

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

Submitted on May 14, 2016

There are several different options for reducing the chances of passing on HIV while trying to get pregnant. If you are a woman living with HIV 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.)

Check for STDs

Treating any [sexually transmitted diseases \(STDs\) \[3\]](#) before trying to get pregnant is a great first step to lower your chances of passing HIV between partners.

Viral Suppression of Partner Living with HIV

One of the best things that the female partner living with HIV can do in this situation is take HIV drugs regularly and maintain a suppressed [viral load \[4\]](#), even when she has no symptoms and a relatively healthy immune system. Recent studies of serodifferent or serodiscordant heterosexual ("straight") couples showed that HIV drugs were very effective in preventing [HIV transmission \[5\]](#) to the uninfected stable partner of someone with HIV.

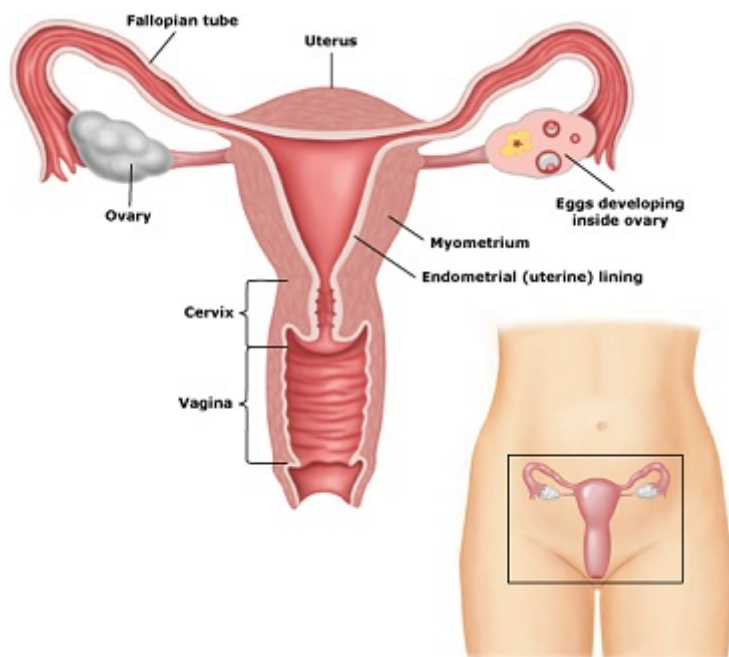
Unprotected Sex

It is important to remember that no matter how low the viral load of the partner living with HIV ? 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 intend to have unprotected sex, it is important to tell your sexual partner that you are living with HIV. Exposing someone to HIV without telling them you are living with HIV can result in serious legal action being taken against you.

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; this is often called 'timed intercourse'). 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 \[6\]](#)

- [Pinpointing Fertile Days](#) [7]
- [Home Insemination: A Guide for Women Living with HIV](#) [8]



Pre-Exposure Prophylaxis (PrEP)

The HIV-negative male can now consider using Viread (tenofovir) or Truvada (tenofovir/emtricitabine) as Pre-Exposure Prophylaxis, or [PrEP](#) [9]. PrEP involves taking HIV drugs before being exposed to HIV to prevent himself from becoming infected. While having an undetectable viral load can greatly reduce your chances of spreading HIV to your partner, it does not provide 100 percent protection.

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. It is recommended that PrEP be taken every day, not just right before you have sex. The US Department of Health and Human Services (DHHS) now recommends that serodifferent couples consider using Truvada as PrEP as an additional tool to help reduce sexual transmission of HIV while trying to conceive.

In 2014, the US Public Health Service released clinical practice guidelines suggesting that health care providers now discuss PrEP as one of several options for protecting HIV-negative partners in serodiscordant couples when they are interested in getting pregnant. Not all health care providers are comfortable or knowledgeable about prescribing PrEP. However, you can advocate for yourself by telling your health care provider that you are interested in taking PrEP and asking them to write you a prescription for it.

For help finding providers that prescribe PrEP in the bay area of California and the state of New York, please see [HIVE's PrEP provider directory](#) [10] and the [New York State PrEP/PEP provider directory](#) [11].

We are not certain yet how useful PrEP is in further reducing the risk of spreading HIV to the uninfected partner when the partner living with HIV is already virally suppressed on HIV drugs. Some recent research has shown that PrEP may not give much added protective benefit when the partner living with HIV is already virally suppressed and unprotected sex is limited to the woman's fertile period (also called timed intercourse).

Both Viread and Truvada, when used as PrEP for HIV-negative women, appear safe in early pregnancy. Information from the Partners PrEP study conducted among serodifferent heterosexual couples in Africa showed that babies conceived when the mother was taking either Viread or Truvada did not experience negative effects on birth outcomes or infant growth. Women living with HIV have been taking these HIV

drugs safely during pregnancy for many years to prevent their babies from getting HIV.

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. It is more effective to use this method when a woman is fertile, or when she is ovulating. 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.

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 people living with HIV, 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.

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-negative, there is zero risk of perinatal (mother-to-child) transmission of HIV. Although it is biologically possible to have the fertilized egg of a woman living with HIV implanted in an HIV-negative 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 women living with HIV.

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 people living with adopting children.

Finding a Provider and Building a Support Network

When choosing to have a child as a person living with HIV, 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! 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](#) [12] your HIV status to others (including other providers, your child's pediatrician, additional friends and family), and how to handle the [stigma](#) [13] and fear around living with HIV and being pregnant.

When The Well Project's Founder, Dawn Averitt, asked providers about getting pregnant over 14 years ago, she faced some very negative reactions before she found a wonderful provider who supported her desire to have children. While her original experience in getting pregnant and having two healthy HIV-negative daughters is discussed in the three articles listed below, Dawn recently posted a blog about [Getting Pregnant while Living with HIV in 2015](#) [14]. Here's part of what she said:

My own children are now 11 and nearly 13, and in most urban settings, no one raises an eyebrow when they say "my mom has HIV." I wish I could say this was universal, but it isn't. Many health care providers are not familiar enough with the information about HIV to know that HIV-positive women can choose to become pregnant, and that, with access to good prenatal care and HIV treatment, their risk of transmitting HIV to their infants is less than two percent. This is why it is so important to find a health care provider who is knowledgeable about HIV and pregnancy ? they are definitely out there! Dawn Averitt, [Getting Pregnant while Living with HIV in 2015](#) [14]

For more about Dawn's experience in trying to get pregnant, please explore 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, p. 11-12)
- [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] in the US who are informed about pregnancy planning for people living with HIV. 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. Pregnant women living with HIV, their exposed infants, and HIV-affected couples seeking safer conception options can also contact Karishma Oza, the program coordinator at [HIVE](#) [19] (karishma.oza@ucsf.edu [20]) for referrals to local providers.

Given the existing [stigma](#) [13] against people living with HIV having children, you may encounter

judgmental responses from others. Therefore, it is important that you build a strong [support network](#) [21] 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 fact sheet on [Starting a Support Group](#) [22].

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.

[HIVE: A Hub of Positive Reproductive and Sexual Health](#) [19]

[Safer Conception Toolkit for HIV-affected Individuals and Couples and Healthcare Providers \(HIVE\)](#) [51]

[Video: Is There Any Way the Baby Will Catch the Virus? \(HIVE\)](#) [52]

[Video: Every Pregnant Woman Should Know Her HIV Status \(HIVE\)](#) [53]

[You Can Have a Healthy Pregnancy if You Are HIV-Positive \(CATIE\)](#) [54]

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

[Becoming a Positive Parent: Reproductive Options for People with HIV \(BETA\)](#) [55]

[Positively Negative: Love, Pregnancy, and Science's Surprising Victory over HIV](#) [56]

[PrEP Appears Safe for Use in Conception, but May Not Be Necessary if Partner is Taking Treatment \(AIDSmap\)](#)

[57]
[Conception \(AIDSmap\) \[58\]](#)
[Multiple Strategies for Safer Conception Need to Incorporate Couples' Preferences \(AIDSmap\) \[59\]](#)
[Can a Couple in Which One Person is HIV Positive Conceive a Baby without the Uninfected Partner Becoming Infected? \(USVA\) \[60\]](#)
[Assisted Reproductive Technology \(ART\) \(CDC\) \[61\]](#)
[PrEP Watch \[62\]](#)
[Fertility Awareness-Based Methods \(Planned Parenthood\) \[63\]](#)
[Basal Body Temperature Chart \(womenshealth.gov\) \[64\]](#)
[The HIV and Preconception Care Toolkit \(ACOG\) \[65\]](#)
[As Mixed-Status HIV Couples Weigh Risks, More Choose to Conceive the Old-Fashioned Way \(The Washington Post\) \[66\]](#)
[From Pregnancy to Baby and Beyond \(PositivelyUK\) \[67\]](#)
[FOR PROVIDERS - Clinician Consultation Center: Perinatal HIV/AIDS \(UCSF; 1-888-448-8765\) \[68\]](#)
[FOR PROVIDERS ? Clinician Consultation Center: PrEP line \(UCSF; 1-855-448-7737\) \[69\]](#)

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Links:

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- [6] <http://www.fertaware.com/>
- [7] <http://www.parents.com/getting-pregnant/ovulation/fertile-days/pinpointing-fertile-days/>
- [8] <http://www.hiveonline.org/wp-content/uploads/2015/09/HomeXInseminationXforXHIVXXWomanX09.19.15.pdf>
- [9] <http://www.thewellproject.org/hiv-information/prep-women>
- [10] <http://www.pleaseprepme.org/>
- [11] <http://www.health.ny.gov/diseases/aids/general/prep/docs/directory.pdf>
- [12] <http://www.thewellproject.org/hiv-information/disclosure-and-hiv>
- [13] <http://www.thewellproject.org/hiv-information/stigma-and-discrimination-against-women-living-hiv>

- [14] <http://www.thewellproject.org/a-girl-like-me/aglm-blogs/getting-pregnant-while-living-hiv-2015>
- [15] <http://www.thewellproject.org/sites/default/files/Dawns%20article.hiv-and-pregnancy-tough-choices-and-the-right-to-choose.pdf>
- [16] <http://www.thewellproject.org/news-press/breaking-taboos-pregnancy-planning-and-fertility-issues-people-living-hiv-aids-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-us>
- [19] <http://www.hiveonline.org/>
- [20] <mailto:karishma.oza@ucsf.edu>
- [21] <http://www.thewellproject.org/node/178>
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- [51] <http://www.hiveonline.org/safer-conception-toolkit-for-hiv-affected-individuals-and-couples-and-healthcare-providers/>
- [52] <http://www.hiveonline.org/is-there-any-way-the-baby-will-catch-the-virus/>
- [53] <http://www.hiveonline.org/every-pregnant-woman-should-know-her-hiv-status/>
- [54] <http://www.catie.ca/en/practical-guides/pregnancy/you-can-have-healthy>
- [55] <http://www.sfaf.org/hiv-info/hot-topics/beta/2011-beta-winterspring-fertility.pdf>
- [56] <http://positively-negative.squarespace.com/>
- [57] <http://www.aidsmap.com/PrEP-appears-safe-for-use-in-conception-but-may-not-be-necessary-if-partner-is-taking-treatment/page/2692408/>
- [58] <http://www.aidsmap.com/Conception/page/1550309/>
- [59] <http://www.aidsmap.com/Multiple-strategies-for-safer-conception-need-to-incorporate-couples-preferences/page/2981361/>

[60] <http://www.hiv.va.gov/patient/faqs/conceiving-with-mixed-HIV-status-couple.asp>

[61] <http://www.cdc.gov/art/index.html>

[62] <http://www.prepwatch.org/>

[63] 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&__utmv=-&__utmk=181983655

[64] <http://www.womenshealth.gov/publications/our-publications/basal-temperature-chart.pdf>

[65] <http://womenandhiv.org/francois-xavier>

[66] 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

[67] <http://positivelyuk.org/pregnancy/>

[68] <http://nccc.ucsf.edu/clinician-consultation/perinatal-hiv-aids/>

[69] <http://nccc.ucsf.edu/2014/09/29/introducing-the-ccc-prepline/>