

With help, Minnesota moms keep babies HIV-free

A state medical collaboration has nearly eliminated infections for newborns

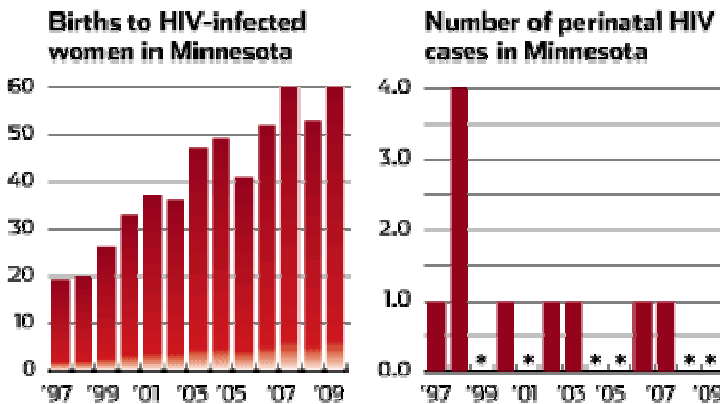
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Pregnancies increase among HIV-infected women

Minnesota is reporting more pregnancies each year for women with HIV infections. The increase hasn't resulted in more newborns suffering perinatal HIV infections, though, thanks to timely testing and antiviral medications.



Transmission of HIV from mother to child during pregnancy, at birth, and/or during breastfeeding.

* Indicates years with no births where HIV transmission occurred.

Source: Minnesota Department of Health

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Like many moms, Laura keeps a memory box of milestones and records for her daughter — a princess of pink named Kalea.

Inside are the usual keepsakes — the wristband from Kalea's birth hospital, the lock of hair from Kalea's first haircut and her first toothbrush. But pressed at the bottom is something unusual — a report of blood tests conducted in December 2006, just before Laura gave birth.

Three handwritten words in the margin summed up the results: "viral load undetectable." It meant that, after years with HIV, Laura's disease was in check. More important to Laura, it meant she had a good chance of giving birth without infecting her daughter.

"It was emotional, really emotional," Laura, 25, said of the pregnancy and delivery. "As long as they said, 'She looks good, she looks fine,' that's all that mattered to me."

The number of HIV infections may be climbing in Minnesota, but a little-known success story is the near elimination of perinatal infections from pregnant women such as Laura to their newborns. Deliveries by HIV-infected women tripled over the past decade in Minnesota, and yet there have been only two perinatal infections since 2004 and none in the past two years.

The secret in Minnesota has been collaboration among hospitals, obstetricians and a team at Children's Hospitals and Clinics of Minnesota that specializes in perinatal HIV prevention.

Children's educates doctors on screening pregnant women — because up to half with HIV don't know of their infections — and on prenatal and delivery strategies to prevent transmission. Rapid screening is even done at the time of delivery if a woman's HIV status is unclear.

Antiviral drugs are given to the mother leading up to her delivery and to the newborn immediately after birth. While vaginal births can be safe, many HIV-infected mothers opt for cesarean sections, which can cut the risk of excessive bleeding and transmission of the virus.

Doctors also discourage breastfeeding, because there is a 15 percent chance of infants being infected via breast milk.

Without these steps, newborns face a one-in-four risk of HIV transmission from their mothers during pregnancy, delivery or infancy. With them, the rate in Minnesota has been less than 1 percent since 2000.

The seriousness with which HIV-infected women take these steps is heartening, said Dr. Laura Hoyt, who directs Children's perinatal HIV program. Some have been drifting and disinterested in HIV treatment for their own sakes but become much more focused for their children.

"Women are incredibly motivated to do the right thing for their kids," she said, "more than to take care of themselves."

That, in many ways, was Laura's story. Infected with HIV at age 15 by an older man who sexually assaulted her, Laura spent most of her teen years homeless and jobless. Some relatives distanced themselves. Her sister wouldn't let Laura kiss her nieces at first.

Laura, who didn't want her last name used because of the sensitivity of the story, didn't tell the father of her baby she was HIV-positive until she became pregnant. While he later learned he wasn't infected, he was angry and didn't want to be involved.

"I don't want an AIDS baby," he told her.

Laura wasn't sure she did, either. She worried about passing the social and medical hardships of HIV to her daughter. She worried whether, as a homeless twenty-something, she could even support a baby.

She gained confidence from her sister, who despite early fears was a trusted confidante who knew the ups and downs of parenting. Peggy Thornton, coordinator of the Children's perinatal HIV program, also showed her the favorable odds. Underlying her decision to proceed was a fear that HIV would isolate her and deny her another chance at children.

"Maybe this is my only family," she thought.

As in Minnesota, the nation has seen a 93 percent drop in the number of perinatal HIV transmissions over the past two decades.

The U.S. Centers for Disease Control and Prevention counts roughly 9,000 children who suffered perinatal transmissions and developed AIDS since the start of the epidemic in the 1980s. Of those, some 5,000 have died.

Survival odds are better now because of improved medication, treatment and screening. The chance of developing AIDS — a diagnosis when HIV has destroyed enough of the immune system — is also lower. Mothers likewise can expect to live into their 60s. That is shorter than the average U.S. life expectancy but long enough for women to see their children grow up.

News of a pregnancy nonetheless causes anxiety. Women learning they are pregnant and HIV-positive at the same time are overwhelmed about their own health and worried about how to tell the fathers. Women who know they are HIV-positive worry about passing the disease to their children.

All worry they won't live long enough to be meaningful parents.

"Even when we tell them what we can accomplish," Hoyt said, "they're still afraid to hope for that — to even wish for that."

The risk of perinatal HIV will remain as the number of women living with infections grows. Women once made up less than one-tenth of the infected population in the U.S. Now, women make up one-fourth of the nation's HIV population.

One reason for the increase in births in Minnesota is that more HIV-infected women feel confident enough to plan pregnancies and families. But the primary reason is the increase in African-born residents.

Of 60 births to HIV-infected women in 2009, 29 involved African-born mothers.

Hoyt said this minority group presents a particular challenge because breastfeeding is both a cultural norm and an economic necessity. Some African-born women fear they will reveal their HIV status if they don't breastfeed.

Of the two perinatal HIV transmissions in the past six years, one was likely due to a mother who breastfed her baby, Hoyt said.

Laura tried hard to obey her doctors, including Hoyt — who cared for her when she originally was diagnosed with HIV. She vomited daily — believing it was morning sickness but later realizing it was also because of potent antiviral drugs.

Laura threw up as the baby girl was surgically removed from her belly. She was too sick and weak to raise her head and see her newborn. On the operating table, she hoped for relief, but it wasn't going to come that easily.

Beyond the anxiety of carrying and feeding and changing her first baby, Laura worried every time she visited the doctor to check Kalea's blood. Each time, there was no presence of HIV. She cried when the final test at 15 months suggested Kalea was in the clear.

The vomiting continued after pregnancy, so Laura stopped taking her drugs without telling her doctor. A new boyfriend encouraged her to start again — reminding her that getting sick would be bad for her daughter. Her doctor switched her to a more tolerable medication she couldn't take while carrying Kalea.

"She is what I'm living for," Laura said. "She gives me hope."

And purpose. Laura is closer than ever to her father, from whom she ran away at age 15. Now, he is the grandpa who can't resist buying presents for Kalea. After moving between the homes of friends and relatives, Laura secured public housing in Minneapolis. She plans to return to school. She also talks to youth groups about the risks of sexual activity and told her story at a town hall forum of President Barack Obama's Office of National AIDS Policy.

After a night taking Kalea to Chuck E Cheese, Laura's boyfriend proposed.

The memory suitcase is running out of space. There is a copy of the Parenting magazine that featured a picture of Kalea. Then there's the stub from Kalea's first paycheck — \$144 for a modeling shoot for a Macy's ad.

Laura tried to sum up her daughter's impact on her life.

"I'm, uh, I'm ..." she started, but was interrupted by a princess in a pink gown who dug into the open memory box.

"What's that?" Kalea asked, pointing to a small pink cube.

"It's from your first birthday."

"First birthday," Kalea replied plainly, then grabbed for the next trinket.

"Look, mom, a star!"

Kalea ran off — as best she could in princess shoes — to cook a hot dog on her pink stove. Laura finished her thought.

"I'm happier than I've ever been."

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