Pregnant Poz

Flor Monterossa had her doubts, but now she can't wait to welcome her baby into the world.

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It didn't feel like great news then," Flor Monterossa says of the day last May when she found out that she was pregnant: Her chest tightened and her mind reeled, exactly as if it were 10 years earlier and she were hearing the positive results of a different test. "I know anything can happen in this life," she says. "But we weren't trying to have a baby."

Monterossa's honesty is as arresting as the beautiful high cheekbones framing her thoughtful face. Her calm manner must be welcoming to her clients at Women's Link, a counseling center for women with HIV in Inglewood, California. Monterossa is the first to admit that she has a pensive side and thoroughly analyzes every little thing—sometimes too much for her own good. Her decision to proceed with the pregnancy was no exception. So while her HIV positive partner, Ignacio Ahumada, was ecstatic—"I feel like dancing in the street," he told her—Monterossa wept.

This 36-year-old native Costa Rican is just one of many HIV positive women now choosing to have a child. The CDC estimates that some 7,000 babies are born every year to mothers with HIV. Clinicians such as Karen Beckerman, MD, the director of the Bay Area Perinatal AIDS Center in San Francisco, are helping women to plan first and even second low-risk pregnancies. "Women who have been very ill are getting their health back on combination therapy," says Beckerman, who has a perfect record: 38 HIV negative babies born to 38 HIV positive moms. "Their periods come back, they have a new lease on life, and having a baby is part of that life." All despite the decreasing but definite danger of mother-to-child transmission and a confused society that demands to know: "How can you risk giving birth to a baby with a life-threatening illness? Or being a mother who might die young and abandon her child?" The answers to these grave questions are not simple, as Monterossa knows. "Women with HIV have to be willing to go through all kinds of sacrifices for a pregnancy," she says, "and sometimes I wonder how well I'm handling it." But if Monterossa is still anxious, today it's likely to be about decorating the baby's room—she fantasizes about bright colors with homages to Barney, Bugs Bunny and Bananas in Pajamas. She has put her faith in God that this pregnancy is a good thing. Meantime, she's doing all she can to control her chronic Candida and urinary-tract infections, which could be dangerous to her and her baby.

Monterossa has certainly stared down her share of judging eyes. The first time was when she checked into an emergency room with vaginal bleeding; the doctor asked how soon she planned to terminate the pregnancy, and was shocked when she replied that abortion was never an option.

“Believe me,” she says, “I know this isn’t a dream life and a baby is not a toy. It’s not like you have it, and one day if you die, the toy doesn’t feel anything. I know what it’s like to lose a mother.” Her own mother fled Costa Rica and an abusive husband, leaving 5-year-old Flor in the care of an aunt.

Because of the pain of losing her parents, Monterossa is very sensitive to the fact that she has a serious illness and could leave behind not only her baby but two other children—Ebony, age 12, and a 20-year-old stepson, both fathered by her first husband, who died of AIDS in 1996. “I certainly believe that the best thing is for a child to have his or her own parents,” she says. “So I have all these fears and questions. But I’m trying to set them aside and enjoy this pregnancy as I go through it.”

Monterossa can take some solace in knowing that her family is a willing support system should the worst happen to her and her partner. In fact, she moved to Los Angeles in 1993 to be closer to her aunt and her brothers and sisters at a time when she thought that AIDS was going to kill her. “My family’s motto has always been ‘Love first, care first, and deal with the challenges later,’” she says. The couple is also lucky to have the blessing of Ahumada’s family. Yet her daughter, Ebony, hasn’t welcomed the news. “She told me I was irresponsible for having unsafe sex,” Monterossa says. “That was hard to hear, and she wasn’t lying.”

In fact, her unplanned pregnancy, which was caused by a condom mishap, was something of a medical miracle—in the past, Monterossa’s tilted cervix and uterine problems caused gynecologists to doubt her fertility. Each day makes that miracle more real, and now, with four months to go—she’s due in February—Monterossa has to decide the best way to protect her baby from HIV.

In a sparsely furnished room at Women’s Link, Monterossa lounges on a threadbare couch, her left hand resting protectively on her belly. She is aware that recent research indicates that the lower a mother’s viral load, the less likely she is to transmit HIV. Fortunately, her own viral load has remained low and her CD4 cells at 635; she has never taken anti-HIV drugs, and doesn’t plan to. That’s why she favors a single course of nevirapine at the onset of labor over long-term AZT therapy, the current standard for women with her lab numbers (see “How to Have a Healthy Baby”). She’s also weighing a risk-reducing Cesarean section, despite her fears of surgery. “I’m talking to you today and saying one thing,” Monterossa says, “but I may change my mind tomorrow.”

Ultimately, despite what critics say about her decision to avoid AZT or, for that matter, to have her baby, Monterossa is determined to honor her intuition. “I try to have compassion for people with the audacity to make decisions for others,” she says. Monterossa doesn’t want to waste her great capacity for love: “I dream about adopting children. If I could be God, all the kids in the world would be safe. I want to give a child what was given to me.” Meantime, she and Ahumada browse the Internet for baby names. “I’m hoping for a name that means joy. Something like a sun that rises that will bring something very different into my life."

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