

Getting Pregnant and HIV: HIV+ woman and HIV+ man ^[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 a woman living with HIV and a man living with HIV seeking information on getting pregnant, the options below will help you understand what might be the best for you, and to prepare for discussions with your health care provider. (For other options, you can return to the main "[Getting Pregnant and HIV](#) ^[2]" page.)

Viral Suppression of Partner Living with HIV

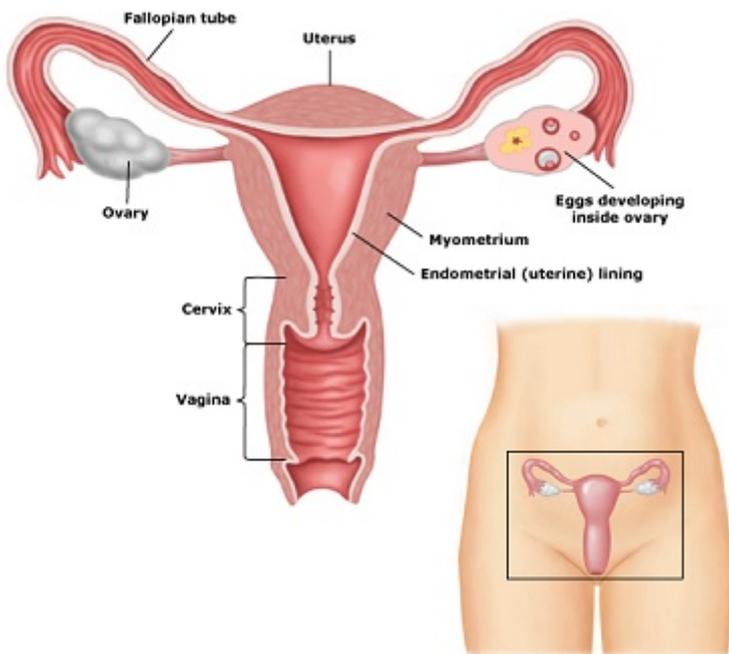
One of the best things that you both can do in this situation is take HIV drugs regularly and maintain a suppressed [viral load](#) ^[3], even when you have no symptoms and a relatively healthy immune system. This will reduce the possibility of passing a different strain of HIV (one that may be stronger 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 to a baby to less than 1%. Treating any [sexually transmitted infections or diseases \(STIs or STDs\)](#) ^[4] before trying to get pregnant will also lower your chances of passing HIV between partners.

Condomless Sex

If you choose this method, the chance of getting pregnant is higher if you have condomless 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](#) ^[5]
- [Pinpointing Fertile Days](#) ^[6]
- [Home Insemination: A Guide for Women Living with HIV](#) ^[7]



Home Insemination with Donor Sperm

This involves using donor sperm from someone you know. Have the man ejaculate (cum) into a clean cup or condom. If using a condom, be sure to use a condom without spermicide. 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 also more effective to use home insemination when a woman is fertile, or when she is ovulating. You can get non-needle syringes at most any pharmacy as they are commonly used to give medicines to babies. Your HIV provider may also have some to give you.

Depending on the state in which you live, you may be able to use donor sperm from a sperm bank for home insemination. Sperm banks collect and store samples from sperm donors. Donors are most often anonymous, and they are tested for fertility and diseases to make sure the sperm is safe and able to result in pregnancy. If using donor sperm from a sperm bank for home insemination is possible in your state, ask your sperm bank for instructions on how to use the sperm at home.

Sperm Washing

Sperm washing refers to a process in which sperm is separated from seminal fluid (semen = sperm + seminal fluid). Since HIV exists in seminal fluid but not in sperm, 'washing' the sperm clean of the seminal fluid lowers the risk of HIV transmission. See "[Understanding the Science \[8\]](#)" for more information. Washed sperm can be used with the assisted reproductive techniques described below.

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. Although it is biologically possible to have the egg of a woman living with HIV fertilized by the washed sperm of a man living with HIV and 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 people living with HIV.

Egg Donation + Surrogacy

As a woman living with HIV, you may choose to have your partner's sperm fertilize an HIV-negative woman's egg and have that same HIV-negative woman give birth to your child. In this situation, your male partner's sperm would need to be washed, then used with an assisted reproductive technique described above to get the HIV-negative surrogate pregnant.

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 U.S or internationally. Some agencies and/or countries may have prejudices against people living with HIV 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 ^[9] your HIV status to others (including other providers, your child's pediatrician, additional friends and family), and how to handle the stigma ^[10] 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 also posted a blog about Getting Pregnant while Living with HIV in 2015 ^[11]. 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 ^[11]

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 ^[12] (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 ^[13] (transcript from presentation at AIDS 2010 in Vienna, Austria, courtesy of TheBody.com)
- Baby Love ^[14] (POZ magazine, December 2002)

The Well Project has started a list of friendly family planning providers ^[15] 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 ^[16] (karishma.oza@ucsf.edu ^[17]) for referrals to local providers.

Given the existing stigma ^[10] 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](#) [18] 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](#) [19].

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](#) [16]

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

[49]

[Video: Is There Any Way the Baby Will Catch the Virus? \(HIVE\)](#) [50]

[Video: Every Pregnant Woman Should Know Her HIV Status \(HIVE\)](#) [51]

[You Can Have a Healthy Pregnancy if You Are HIV-Positive \(CATIE\)](#) [52]

[HIV-Friendly Reproductive Services and Providers](#) [53]

[Becoming a Positive Parent: Reproductive Options for People with HIV \(BETA\)](#) [54]

[Positively Negative: Love, Pregnancy, and Science?s Surprising Victory over HIV](#) [55]

[PrEP Appears Safe for Use in Conception, but May Not Be Necessary if Partner is Taking Treatment \(AIDSmap\)](#) [56]

[Conception \(AIDSmap\)](#) [57]

[Multiple Strategies for Safer Conception Need to Incorporate Couples' Preferences \(AIDSmap\)](#)

[58]

[Can a Couple in Which One Person is HIV Positive Conceive a Baby without the Uninfected Partner Becoming Infected? \(USVA\)](#) [59]

[Assisted Reproductive Technology \(ART\) \(CDC\)](#) [60]

[PrEP Watch](#) [61]

[Fertility Awareness-Based Methods \(Planned Parenthood\)](#) [62]

[Basal Body Temperature Chart \(womenshealth.gov\)](#) [63]

[The HIV and Preconception Care Toolkit \(ACOG\)](#) [64]

[As Mixed-Status HIV Couples Weigh Risks, More Choose to Conceive the Old-Fashioned Way \(The Washington Post\)](#) [65]

[From Pregnancy to Baby and Beyond \(PositivelyUK\)](#) [66]

[FOR PROVIDERS - Clinician Consultation Center: Perinatal HIV/AIDS \(UCSF; 1-888-448-8765\)](#) [67]

[FOR PROVIDERS ? Clinician Consultation Center: PrEP line \(UCSF; 1-855-448-7737\)](#) [68]

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- [HIV Information](#)
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[3] <http://www.thewellproject.org/hiv-information/women-and-viral-load>

[4] <http://www.thewellproject.org/hiv-information/sexually-transmitted-infections-or-diseases-stis-or-stds>

[5] <http://www.fertaware.com/>

[6] <http://www.parents.com/getting-pregnant/ovulation/fertile-days/pinpointing-fertile-days/>

[7] <http://www.hiveonline.org/wp-content/uploads/2015/09/HomeXInseminationXforXHIVXXWomanX09.19.15.pdf>

[8] <http://www.sementesting.org/the-science/>

[9] <http://www.thewellproject.org/hiv-information/disclosure-and-hiv>

[10] <http://www.thewellproject.org/hiv-information/stigma-and-discrimination-against-women-living-hiv>

[11] <http://www.thewellproject.org/a-girl-like-me/aglm-blogs/getting-pregnant-while-living-hiv-2015>

[12] <http://www.thewellproject.org/sites/default/files/Dawns%20article.hiv-and-pregnancy-tough-choices-and-the-right-to-choose.pdf>

[13] <http://www.thewellproject.org/news-press/breaking-taboos-pregnancy-planning-and-fertility-issues-people-living-hiv-aids-united>

[14] http://www.poz.com/articles/183_1014.shtml

[15] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-list-hiv-friendly-reproductive-services-and-providers-us>

[16] <http://www.hiveonline.org/>

[17] <mailto:karishma.oza@ucsf.edu>

[18] <http://www.thewellproject.org/node/178>

[19] <http://www.thewellproject.org/hiv-information/starting-support-group>

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[47] <http://www.thewellproject.org/tags/prep-pregnant>

[48] <http://www.thewellproject.org/tags/pre-exposure-prophylaxis-pregnant>

[49] <http://www.hiveonline.org/safer-conception-toolkit-for-hiv-affected-individuals-and-couples-and-healthcare-providers/>

[50] <http://www.hiveonline.org/is-there-any-way-the-baby-will-catch-the-virus/>

[51] <http://www.hiveonline.org/every-pregnant-woman-should-know-her-hiv-status/>

[52] <http://www.catie.ca/en/practical-guides/pregnancy/you-can-have-healthy>

[53] <http://www.thewellproject.org/hiv-information/getting-pregnant-and-hiv-list-hiv-friendly-reproductive-services-and-providers>

- [54] <http://www.sfaf.org/hiv-info/hot-topics/beta/2011-beta-winterspring-fertility.pdf>
- [55] <http://positively-negative.squarespace.com/>
- [56] <http://www.aidsmap.com/PrEP-appears-safe-for-use-in-conception-but-may-not-be-necessary-if-partner-is-taking-treatment/page/2692408/>
- [57] <http://www.aidsmap.com/Conception/page/1550309/>
- [58] <http://www.aidsmap.com/Multiple-strategies-for-safer-conception-need-to-incorporate-couples-preferences/page/2981361/>
- [59] <http://www.hiv.va.gov/patient/faqs/conceiving-with-mixed-HIV-status-couple.asp>
- [60] <http://www.cdc.gov/art/index.html>
- [61] <http://www.prepwatch.org/>
- [62] 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
- [63] <http://www.womenshealth.gov/publications/our-publications/basal-temperature-chart.pdf>
- [64] <http://womenandhiv.org/francois-xavier>
- [65] 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
- [66] <http://positivelyuk.org/pregnancy/>
- [67] <http://nccc.ucsf.edu/clinician-consultation/perinatal-hiv-aids/>
- [68] <http://nccc.ucsf.edu/2014/09/29/introducing-the-ccc-prepline/>