

Getting Pregnant and HIV ^[1]

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Are you living with HIV (HIV+) and interested in having children? Are you HIV-negative and interested in having children with your HIV+ partner? Then know that you are not alone. The majority of HIV+ women are of child-bearing age. Advances in HIV treatment have greatly

lowered the chances that a mother will pass HIV on to her baby (known as the rate of vertical transmission, mother-to-child transmission, or perinatal transmission). The chances of passing HIV from mother to baby can be as low as one in 100 when certain steps are taken (see below for more detail).

These same advances have made it much more possible for HIV+ people to live longer, healthier lives. They have also made it possible to reduce the chance of passing HIV to a partner when trying to have a child (see below for more details). As a result, it is no surprise that HIV+ women and men are interested in having children. A 2009 study showed that almost seven in ten HIV+ women (ages 18 to 52) living in Toronto, Canada wanted to give birth. The Women Living Positive Survey found that the same proportion of HIV+ women in the United States considered family planning an important part of their HIV care.

Despite the numbers of HIV+ people who want to get pregnant, there is limited access to information, options, and therapies. Many health care providers are not discussing family planning with their HIV+ patients. Some do not have adequate information to share, while others openly discourage their HIV+ patients from having children. In the United States, some laws prevent access to fertility treatments for those living with HIV, and many insurance plans do not cover these procedures. Despite the challenges you may face when wanting to get pregnant, it is possible for HIV+ people to have children. When choosing to have a child as an HIV+ person, it is important to be an advocate for yourself and your future child. Finding the right health care provider who is supportive of your plans to get pregnant is a big first step!

There are several different options for reducing the chances of passing on HIV while trying to get pregnant. The links below outline the risks and benefits of each option to help you understand what might be the best for you, and to prepare for discussions with your health care provider. The options fall under one of two categories: serodiscordant partners or seroconcordant partners:

- **Serodiscordant (HIV+/HIV-negative) partners:** Serodiscordant refers to couples in which one person is HIV+ and the other is not. Sometimes, serodiscordant partners are referred to as "magnetic couples" or "mixed status couples." You can lower the risk of passing HIV to the baby or uninfected partner by reducing your viral load [2] (or your partner's) before trying to become pregnant. Having an undetectable viral load lowers transmission risk, but does not get rid of the risk altogether. Treating any sexually transmitted diseases (STDs) [3] before trying to get pregnant will also lower your chances of passing HIV between partners. If you are an HIV+ person in a same-sex relationship, some of the information about alternative insemination techniques may be helpful to you as well.

HIV-negative members of serodiscordant couples can also now consider using Truvada (tenofovir/emtricitabine) as Pre-Exposure Prophylaxis, or PrEP [4]. PrEP involves taking HIV drugs **before** being exposed to HIV to prevent yourself from becoming infected. In July 2012, the US Food and Drug Administration (FDA) approved the daily use of Truvada as PrEP for sexually active adults at risk for HIV infection.

The US Department of Health and Human Services (DHHS) now recommends that serodiscordant couples consider using PrEP as an additional tool to help reduce sexual transmission of HIV while trying to conceive. We are not certain yet how useful PrEP is in further reducing the risk of spreading HIV to the uninfected partner when the HIV+ partner is already on HIV drugs. Some recent research has shown that PrEP may not give much added

protective benefit when the HIV+ partner is already virally suppressed and unprotected sex is limited to the woman's fertile period (also called timed intercourse).

The DHHS also recommends semen analysis for HIV+ men before trying to get pregnant. Men living with HIV have fertility problems more often than HIV-negative men. Checking your fertility can help you and your partner choose the best method for getting pregnant. However, it can be difficult to find a facility willing to analyze an HIV+ man's semen (see below for help finding facilities and providers).

- **Seroconcordant (HIV+/HIV+) partners:** Seroconcordant means that both partners are HIV+. You will still want to lower the risk of passing HIV to your partner, as there is the possibility of passing a different strain of HIV (one that may be stronger or more drug-resistant) to your partner. This is referred to as "superinfection." As with serodiscordant partners, you can reduce the risk of passing HIV to your baby or partner by reducing your viral load before trying to become pregnant. Having an undetectable viral load lowers transmission risk, but does not get rid of it. Treating any sexually transmitted diseases (STDs) [3] before trying to get pregnant will also lower your chances of passing HIV between partners.

It is important to note that the risk of a baby having HIV is based only on the HIV status of the mother. If you are an HIV+ woman interested in getting pregnant, please also see The Well Project's article, Pregnancy and HIV [5], which provides important information about what to do before you become pregnant, care during pregnancy, labor and delivery, and preventing HIV transmission [6] to your baby. Please click the links below to obtain specific details for various partner options (HIV+ woman/HIV-negative man, HIV-negative woman/HIV+ man, same sex partners, etc.).

- HIV+ woman and HIV-negative man (serodiscordant) [7]
- HIV+ man and HIV-negative woman (serodiscordant) [8]
- HIV+ single woman or HIV+ woman in same-sex relationship [9]
- HIV+ single man or HIV+ man in same-sex relationship [10]
- HIV+ woman and HIV+ man (seroconcordant) [11]
- View all the above options on one page [12]

Finding a Provider and Building a Support Network

Regardless of your HIV status, choosing to have a child can be a very difficult and very exciting decision. While having a supportive relationship with a knowledgeable health care provider is a good idea for any potential parent, for people living with HIV it is even more important. A friendly health care provider can talk with you about many issues around pregnancy and having children: which conception option is right for you, appropriate HIV treatments for you and/or your partner, whether to disclose [13] your HIV status to others (including other providers, your child's pediatrician, additional friends and family), and how to handle the stigma [14] and fear around being HIV+ and pregnant.

Unfortunately, it can be difficult to find a friendly health care provider who is knowledgeable about HIV and pregnancy. Some health care providers simply are not aware of the wealth of information about pregnancy planning for their HIV+ patients. Perhaps even more challenging, though, are the judgmental attitudes still held by many health care providers. When The Well Project's Founder, Dawn Averitt, asked providers about getting pregnant, she faced some

very negative reactions before she found a wonderful provider who supported her desire to have children. For more about Dawn's experience in trying to get pregnant, and subsequently having two healthy HIV-negative daughters, please click the links below:

- [HIV and Pregnancy: Tough Choices and the Right to Choose](#) ^[15] (Journal of the Associate of Nurses in AIDS Care, Vol. 13, No. 3, May/June 2002, 11-12 courtesy of the Sophia Forum)
- [Breaking the Taboos: Pregnancy Planning and Fertility Issues for PLWHAs in the US](#) ^[16] (transcript from presentation at AIDS 2010 in Vienna, Austria, courtesy of TheBody.com)
- [Baby Love](#) ^[17] (POZ magazine, December 2002)

The Well Project has started a [list of friendly family planning providers](#) ^[18] who are informed about pregnancy planning for HIV+ people. Even though the providers listed might not be in your area or town, it might be worth a call or email to answer any questions you might have or for possible referrals. HIV-positive pregnant women, their exposed infants, and HIV-affected couples seeking safer conception options can also contact Shannon Weber (sweber@nccc.ucsf.edu ^[19]) for referrals to local providers.

Given the existing [stigma](#) ^[14] against HIV+ people having children, you may encounter judgmental responses from others. Therefore, it is important that you build a strong [support network](#) ^[20] of loving family, friends, and providers. Your support network can help you make good decisions and get through the negative, sometimes disheartening moments. If you do not have a good number of friends and family who support you, you may consider starting your own support group; for more information, see The Well Project's article on [Starting a Support Group](#) ^[21].

Ultimately, you get to choose when and whether to have children. You deserve to be treated with respect and given access to the information necessary to make an informed decision and plan for your future.

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- [HIV+ pregnant](#) ^[24]
- [HIV+ want a baby](#) ^[25]
- [serodiscordant pregnant](#) ^[26]
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- [home insemination HIV](#) ^[28]
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- [Intra-vaginal insemination HIV](#) ^[30]
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- [Intra-uterine insemination HIV](#) ^[32]
- [IUI HIV](#) ^[33]
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- [Intra-cytoplasmic sperm insemination HIV](#) ^[36]
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- [HIV+ have children](#) [44]
- [magnetic couples](#) [45]
- [PTMTC](#) [46]

Additional Resources

Select the links below for additional material related to getting pregnant and HIV.

[HIV-Friendly Reproductive Services and Providers](#) [18]

[Becoming a Positive Parent: Reproductive Options for People with HIV \(SFAF\)](#) [47]

[Having a Baby When You are HIV+ \(The Body\)](#) [48]

[CDC Guidance on Truvada for Heterosexual Adults](#) [49]

[Preconception Counseling and Care for HIV-Infected Women of Childbearing Age \(NIH\)](#) [50]

[From Policy to Pregnancy: Sexual Rights and Reproductive Options for People Living With HIV/AIDS \(The Body\)](#) [51]

[Can a couple in which one person is HIV positive conceive a baby without the uninfected partner becoming infected? \(US VA\)](#) [52]

[Home Insemination for HIV+ Female Discordant Couple \(BAPAC\)](#) [53]

[Home Insemination \(HIV+ women with HIV-negative partners\) \(BAPAC\)](#) [53]

[Thinking about Having a Baby? \(HIV+ men with HIV-negative partners\) \(BAPAC\)](#) [54]

[¿Está pensando en tener un bebé? \(Información para mujeres VIH negativas cuyas parejas son VIH positivas\) \(BAPAC\)](#) [55]

[¿Está pensando en tener un bebé? \(Información para hombres VIH positivos cuyas parejas son VIH negativas\) \(BAPAC\)](#) [56]

[Video resources \(BAPAC\)](#) [57]

[PrEP Watch](#) [58]

[Fertility Awareness-Based Methods \(Planned Parenthood\)](#) [59]

[Basal Body Temperature Chart \(womenshealth.gov\)](#) [60]

[The HIV and Preconception Care Toolkit \(ACOG\)](#) [61]

[As mixed-status HIV couples weigh risks, more choose to conceive the old-fashioned way \(The Washington Post\)](#) [62]

- [Sign Up / Login](#)
- [My Account](#)
- [HIV Information](#)
- [A Girl Like Me](#)
- [Partners](#)
- [Who We Are](#)
- [Terms](#)
- [Privacy](#)
- [Contact](#)



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Source URL: http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv?qt-activity_tabs=2

Links:

- [1] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv>
- [2] <http://www.thewellproject.org/hiv-information/women-and-viral-load>
- [3] <http://www.thewellproject.org/hiv-information/sexually-transmitted-diseases-stds>
- [4] <http://www.thewellproject.org/hiv-information/prep-women>
- [5] <http://www.thewellproject.org/hiv-information/pregnancy-and-hiv>
- [6] <http://www.thewellproject.org/hiv-information/hiv-transmission>
- [7] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-hiv-woman-and-hiv-negative-man-serodiscordant>
- [8] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-hiv-man-and-hiv-negative-woman-serodiscordant>
- [9] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-hiv-single-woman-or-hiv-woman-serodiscordant-or>
- [10] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-hiv-single-man-or-hiv-man-serodiscordant-or-seroconcordant>
- [11] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-hiv-woman-and-hiv-man-seroconcordant>
- [12] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-various-partner-options>
- [13] <http://www.thewellproject.org/hiv-information/disclosure-and-hiv>
- [14] <http://www.thewellproject.org/hiv-information/stigma-and-discrimination-against-women-living-hiv>
- [15] <http://www.sophiaforum.net/resources/HealthJANAC%20article.pdf>
- [16] <http://www.thewellproject.org/news-press/breaking-taboos-pregnancy-planning-and-fertility-issues-people-living-hivaids-united>
- [17] http://www.poz.com/articles/183_1014.shtml
- [18] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-list-hiv-friendly-reproductive-services-and-providers>
- [19] <mailto:sweber@nccc.ucsf.edu>
- [20] <http://www.thewellproject.org/node/178>
- [21] <http://www.thewellproject.org/hiv-information/starting-support-group>
- [22] <http://www.thewellproject.org/tags/getting-pregnant-and-hiv>
- [23] <http://www.thewellproject.org/tags/getting-pregnant-hiv>
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- [25] <http://www.thewellproject.org/tags/hiv-want-baby>
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- [34] <http://www.thewellproject.org/tags/vitro-fertilization-hiv>
- [35] <http://www.thewellproject.org/tags/ivf-hiv>
- [36] <http://www.thewellproject.org/tags/intra-cytoplasmic-sperm-insemination-hiv>
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- [38] <http://www.thewellproject.org/tags/surrogacy-hiv>

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[45] <http://www.thewellproject.org/tags/magnetic-couples>
[46] <http://www.thewellproject.org/tags/ptmtc>
[47] <http://www.sfaf.org/hiv-info/hot-topics/beta/2011-beta-winterspring-fertility.pdf>
[48] <http://www.thebody.com/content/art53331.html>
[49] <http://www.cdc.gov/nchstp/newsroom/2012/PrEP-HeterosexualGuidance-PressRelease.html>
[50] <http://www.aidsinfo.nih.gov/Guidelines/HTML/3/perinatal-guidelines/153/reproductive-options-for-hiv-concordant-and-serodiscordant-couples>
[51] <http://www.thebodypro.com/content/art60728.html>
[52] <http://www.hiv.va.gov/patient/faqs/conceiving-with-mixed-HIV-status-couple.asp>
[53] <http://hiv.ucsf.edu/care/perinatal/forpatients/HomeinseminationforHIVfemalediscordantcouple.pdf>
[54] http://hiv.ucsf.edu/care/perinatal/pro_men/safer_conception_hiv-neg_female_hiv-pos_male.pdf
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[57] <http://hiv.ucsf.edu/care/perinatal/videos.html>
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[59] http://www.plannedparenthood.org/health-topics/birth-control/fertility-awareness-4217.htm?__utma=1.113260800.1384387270.1384387270.1384387270.1&__utmb=1.9.7.1384387270&__utmz=1.1384387270.1.1.utmcsr%3D%28direct%29%7Cutmccn%3D%28direct%29%7Cutmcmd%3D%28n&__utm=1&__utmk=181983655
[60] <http://www.womenshealth.gov/publications/our-publications/basal-temperature-chart.pdf>
[61] <http://womenandhiv.org/francois-xavier>
[62] http://www.washingtonpost.com/national/health-science/as-mixed-status-hiv-couples-weigh-risks-more-choose-to-conceive-the-old-fashioned-way/2014/04/24/8c8b11a4-b9d4-11e3-96ae-f2c36d2b1245_story.html