

“People with HIV status should not have children” is a common misconception among people. In recent years, scientists and doctors have refuted old facts and claimed that HIV-positive people can have healthy children. Despite this, the closest environment has a strongly negative influence on HIV-positive women’s decision to have children. Moreover, in some hospitals and clinics, healthcare personnel continue to discourage HIV-positive people from having children, stating that the child would be exposed to unnecessary risks. These and many other factors contribute to the problem of childlessness among HIV-infected not only in Kazakhstan but also throughout the world, which is an unacceptable subject to discuss openly in society.

Only in 2014, for the first time in Kazakhstan the subject of HIV-infected people giving birth to healthy children by means of Assisted Reproductive Technology (ART) was discussed at the International Scientific-Practical Conference “Assisted Reproductive Technology (ART) and HIV. Topical issues of ART.”

According to the data from the National Center for Prevention and Control of AIDS in Kazakhstan a reduction of up to 99.9% of perinatal transmission of HIV to infants has been observed. 235 HIV-infected women gave birth to 234 children, and 200 of them are healthy. Reproductologists claim that today through innovative medical technology, HIV-infected people can have healthy children, even if both parents are HIV-positive. Methods of in vitro fertilization and artificial insemination can be successfully implemented in Kazakhstan to patients with negative HIV status. According to experts, there is no absolute guarantee to remove HIV from semen, but the contents of the virus can be reduced by 60% through this procedure.

PF “Trust Plus” have given me invaluable support and assistance, and the head of the organization Roza Oleinikova supported me not only morally, but also in practice. A person who has received HIV diagnosis needs psychological support, consideration towards his or her feelings, supporting positive changes by providing information and encouraging confidence.

I was scared when I learned about my pregnancy, but at that time, I was undergoing therapy and knew that I could give birth to a healthy baby. When I finally decided to have the baby, I went to consult with the doctors, but they scolded me, saying that I was very sick and would conceive a sick child, that I was going to die and leave behind my invalid child. But there are values for which a person should be willing to take risks. The child’s life is

priceless – the birth of my daughter gave me new strength to fight for and defend my rights, to put effort to improve my health. I can assert that discordant couples (one partner is HIV-positive and the other is HIV-negative) can realize their desire to become parents in different ways: conception through unprotected sexual contact, as well as through a variety of techniques of artificial fertilization and insemination of donor sperm.

By correctly approaching impregnation and following all medical recommendations, the risk of transmission of the virus from partner to the unborn child will be significantly lowered. I gave birth at the age of 28, my daughter is now 5 years old and absolutely healthy. I am glad that I consciously and responsibly approached this issue and was not afraid to realize my dream of becoming a mother,” said Liliya Kurbatova, Director of the PF Council of Representatives of Communities of People Living with HIV in Kazakhstan.

Natural fertilization with ARV therapy (Antiretroviral therapy)

ARV drugs aid in the reduction of the viral load to undetectable levels. This fact suggests that during unprotected intercourse with the purpose of conception (i.e., during ovulation) the possibility of infecting the partner decreases to a minimum, but the risk exists nevertheless. The risk of transmission of HIV from men to women is greatly reduced with successful antiretroviral therapy, as the reduction of viral load in the blood can lead to a decrease in the amount of HIV in semen. The lower the man’s viral load, the less chance of transmitting the virus to the woman. Highly active antiretroviral therapy (HAART) can reduce the viral load to undetectable levels. Nevertheless, the risk remains; besides, viral load in the sperm and viral load in the blood can be different.

When using ARV therapy during pregnancy, the risk of HIV transmission from mother to child is reduced from 45% to 2% and with relatively less complications. The scheme of ARV therapy during pregnancy may be different from the one prescribed to non-pregnant women. With properly selected scheme and medication adherence, one has every chance of conceiving a healthy baby.

Reducing the risk of transmitting HIV from mother to child

Transmission of HIV infection from mother to child can occur in three stages: perinatally

during pregnancy, during childbirth and breastfeeding. However, the risk can be reduced.

Infected women should undergo therapy during pregnancy. Continued study of Canadian scientists has shown that antiretroviral drugs (HAART) during pregnancy do not affect the neurological development of children born to HIV-positive mothers. Often there are concerns about possible harmful effects of anti-retroviral drugs (therapy) for the child, a particular concern is the possible influence of drugs on the development of the brain in the embryo, as the brain continues to take shape throughout the pregnancy. However, when compared to infants exposed to antiretroviral therapy in utero, of the 24 children born to HIV-negative mothers, children whose mothers received therapy were on average born prematurely and their birth weight was slightly lower. Indicators of neurological development, psychomotor development, speech and socialization were the same in both groups of children. Violations in children's mental development were tied to the mothers' drug abuse, but by controlling this factor, the differences between the two groups disappeared.

Today, doctors use special methods of child delivery, and breastfeeding is replaced by infant formula, i.e. the risk of having a child with HIV is reduced to 2%.

In order to diagnose HIV in children, they must be monitored for a year and a half. All children born from HIV-positive mothers have antibodies to HIV in their blood. They are developed in the mother and transmitted to the fetus in the womb, giving the impression that the child is infected. Maternal antibodies will remain in the baby's blood for a period of one and a half years, then disappear, which means that the baby is healthy, or the body will begin to produce its own antibodies, which indicate that the infection could not be prevented. Although there are cases, whereby the newborn initially did not have the antibodies.

According to the Regional Department of Healthcare of South Kazakhstan Oblast, in 2 years among 78 children born to HIV-infected women, not a single case of vertical transmission was recorded; however, relatives and doctors do not support HIV-positive women's decision to conceive and give birth.

"Observation of pregnant women with HIV status is not different from HIV-negative women. The only point is to visit AIDS Centers every month to adjust the prescribed therapy based

on individual tolerability. If the doctors' recommendations are followed with precision, then pregnancy and childbirth can pass without undesirable consequences. I worked at AIDS Center, and I observed and advised pregnant women with HIV. Every woman has a right to have children, and telling [women] that they should not become mothers is cruel and unreasonable for medical reasons," said Ivan Melnikov, a gynecologist.

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