

# Baby Love

Boy or girl? Brown eyes or blue? HIV positive or negative?

April 1, 1998 By Laura Federico

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It's countdown for Lisa O'Connor: Her infant daughter's previous two HIV tests have come back negative, but when it comes to post-delivery HIV testing for infants born to mothers with the virus, three's the charm. Until O'Connor's baby passes this final test -- usually administered at six months -- she will ask herself if she did the right thing by getting pregnant. "People called me selfish and irresponsible," says O'Connor, 34.

She's also informed. As an HIV educator at a substance-abuse clinic -- O'Connor is a recovering addict -- she was armed with the facts: 25 percent of babies born to mothers with HIV contract the virus, and 75 percent of those HIV positive babies become infected during the delivery process.

But she wanted a baby.

"When I was diagnosed in 1989, one of the first things I thought was that having a baby was out of the question," O'Connor says. Then, five years ago, she met the man who would become her husband. "Once it became clear that the relationship was going to last, I started thinking about having a baby. In fact, I couldn't stop thinking about it."

O'Connor was aware of emerging treatments that reduce the risk of mother-to-baby transmission -- usually administered to women who test positive after becoming pregnant. She also knew of low-risk insemination methods, though she refuses to reveal which one she and her husband used; as an educator, she doesn't want to be perceived as endorsing one method over another. "We did it as safely as we could. Every possible precaution was taken every step of the way," O'Connor says of the conception-to-delivery process.

Working with the Bay Area Prenatal AIDS Clinic -- where services include counseling, nutritional support, on-site medical care and "unbelievable compassion and love" for HIV positive expectant mothers -- O'Connor received AZT and 3TC during the last six months of her pregnancy, with nevirapine added in the final trimester. In addition to protecting her unborn baby, the combo boosted O'Connor's CD4 count from the low 300s just before conception to 590 at delivery.

"D Day" itself was like a special episode of *ER*, with a five-doctor team presiding. O'Connor remembers the baby being taken from her before you could say, "It's a girl!" so that the doctors could suction fluids from the newborn's nose, mouth and eyes. "Speed is really critical in the last

stage,” says O’Connor, who held her baby just long enough to fall instantaneously in love. “She was gorgeous,” Mom says about her newly christened Marisa. “There’s no way to describe the fulfillment of holding her in my arms. It’s so important for HIV positive women to know that their dreams can come true.”

Whether or not she’ll have a rude awakening depends on Marisa’s sero-status. “I’m really scared. If she turns out to be positive, I would feel so much shame,” says O’Connor, who is no longer on the drug combo that -- let’s hope -- prevented HIV transmission to Marisa. She’s planning to meet with her doctors to discuss her future treatment, but like everything else, that’s on hold until she gets Marisa’s results.

At presstime, O’Connor hadn’t yet taken her daughter to be tested, though Marisa was now eight months old -- two months overdue for the final test.

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