborns should receive antiretroviral medication for the first six weeks of life. Delivery by Caesarean section also can reduce risk of transmission of the virus to the infant, but should be performed if required for the mother's health or if the mother's level of virus in the blood is high. With optimal care, the risk of transmission can be as low as 1 percent, Brady said.

There is also a risk associated with conception of the child, Brady noted. Though transmission of HIV from an infected woman to an uninfected male partner is not universal during unprotected sex, it can happen. Even if both partners are already infected with HIV, an infected male partner might transmit a new strain of HIV to his infected female partner, which can cause problems for the mother and fetus as well.

“We don't understand all of the factors that affect the risk of transmitting HIV with an individual sex act. Taking medications and lowering the viral load reduces but doesn't eliminate the risk. Some people interested in having a child may be willing to accept this risk. But there is a risk,” Brady said.

One finding of the study surprised the researchers. Women who had the most negative self-image associated with their HIV status were also the most likely to want to become pregnant.

“We would have predicted that the lower the stigma, the more likely women would choose to become pregnant. We saw the exact opposite – that those with high stigma were making more choices in favor of pregnancy,” Serovich said.

For some women who feel highly stigmatized by their disease, the rewards of pregnancy might offer therapeutic benefits, the researchers suggest.

“When you're pregnant, you get lots of attention, people come up to you and touch your belly. You get a shower, people do things for you. There are certainly a lot of very positive repercussions of pregnancy that may help women feel better,” Serovich said.

Though much of Serovich's earlier research focused on HIV-positive men, she sees a need for a deeper examination of issues facing women who are infected.

“There hasn't been a lot of work done in this area and as women live longer and stay healthier, we need to know even more,” she said. “What is clear is that women can live with this and have many options.”

Source: Ohio State University

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