

The WIHS Woman



The Connie Wofsy Women's HIV Study

Changes for Visit 32

By Claudia Ponath, Field Manager

I just looked at the last article I wrote about visit changes, where I shared the news about Heneliaka's baby. As of February, Trinity Lee Divine is 6 months old. This month we welcome another WIHS baby: Dr. Monica Gandhi had her second baby - another boy. Both mom and baby are doing well. There are pictures of both babies in this issue of the WIHS Woman newsletter. Those are the big changes, now for the smaller ones.

What's new?

The biggest change is a series of questions about flu vaccinations, both the regular flu and H1N1 (swine flu). There are also a few minor changes in the questionnaire; other than that it is the same as always.

What's back?

The examination of your feet and ankle reflexes is back for this visit. Your study clinician will

also perform a breast and a uterine examination.

What's continuing?

Please **bring your medications in their bottles, your medi-set, or a list of the medications you have taken since your last visit to your study visit. For those of you on HIV meds, we'll also need the dose information.** Bringing this information is incredibly helpful for the interviewer, and it will make your interview go much more smoothly. So, if you have been bringing this information, please continue to bring it. If you have not been bringing it, please bring it in for your next visit. Both you and your interviewer will be glad you did.

Please **fast (don't eat or drink anything, except water, for at least 8 hours)** before your WIHS visit 32. This is crucial for getting an accurate test result for your cholesterol, lipids, and glucose. These blood tests are important markers for diseases that affect women, including diabetes, heart disease, and high blood pressure.

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So please try to fast 8 hours before your next core WIHS visit.

For those of you taking HIV medications, we will continue to ask your permission to cut a small **hair sample** (about 20 strands), as we have at previous visits. The hair samples you have given us in the past are being tested for levels of HIV medications. We have been getting very interesting results from studying the levels of anti-retroviral medications in hair (see Dr. Gandhi's article in the Fall 2009 WIHS Woman newsletter), and we plan to write another grant to do more research on those hair samples.

The neuro-cognitive component of the WIHS will continue during visit 32. So far close to half of all WIHS participants have completed this component, and we anticipate that the rest will complete this component during visits 32 and 33. If you are in the half that has already completed this component, thank you very much. If you are in the other half, here is a little reminder of what it's about. It consists of a number of mental tasks. The tasks are administered verbally, using paper and pencil, and using a pegboard. You will be asked to read words, recognize shapes, solve problems, memorize things and engage in other mental tasks. Some of the tasks will be familiar from previous WIHS visits and some will be new. The purpose of this new component is to look at cognition – that is mental processes such as memory and learning. This new component takes about an hour, and we reimburse you an additional \$20 for your time and effort to complete it.

The **PK study** will continue during visit 32. Women who are on Isentress (Raltegravir) are eligible to participate, if they haven't already. The PK study looks at the different factors that

influence how HIV drugs are metabolized in women. For this study, eligible participants bring their medication to the hospital. They have their blood drawn once before they take their dose and then 11 times after they take their dose over the course of 12 hours. It takes place at the main UC hospital on Parnassus. The reimbursement is \$150, and Heneliaka coordinates this study.

The **Metabolic Study** will be continuing, and most eligible WIHS participants have already been seen, but if we missed you, there is still a chance to come in during visit 32. Your interviewer can determine if you are eligible and refer you to Heneliaka, the study coordinator. For the metabolic study, you come to Moffitt hospital on Parnassus for a glucose tolerance test and a bone density scan. The visit is about three hours long and you will be reimbursed \$50.

The **Pulmonary Study** will continue during visit 32. It consists of a blood draw, interview, a lung function test and a chest CT scan. All procedures take place at the UCSF Mount Zion campus. The study visit takes about 3 hours, and you will be reimbursed \$60. Heneliaka is coordinating this study and your WIHS study interviewer will determine if you are eligible. Please be patient – we have many more women who are eligible than we have slots available to schedule.

Abbreviated visits will continue for women who are unable to have a full core visit.

For women undergoing colposcopy, we will continue to ask if you want to **donate tissue** to the AIDS and Cancer Specimen Resource (ACSR). Women do not need to have cancer or HIV to enroll in this sub-study. Women who are eligible and wish to donate tissue to the

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bank will have an extra biopsy, oral rinse, and one tube of blood collected for this study at the time of their colposcopy examination. We continue to have a great response from you to this protocol and we thank you for your help!

What's gone?

The **Cardiovascular Study** completed the second round of follow up visits at the end of February. Thank you all very much for coming out to the VA hospital for your ultrasound examination. There will be a third round of follow ups starting in about a year for the women who are enrolled in this sub-study, and we will let you know when it's time to come back for another ultrasound.

In conclusion

Thank you very much for coming to your study and sub-study visits. We appreciate your time, effort, information, blood and other specimens that you contribute to the study, We look forward to seeing you at your next study visit or at a CAB meeting and we'll do our very best to make it as pleasant as possible.

HIV and Pregnancy

By Deborah Cohan, MD, MPH

As women with HIV live longer, healthier lives, many desire to have children. There has been a dramatic decrease in the risk of HIV transmission during pregnancy.

What is the risk of HIV transmission to a baby?

The risk of passing HIV to a baby is less than

1% for women who take HIV medication and have an undetectable viral load at the time of delivery. The risk of HIV transmission can be lowered even more by making sure the viral load is undetectable before the last 3 months of pregnancy.

Would pregnancy affect a woman's HIV?

We do not think that being pregnant has any harmful effects on a woman's HIV. One study found, in fact, that women with HIV who had been pregnant had better overall health than HIV-positive women who had never been pregnant. What is good for pregnancy is good for a woman's HIV – taking care of your health.

What can a woman do to decrease her risk of HIV transmission to the baby?

The single most important thing an HIV-positive woman can do is take her HIV medication. This is good for her health and for the health of her baby. Other factors may increase the risk of passing HIV to a baby, such as getting a sexually transmitted infection during pregnancy. During pregnancy, an HIV-positive woman gets very close follow-up, usually getting labs much more frequently than she would if she weren't pregnant.

Are HIV medicines safe during pregnancy?

Almost all of the HIV medicines appear safe in pregnancy, but there are a few exceptions. Efavirenz (also known as Sustiva or Atripla) may be associated with abnormal spine development if women take this at the very beginning of pregnancy. *Because the spine develops even before most women know they are pregnant, it is important to avoid efavirenz if there is a chance you could get pregnant.* Stavudine and dida-

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nosine may also be associated with lactic acidosis in pregnancy. Women with this condition may experience shortness of breath, weakness, and ultimately liver and/or respiratory failure if it goes unnoticed.

Do HIV-positive women need to get a cesarean delivery?

Cesarean delivery may decrease a woman's risk of passing HIV to her baby *if she has a high viral load near the time of delivery*. With the correct use of HIV medication, it is unusual that a woman would have a high viral load at the time of delivery. As a result, most HIV-positive women do not need to have a cesarean delivery (though they may for other obstetrical reasons, like a baby being breech).

Any special care for a baby born to a woman with HIV?

Babies exposed to HIV receive zidovudine (AZT) syrup for the first 6 weeks of life. In addition, babies undergo frequent HIV testing up to 4-6 months of age. Because antibodies pass from a mom to her baby through the placenta, infant testing involves looking for the actual virus (DNA or RNA testing) and not the typical HIV antibody test.

Can HIV-positive women breastfeed their babies?

An HIV-positive woman can easily pass HIV to her baby through breastfeeding. In the US and other resource-rich settings where formula and banked human milk are available, HIV-positive women are strongly urged to not breastfeed their babies. In places where formula is not available and safe, HIV-positive women are encouraged to breastfeed their babies, because they have no other good options.

What should I do if I find out I'm pregnant?

You should inform your medical provider as soon as you think you may be pregnant. Your provider can make sure that your medicines are safe. If you are not on HIV medication yet, your provider can help figure out the best time to start the medicine in pregnancy.

What can I do to prepare if I am thinking about getting pregnant?

Tell your medical provider that you are considering getting pregnant. You should also avoid taking efavirenz (aka Sustiva or Atripla). If you are taking efavirenz and want to get pregnant, it is important to not stop your medication by yourself without medical supervision. Other medicines are potentially harmful in early pregnancy as well, including some cholesterol lowering drugs and blood pressure medicines. If you are thinking about getting pregnant, discuss this with your medical provider so s/he can review all of your medicines and switch you to safer medicines if needed. *It is important to not stop your medication without consulting your medical provider.*

There are other ways to improve your health before getting pregnant. Make sure your vaccinations are up-to-date and avoid tobacco, alcohol, and drug use. Tobacco, alcohol and drugs can all be dangerous for a pregnancy and can have negative effects even very early in a pregnancy. As a result, it is important to ask for help in stopping before getting pregnant.

Are there safe ways to for an HIV-positive woman to get pregnant if her male partner is HIV-negative?

There are low-tech ways to avoid HIV trans-

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mission to an HIV-negative male partner, even if the couple wants to have a baby. The safest way for an HIV-positive woman to get pregnant in this situation is to have the woman chart her cycles (and/or use an ovulation predictor kit that can be bought at most drug stores). When she knows she is fertile (typically about 2 weeks after the first day of her last period), the man can ejaculate into a sterile cup and then draw the semen into a sterile syringe (without a needle). This syringe can then be placed into the woman's vagina and the semen can be squirted towards to cervix. If you are considering getting pregnant with an HIV-negative man, discuss the options with your provider (who should be able to give you the sterile cup and syringe supplies as well).

Where can I get more information about pregnancy and HIV?

POZ magazine:

Family Planning, Pregnancy & HIV: http://www.aidsmeds.com/articles/Pregnancy_4907.shtml

The Body:

Pregnancy and HIV/AIDS:

<http://www.thebody.com/index/treat/pregnancy.html>

U.S. Department of Health and Human Services:

HIV During Pregnancy, Labor and Delivery, and After Birth: http://aidsinfo.nih.gov/contentfiles/Perinatal_FS_en.pdf

Bay Area Perinatal AIDS Center:

<http://php.ucsf.edu/bapac/>

Human Milk Banking Association of North America:

<http://www.hmbana.org/>

Women, Children and HIV website:

www.womenchildrenhiv.org

CAB CORNER



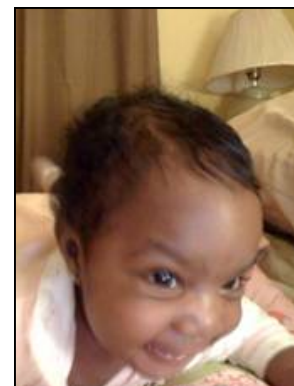
Welcome Trinity: A Divine Blessing

By: Heneliaka jones

Hello Everyone,

On August 23, 2009, my husband and I became the proud parents of a 6lb 8ounce baby girl named Trinity Divine-Lee Trotter. I can't begin to express how wonderful Motherhood has been over the past 6 months. We are truly blessed. Each week Trinity seems to reach a new milestone. She is starting to crawl now (at least that's what she thinks). Crawling for her consists of propping up on her hands and knees and scooting backwards. She is such a joy to watch. I would like to thank you all for your prayers, cards, well wishes, and gifts; and I wanted to share some photos of her at different stages of her life:

TRINITY AT 3 MONTHS OLD



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DR. MONICA GANDHI'S NEW BABY



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Lets Welcome our two new NCAB Representative: Ublanca Adams & Barbara Garcia

Hello WIHS Women! My name is Ublanca Adams and I will be one of your new National Community Advisory Board (NCAB) representatives. I am a 39 year old proud mother of six and a grandmother of seven. I have lived in the San Francisco Bay Area for the majority of my life and I have been a part of WIHS for over ten years now. I have a long-standing interest in Women's Health. Some of my current and past involvements includes, volunteering with WORLD, working as a peer advocate at Alta Bates Medical Center, doing case management for women with HIV with Contra Costa public health, and mentoring women with HIV at UCSF. In 2008, I was nominated for WIHS Women of the year. I am so honored to be your new NCAB representative. Please feel free to share your ideas with me for the CAB. My contact information is sblanca71@yahoo.com<mailto:sblanca71@yahoo.com>.

No interest is too small or too big. Together we can get it done!

My Life in 3 Paragraphs or Less.

By Barbara Garcia

Hello, I am one of your new CAB representatives. I know a lot of the women in the study and hope to make some new friends. I know you have heard this before but the truth is the CAB is one part of the study where any suggestions you have will be heard. My email address is: birdgarcia@sbcglobal.net So let me hear from you. It is a bit scary to follow in Nildas' footsteps. She always works hard at the many jobs and positions she has held in the HIV community.

I reached my medicare eligibility in Dec. A nice way of saying I am 65. Didn't seem so old until I broke my hip a couple of weeks ago. And broke my shoulder 2 years ago. I am beginning to think I am clumsy! I do know that when my hip heals I am going to start going to a yoga class. I really want to be in better shape. Did you see the Olympics? Those skiers and snow boarders and skaters took the most awful falls and then got up and walked away.

I live in the east bay with my grandson Ben and 2 cats. I was always wishing he could find a job but it is nice having someone in the house with 2 good legs and 2 good arms. How do you manage when you are sick if your children are small? I can't imagine how hard it must be.

I have had HIV for 22 years and Hep C also. It might be fun for some of us old timers to get together and talk about the "good old days". I would also like to hear from people infected more recently. We could share notes and maybe put something in the newsletter. You have my email and I will be at the next meeting.

Women's History Month 30th Anniversary

This year is the 30th anniversary of National Women's History Project. President Carter issued a Presidential Proclamation declaring the week of March 8, 1980 as the first National Women's History Week, and in 1987, Congress expanding the week into a month, and March is now National Women's History Month. Of course none of this would have taken place if women and their supporters did not actively lobby for this recognition of women in our country's history.

The overarching theme for 2010 is *Writing Women Back into History*. It often seems that the history of women is written in invisible ink. Even when recognized in their own times, women are frequently left out of the history books. To honor the 2010 theme, the Women's History project is highlighting pivotal themes from previous years. Each of these past themes recognizes a different aspect of women's achievements, from ecology to art, and from sports to politics. The list below is a summary of the past year's themes for Women's History Month. For a list of the women honored for each year go to the following website: <http://www.nwhp.org/>.

2009: Women Taking the Lead to Save Our Planet

2008: Women's Art Women's Vision

2007: Generations of Women Moving History Forward

2006: Women, Builders of Communities and Dreams

2005: Women Change America

2004: Women Inspiring Hope and Possibility

2003: Women Pioneering the Future

2002: Women Sustaining the American Spirit

2001: Celebrating Women of Courage and Vision

2000: An Extraordinary Century for Women 1900-2000

1999: Women Putting Our Stamp on America

1998: Living the Legacy

1997: A Fine and Long Tradition of Community Leadership

1996: See History in a New Way

1995: Promises to Keep

1994: In Every Generation, Action Frees Our Dreams

1993: Discover a New World

1992: A Patchwork of Many Lives

1991: Nurturing Tradition, Fostering Change

1990: Courageous Voices - Echoing in Our Lives

1989: Heritage of Strength and Vision

1988: Reclaiming the Past, Rewriting the Future

1987: Generations of Courage, Compassion, and Conviction

1986: Women Builders of Communities and Dreams

1985: National Women's History Week

1984: National Women's History Week II

1983: Weaving the Stories of Our Lives

1982: Celebrating Women's History

1981: We Are Here to Move History Forward

1980: No Theme



Got Depo?



You can help researchers at UCSF with an important study about how Depo-Provera, the birth control shot, affects immune cells in the uterus and cervix.

You may be eligible if:

- You are HIV negative
- You are 18-44 years old
- You have regular menstrual cycles
- You are about to start using Depo-Provera

Participants will have 6 visits at Mt. Zion Hospital and will be reimbursed up to \$240 in cash plus gift cards and transportation reimbursement.

Please call Jane at 415-353-9767 or toll free 866-476-5109



Female Volunteers Needed!



You can help UCSF researchers learn about how menopause affects immune cells in the cervix.

You may be eligible if:

- You are generally healthy (HIV negative or positive)
- You are age 18-40 and have regular periods

OR

- You are at least 50 and have not had a period for at least a year

Study participants will have 2 or 3 visits at Mount Zion and will be reimbursed up to \$70, plus transportation.

Please call Jane for more information: 415-353-9767 or toll free 1-866-476-5109