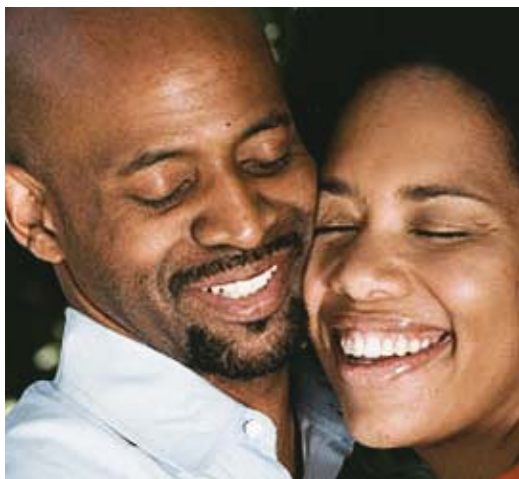


BROTHERS
FOR
MOTHERS

WHAT BROTHERS SHOULD KNOW ABOUT MOTHERS TO BE

Brothers For Life is about brothers who take responsibility and support their pregnant partner. This brochure will help you and your partner through the challenges of pregnancy.



PLAN TOGETHER. You and your partner should talk openly about your relationship and whether you are both ready to have a child or more children. Planning together ensures that both you and your partner are emotionally and financially ready for parenthood. Talk with your partner about what you both want for your baby. Save some money each month. It will make it easier once the baby arrives. You may want to test together for HIV so that you can make decisions to ensure that your baby is born HIV-negative.

VISIT THE ANTENATAL CLINIC TOGETHER AS SOON AS POSSIBLE.

If you and your partner suspect that she is pregnant, visit the antenatal clinic as soon as possible. Antenatal clinics will help to answer the questions you and your partner may have about the pregnancy. If you and your partner have not tested for HIV, this is a good time to test together. Attending antenatal classes with your partner will give you practical tips to help prepare you for the pregnancy and delivery.



MONITOR YOUR BABY'S HEALTH AND PROGRESS TOGETHER.

Visiting an antenatal clinic together will help you and your partner monitor your baby's progress together. During the second trimester (4 - 6 months) of pregnancy, your partner may have an ultrasound. This allows you to see the baby's head, arms, hands, legs and feet. You may even find out the sex of the baby. During the third trimester (7 - 9 months) of pregnancy, ask how you can help during the delivery.

IF YOU AND YOUR PARTNER ARE HIV-POSITIVE YOUR BABY CAN BE BORN NEGATIVE. By taking a short course of antiretroviral drugs during pregnancy and making an informed decision about safe feeding options for your baby, your baby can be born HIV-negative - see **What Positive Brothers should know.**

SEX DURING PREGNANCY. Talk to each other about your sexual needs during and after the pregnancy. Protect your partner from HIV by remaining faithful to her. If you have sex outside of your relationship, you can infect your partner with HIV and this increases the baby's risk of HIV infection.



A HEALTHY LIFESTYLE ENSURES A HEALTHY BABY.

If you live a healthy lifestyle, you will make it easier for your partner. A healthy lifestyle means eating a balanced diet, exercising regularly, going for regular check-ups and reducing stress levels. A balanced diet includes eating food such as fresh fruit and vegetables, carbohydrates such as bread, pasta and potatoes, dairy products such as yoghurt and cheese and protein such as meat that has a little fat and fresh fish. Drink lots of water as this prevents tiredness and headaches and helps with bladder and kidney health.



LET HER REST. Be sure your partner gets enough rest. Help with the household chores. Encourage her to use relaxation exercises and join in.

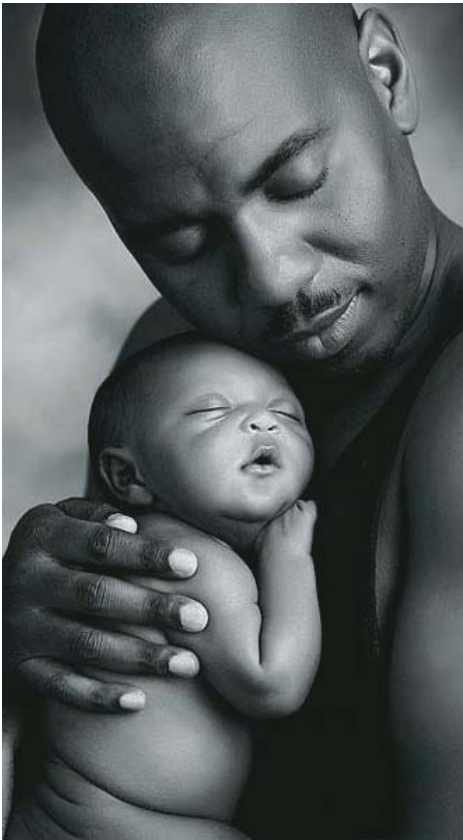
EXERCISE TOGETHER. Light exercises boost circulation and strengthen the immune system. Walking is ideal and provides time together.

AVOID ALCOHOL. If you stay away from alcohol, this will help her stay away as well. Alcohol can cause birth defects. Rather drink juice or milk.

AVOID STRESS. Understand the different changes you and your partner are going through as you prepare for parenthood. Stress can be very harmful to both mother and baby. Talk out differences in a supportive way.

STAND BY THE DECISIONS YOU AND YOUR PARTNER MAKE.

Attending antenatal clinic classes with your partner will help you both make decisions that are best for your baby. Everyone has an opinion about what is best including mothers, mothers-in-law, partners and families. Stand by the decisions you and your partner make about your baby's health.



LEARN HOW TO BATHE, FEED, CHANGE NAPPIES, HOLD, AND COMFORT A BABY. All of these activities will build a father's confidence and enhance bonding with the child.

CARING FOR YOUR BABY. Babies must be taken to the clinic whenever they are sick and should receive all their immunisations according to the instructions from the clinic sister/nurse.

HELP HER TO CARE FOR THE BABY. Sharing the load can make it easier for you and your partner to care for your baby. Once you have practiced how to change nappies, feed and comfort the baby, help your partner so that she too can get some rest.

All the things that apply to brothers around supporting and caring your baby, apply to you too. But there are a couple more facts positive brothers should know about so that they can secure the health of their babies.

YOUR BABY CAN BE BORN HIV NEGATIVE!



TEST TOGETHER AND GET SUPPORT. You and your partner should test for HIV together. Finding out that you are HIV-positive may be a shock and one will never know when, where or through whom you got HIV. The first step to securing your health and that of your partner and child is to join a support group and to find out as much information as you can about living with HIV.

KNOW YOUR CD4 CELL COUNT. Get a CD4 count test to determine how strong your immune system is. Also get screened for TB and, if necessary, get put on TB treatment. You and your partner must also be treated for other opportunistic infections and STI's if necessary.

WHAT POSITIVE BROTHERS SHOULD KNOW



TREATMENT OPTIONS FOR YOU AND YOUR PARTNER. Your clinic sister will advise you if you need to start ARVs or not. Your partner needs to know her CD4 count because if the CD4 cell count is high, and your partner is 28 weeks or 7 months pregnant or more, she must start AZT treatment immediately to protect your baby from HIV. If her CD4 cell count is low then she must start full antiretroviral treatment.

TREATMENT DURING LABOUR. If your partner is on AZT, then she must get one dose of Nevirapine when she is in labour.

TREATMENT FOR YOUR BABY. Once your baby is born, he/she must also get one dose of Nevirapine syrup and AZT syrup for 7 or 28 days according to what the clinic sister/doctor says. Your baby must also get all the immunisation that is done at birth and health workers must help you and your partner to register the baby's birth as soon as possible.

FEEDING YOUR BABY. You and your partner must make decisions around which feeding options work for you - breast or formula feed. NEVER MIX FEED as the baby's gut may get small cuts from other

foods, water, gripe water, porridge, formula and traditional medicine within the stomach which, when breastfed, may place your baby at risk of HIV infection.

BREAST IS BEST. If you and your partner decide to ONLY breastfeed, then there is no chance of the small cuts being formed and the baby is protected from HIV. If you and your partner decide to ONLY formula feed, there must be a regular supply of infant formula, clean and boiled water.

STICK TO YOUR DECISIONS. Stand by the decisions you and your partner make because you know what is best for your baby, even if your parents, parents-in-law or the community may disagree.

TEST YOUR BABY. When the baby is 6 weeks old, you and your partner must take the baby to the clinic for immunisation and testing for HIV. The baby must also be given Cotrimoxazole (Bactrim) to prevent him/her from getting infections such as pneumonia.

CARING FOR YOUR BABY. Babies must be taken to the clinic whenever they are sick and also for all immunisations according to the instructions from the clinic sister/nurse.

BONGANI & THEMBI'S STORY

Two negative kids for positive couple

By Kerry Cullinan



Bongani smiles as he watches his two-year-old son, Thabo, playing on the floor.

Both Bongani and his wife, Thembi, are HIV-positive but thanks to their responsible attitude and the care of the Cato Manor Clinic, neither Thabo nor his six-year-old sister, Sara, has inherited their virus.

The couple have been under the care of the Mother-to-Child Transmission (MTCT) Plus Programme at the clinic since 2003, when Thembi first fell pregnant with Sara.

Unusually, instead of just treating pregnant HIV-positive women and their babies, the

programme prides itself on offering a family service to make it easier for entire families to deal with HIV and its opportunistic infections such as tuberculosis.

“After I fell pregnant for the first time in 2003, I went to the clinic to be tested and found that I was HIV-positive. I thought my end had come but it was my hope that my baby would be protected,” says Thembi.

After her test results, Thembi was so afraid that Bongani would leave her when she told him she had HIV. But her diagnosis had the opposite effect.

“When I heard she was HIV-positive, I decided to check myself too,” says Bongani. “That was in the same year. And I found I have also got it. Well, it wasn’t a surprise. I was expecting it,” he adds.

“Thembi was afraid I was going to leave her. But I told her we’ve got the same disease. We will share our life. At the time, we were not married but we went on to get married and we have a happy marriage.”

Luckily for Thembi, Professor Anna Coutsooudis from the University of KwaZulu-Natal’s medical school and the Ethekwini Municipality had set up the MTCT Plus Programme at the Cato Manor clinic, and pregnant HIV-positive mothers were able to receive an ARV called Nevirapine for prevention of mother-to-child transmission of HIV. Thembi was given a Nevirapine tablet to take when she went into labour and clinic counsellors came to her hospital ward to give Baby Sara Nevirapine syrup when she was born. Sara was monitored by the clinic for 12 months, and discharged when her final test showed that she was HIV-free.

Shortly after giving birth to Sara, Thembi fell ill and her CD4 count (measure of immunity in her blood) dropped down to 75 (a healthy adult’s CD4 count is at least 400).

“I thought I was going to die. I went to talk to the counsellor at the clinic and she told me about antiretroviral medicine. So in about 2004, I started taking the ARVs and I started to get stronger.

“But then I was diagnosed with TB. My CD4 count started to drop again and my viral load started going up. The ARVs weren’t working for me any more. I had a treatment failure so I had to go onto different ARVs.”

The new ARVs worked and Thembi has been able to manage her HIV ever since.

But two years later, it was Bongani’s turn to fall sick. He felt so weak that he could no longer work and resigned from his job as a driver.

“I went back to the clinic and had my CD4 tested. It was 240. I saw that the tablets were working for my wife, so I took lessons about them and started after three weeks.”

Bongani laughs when he remembers his first two weeks on Stocrin, an ARV notorious for bad dreams: “I used to dream I was as tiny as an ant, crying. Or flying. But after two weeks, I was normal. I forgot about being HIV-positive and carried on with my life.”

But becoming HIV-positive has changed Bongani fundamentally, who has become a pastor in his church: “Some people deny HIV and they go to a sangoma. But HIV brought Thembi and I together strongly. I see that to sleep around is not good. I cut off all those things. I love my wife so much and I need to look after her.”

Two years ago, Thembi was feeling so well that she decided to “put my trust in God and try for another child”.

When she told Bongani she was pregnant, he was excited but also very scared.

“I thought maybe the child will be deformed because of the HIV or the ARV tablets,” Bongani remembers.

Because Thembi was on ARVs, she didn’t have to have Nevirapine in labour but their son was given a short course of two ARVs, Nevirapine and AZT. If Thembi had not been on ARVs herself, she would also have received the two ARVs called “dual therapy”.

Thembi breastfed both her children exclusively for six months and then weaned them.

“Look at my son. He is doing well and he is happy,” says Bongani.

- Health-e News Service.

Yenzakahle!

Do the right thing

For HIV/Aids counseling, information and referral services, please call the AIDS HELPLINE 0800 012 322.
Send a 'Please call me' to 072 924 2559 or visit www.brothersforlife.org and be a Brother For Life.