

Getting Pregnant and HIV: HIV+ woman and HIV-negative man (serodiscordant) ^[1]

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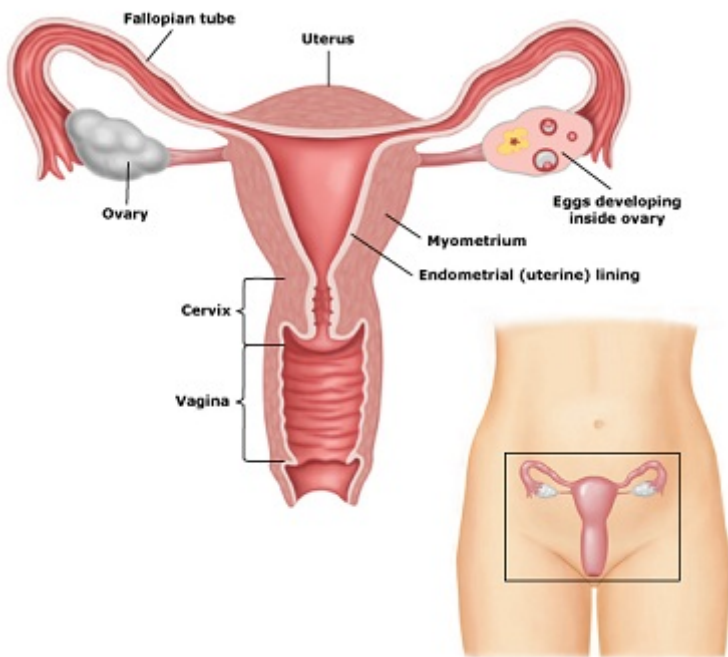
There are several different options for reducing the chances of passing on HIV while trying to get pregnant. If you are an HIV+ woman and an HIV-negative man seeking information on getting pregnant, the options below will help you understand what might be the best for you, and prepare for discussions with your health care provider. (For other options, you can return to the main "[Getting Pregnant and HIV](#) ^[2]" page.)

Home Insemination

This is a cheap and simple way of getting pregnant. It involves having the man ejaculate (cum) into a clean cup or condom. If using a condom, be sure to use a condom without spermicide. After sex, pull the penis out of the vagina with the condom still on (you can also masturbate into a condom or cup, without vaginal sex). Then, using a syringe (without a needle) or baster, you suck up the semen and insert the syringe or baster deep inside the vagina. Once the syringe or baster is deep inside the vagina, you squeeze out and deposit the semen. It is often recommended that the woman lie down for 20 minutes after inserting the semen to improve fertility. You can get non-needle syringes at almost any pharmacy as they are commonly used to give medicines to babies. Your HIV provider may also have some to give you.

It is more effective to use this method when a woman is fertile, or when she is ovulating. Ovulation occurs when an egg is released from the woman's ovary and usually happens about two weeks before a woman starts her menstrual period. Insemination during the "fertile window" usually one to two days before ovulation and one day after ovulation has a greater chance of success. For more information on understanding and tracking your fertility, visit:

- [Fertility Awareness Center](#) ^[3]
- [Pinpointing Fertile Days](#) ^[4]
- [Home Insemination: A Safer Way to Get Pregnant \(BAPAC\)](#) ^[5]



Assisted Reproduction

This means that a sperm fertilizes an egg with the help of a medical technique or therapy. Assisted reproduction (sometimes called ?assisted reproductive technology? or ART) is useful when the future parent(s) require help to prevent HIV transmission between partners, are using donor sperm, or are having difficulty getting pregnant at home because of fertility issues. Unfortunately, few facilities offer assisted reproduction to HIV+ patients, and few health insurance plans cover it. There are several types of assisted reproduction:

- Intra-vaginal insemination (IVI): Very similar to home insemination, only done in a clinic.
- Intra-uterine insemination (IUI): Semen (sperm and seminal fluid) is drawn up into a narrow tube, which is then inserted through the cervix into the uterus (womb). The semen is deposited in the uterus, where fertilization of the egg can occur.
- In-vitro fertilization (IVF): The woman takes fertility drugs to help her prepare eggs (also called ripening her eggs). When eggs are ready (or ripe), they are removed from the ovary and put in a dish with sperm. Once there is a fertilized egg (embryo), it is put back in the woman?s uterus.
- Intra-cytoplasmic sperm injection (ICSI): This is a specific type of IVF in which a sperm is injected directly into an egg using a very thin needle. When a fertilized egg occurs, it is returned to the woman?s uterus. This method is used when a man?s sperm do not swim well or are not normally shaped.

Unprotected Sex

It is important to remember that no matter how low the HIV+ partner?s viral load ? even if it is undetectable ? there is always some risk of passing HIV to the uninfected partner with any type of unprotected sex. If you choose this method, the risk of passing on HIV is lower if you only have unprotected sex when the woman is ovulating (when she is most likely to get pregnant).

The risk of passing HIV to an uninfected partner may also be reduced when the HIV+ member of the couple takes HIV drugs (continuous combination antiretroviral treatment), even when he

or she has no symptoms and a relatively healthy immune system. Recent studies of serodiscordant heterosexual (?straight?) couples showed that HIV drugs were very effective in preventing HIV transmission [6] to the uninfected stable partner of someone with HIV.

Another way to reduce the risk of passing HIV to your uninfected partner is to have the HIV-negative partner take Truvada (tenofovir/emtricitabine) as Pre-Exposure Prophylaxis, or PrEP [7]. PrEP means taking medicine **before** being exposed to something 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.

If you intend to have unprotected sex, it is important to tell your sexual partner that you are HIV+. Exposing someone to HIV without telling them you are HIV+ can result in serious legal action being taken against you.

Egg Donation

This involves using IVF and eggs donated by another woman, who is checked for fertility and diseases. The woman who is donating eggs takes fertility drugs to help her prepare eggs (also called ripening her eggs). When eggs are ready (or ripe), they are removed from her ovary and put in a dish with sperm. Once there is a fertilized egg (embryo), it is put in your womb (uterus). Although this method uses the eggs of a woman who is HIV-negative, it is still important for you to take HIV drugs to prevent passing HIV on to your child during pregnancy or childbirth.

Surrogacy

Your egg is fertilized using IVF or ICSI, then transferred to another woman's surrogate womb. The surrogate carries and gives birth to your child. If the surrogate is HIV-, there is zero risk of mother-to-child transmission of HIV. Although it is biologically possible to have an HIV+ woman's fertilized egg implanted in an HIV- surrogate, you may encounter several legal or regulatory challenges to this option for getting pregnant. Even if this option is legal in your state, it may be difficult to find fertility clinics or surrogacy centers willing to provide this service to HIV+ women.

Adoption

Offering a permanent family to a parentless child may be an option if having biologic offspring is not a good choice for you. Adoptions can be done within the US or internationally. Some agencies and/or countries may have prejudices against HIV+ people adopting children.

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 [8] your HIV status to others

(including other providers, your child's pediatrician, additional friends and family), and how to handle the [stigma](#) [9] 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 read [click the links below](#):

- [HIV and Pregnancy: Tough Choices and the Right to Choose](#) [10] (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](#) [11] (transcript from presentation at AIDS 2010 in Vienna, Austria, courtesy of TheBody.com)
- [Baby Love](#) [12] (POZ magazine, December 2002)

The Well Project has started a list of [friendly family planning providers](#) [13] 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 [14]) for referrals to local providers.

Given the existing [stigma](#) [9] against HIV+ people having children, you may encounter judgmental responses from others. Therefore, it is important that you build a strong [support network](#) [15] 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 our article on [Starting a Support Group](#) [16].

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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Additional Resources

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

[HIV-Friendly Reproductive Services and Providers](#) [13]

[Becoming a Positive Parent: Reproductive Options for People with HIV \(SFAF\)](#) [41]

[Having a Baby When You are HIV+ \(The Body\)](#) [42]

[CDC Guidance on Truvada for Heterosexual Adults](#) [43]

[Preconception Counseling and Care for HIV-Infected Women of Childbearing Age \(NIH\)](#) [44]

[From Policy to Pregnancy: Sexual Rights and Reproductive Options for People Living With HIV/AIDS \(The Body\)](#) [45]

[Can a couple in which one person is HIV positive conceive a baby without the uninfected partner becoming infected? \(US VA\)](#) [46]

[Home Insemination for HIV+ Female Discordant Couple \(BAPAC\)](#) [5]

[Home Insemination \(HIV+ women with HIV-negative partners\) \(BAPAC\)](#) [5]

[Thinking about Having a Baby? \(HIV+ men with HIV-negative partners\) \(BAPAC\)](#) [47]

[¿Está pensando en tener un bebé? \(Información para mujeres VIH negativas cuyas parejas son VIH positivas\) \(BAPAC\)](#) [48]

[¿Está pensando en tener un bebé? \(Información para hombres VIH positivos cuyas parejas son VIH negativas\) \(BAPAC\)](#) [49]

[Video resources \(BAPAC\)](#) [50]

[PrEP Watch](#) [51]

[Fertility Awareness-Based Methods \(Planned Parenthood\)](#) [52]

[Basal Body Temperature Chart \(womenshealth.gov\)](#) [53]

[The HIV and Preconception Care Toolkit \(ACOG\)](#) [54]

[As mixed-status HIV couples weigh risks, more choose to conceive the old-fashioned way \(The Washington Post\)](#) [55]

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- [HIV Information](#)
- [A Girl Like Me](#)
- [Partners](#)

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- [3] <http://www.fertaware.com/>
- [4] <http://www.parents.com/getting-pregnant/ovulation/fertile-days/pinpointing-fertile-days/>
- [5] <http://hiv.ucsf.edu/care/perinatal/forpatients/HomeinseminationforHIVfemalediscordantcouple.pdf>
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- [9] <http://www.thewellproject.org/hiv-information/stigma-and-discrimination-against-women-living-hiv>
- [10] http://www.sophiaforum.net/resources/HealthJANAC_article.pdf
- [11] <http://www.thewellproject.org/news-press/breaking-taboos-pregnancy-planning-and-fertility-issues-people-living-hivaids-united>
- [12] http://www.poz.com/articles/183_1014.shtml
- [13] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-list-hiv-friendly-reproductive-services-and-providers>
- [14] <mailto:sweber@nccc.ucsf.edu>
- [15] <http://www.thewellproject.org/node/178>
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- [42] <http://www.thebody.com/content/art53331.html>
- [43] <http://www.cdc.gov/nchhstp/newsroom/2012/PrEP-HeterosexualGuidance-PressRelease.html>
- [44] <http://www.aidsinfo.nih.gov/Guidelines/HTML/3/perinatal-guidelines/153/reproductive-options-for-hiv-concordant-and-serodiscordant-couples>
- [45] <http://www.thebodypro.com/content/art60728.html>
- [46] <http://www.hiv.va.gov/patient/faqs/conceiving-with-mixed-HIV-status-couple.asp>
- [47] http://hiv.ucsf.edu/care/perinatal/pro_men/safer_conception_hiv-neg_female_hiv-pos_male.pdf
- [48] http://hiv.ucsf.edu/care/perinatal/pro_men/conception_male_spanish.pdf
- [49] http://hiv.ucsf.edu/care/perinatal/pro_men/safer_conception_spanish2.pdf
- [50] <http://hiv.ucsf.edu/care/perinatal/videores.html>
- [51] <http://www.prepwatch.org/>
- [52] 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.utmcst&__utmv=-&__utmk=181983655
- [53] <http://www.womenshealth.gov/publications/our-publications/basal-temperature-chart.pdf>
- [54] <http://womenandhiv.org/francois-xavier>
- [55] 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