Birth Control and HIV [1]
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Women Living with HIV and Birth Control

All women who have sex with men and have not yet completed menopause (have not yet had 12 months without any periods) or had surgery that prevents pregnancy need to make decisions about which birth control method is best for them. If you are a woman living with HIV, it is also important to consider the possibility of passing HIV to a partner. This is true whether or not your partner(s) is (are) living with HIV. Recent research has shown that you cannot transmit the virus to your partner, if you are taking HIV drugs and your viral load is undetectable (not enough HIV in your blood for a test to measure). For more information on this development, see our fact sheet Undetectable Equals Untransmittable: Building Hope and Ending HIV Stigma.

When both partners are living with HIV, you do not need to worry about one person acquiring HIV from the other. However, one partner could transmit a strain of HIV that is resistant to the other partner’s prescribed HIV drugs (also called superinfection). Also, other sexually transmitted infections or diseases (STIs or STDs) could be passed from one partner to the other. The only existing forms of birth control that will provide protection against HIV and other STIs are abstinence (not having sex) or using condoms while having sex.

Not all women living with HIV will want to, or be able to, have their partners use condoms, whether or not their partners are living with HIV. If you would like to use condoms but are having trouble talking to your partner about using them, see our fact sheet on Talking with Your Partner about Condoms.

Women living with HIV who do not use condoms and do not want to get pregnant have a number of other choices. These other methods of birth control offer protection against pregnancy, but do not protect against HIV or other STIs. Some health care providers suggest "dual (double) protection" – condoms to prevent STI transmission, and another method to prevent pregnancy.

Methods That Prevent Pregnancy and Protect Against HIV

Condoms

Condoms (rubbers) are thin latex or plastic barriers. The male condom is worn on the penis. The female condom (also called internal condom) is put in the vagina or anus (butt).
Benefits:

- Female and male condoms are the most effective ways to prevent many STIs (including HIV)
- If used correctly, male condoms are up to 98 percent effective at preventing pregnancy; if not always used correctly, male condoms are only 85 percent effective. If used correctly, female condoms are up to 95 percent effective at preventing pregnancy; if not always used correctly, female condoms are only 79 percent effective.
- The female condom is the only female-controlled method of birth control that also provides protection from STIs
- The female condom can be inserted several hours to immediately before sex
- Male condoms are inexpensive compared to other forms of birth control
- Condoms do not require a prescription

Drawbacks:

- The male condom requires the male partner to cooperate
- Male condoms may break if worn incorrectly
- Latex condoms may break if used with oil-based lubricants such as baby oil or Vaseline. Do not use oil-based lubricants with condoms made of latex.
- Male condoms must be put on during sex while the male partner is erect
- Female condoms can be more expensive than male condoms and are not available everywhere

The male condom is available in lubricated and unlubricated (dry) forms. Unlubricated condoms are often the condoms of choice for oral sex. For vaginal sex, you can use either a lubricated or unlubricated condom. For anal sex, experts suggest using lubricated condoms. You can choose to add lubricant (lube) any time you use a condom. Remember, however, to use only water-based lubes (like Astroglide and KY Jelly) with latex condoms. Oil-based lubricants, such as mineral oil, cold cream, Vaseline (petroleum jelly), and vegetable oils will damage latex. The condom may no longer prevent infections or pregnancy.

Condoms lubricated with the spermicide Nonoxynol-9 (N-9) are no longer recommended. They have a shorter shelf life, do not lower the risk of pregnancy more than other lubricated condoms, and may increase HIV risk by causing irritation of the vagina or rectum (butt).

**Hormone-Based Methods That Prevent Pregnancy but Do Not Protect Against HIV**

Hormone-based contraceptives are available in progesterone-only or combined estrogen and progesterone versions. Hormone methods are available in many different forms, including pills, shots (injections), implants, vaginal rings, patches, and most types of intrauterine devices (IUDs). Depending on which you choose, you will need to use hormone-based methods daily, weekly, monthly, or every few months or years. You need a prescription for hormonal methods and in some cases a health care provider must administer them on a regular basis.

A study of over 5,000 African women living with HIV showed that, regardless of whether or not
women were taking HIV drugs, hormone-based methods were effective in preventing pregnancy. Specifically, implants appeared to be the most effective (greater than 90 percent), with injectable methods coming in a close second (just over 80 percent), and oral contraceptives finishing third (approximately 60 percent). IUDs and implants are by far the most effective forms of birth control.

Interactions with HIV Treatment

There are several ways in which some hormone-based birth control methods can interact with HIV drugs. Interactions between drugs lead to changes in the level of one or more drugs in the blood stream. Some HIV drugs decrease the levels of hormone-based birth control and could increase the chances of an unwanted pregnancy. However, there are no studies that have shown that these drug interactions actually do increase the chances of pregnancy. Some HIV drugs increase the levels of hormone-based birth control methods. It is not clear what effect this may have. It is important to talk with your health care provider to see whether or how your HIV drugs interact with your preferred method of birth control. Your provider should know how to adjust the doses of your HIV drugs and/or hormone-based birth control methods. The hormone-based methods least likely to be affected by your HIV treatment are DMPA (DEPO), Nexplanon (implant), and IUDs.

After reviewing the scientific data, the World Health Organization (WHO) recommended in June 2014 that women living with HIV and women at high risk for HIV can continue to safely use hormonal contraceptives. This is because there are no studies showing that interactions between HIV treatment and hormonal birth control methods definitely increase the risk of pregnancy.

The WHO did recommend that special consideration be given to women taking Sustiva (efavirenz) or Viramune (nevirapine). In 2014, researchers in one study found the NNRTI Sustiva reduced the effectiveness of a commonly-used progesterone contraceptive implant among women living with HIV in Uganda. Sustiva is used widely in resource-limited areas and is one of the WHO's recommended first-line HIV drugs for adults. Therefore, it is important that women and their health care providers be aware of Sustiva's effect on progesterone-containing contraceptive implants.

Effects on Getting HIV

In the past few years, there has been some debate about the effect of hormonal contraceptives, such as the pill or injectable Depo-Provera (DMPA), on HIV transmission. It appears fairly clear from available data that oral hormonal contraceptives (birth control pills) do not increase women's risk of acquiring HIV. However, it remains unclear whether DMPA increases women's chances of acquiring HIV. Therefore, if you are using DMPA to prevent pregnancy, experts recommend that you also use condoms to protect against HIV. Remember, treatment for the partner living with HIV so they have an undetectable viral load (treatment as prevention), or, if you are HIV-negative, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), are effective HIV prevention strategies.

Long-Acting Reversible Contraceptives (LARCs)

According to the American Congress of Obstetricians and Gynecologists (ACOG), IUDs and implants are by far the most effective forms of birth control – 20 times more effective than
patches, rings, or birth control pills. During the first year of using an IUD or an implant, typically fewer than one in 100 women will become pregnant.

**IUDs (Intrauterine Devices)**

An IUD is a small, T-shaped device put into the uterus (womb) by a health care provider. Several types of IUDs are currently available. Mirena, Skyla, and Liletta are IUDs that contain levonorgestrel, a hormone similar to that found in birth control pills. The hormone is released over time and prevents pregnancy. Mirena lasts for five years, while Skyla and Liletta each last for three years. ParaGard is a non-hormonal IUD that contains copper and lasts for ten years. Any of these IUDs can be removed at any time if you want to switch birth control methods or become pregnant.

**Benefits:**

- Very effective (fewer than 1 out of 100 women get pregnant while using an IUD)
- Long-lasting and inexpensive (over time)
- You do not need to do anything right before sex
- Cannot be felt by either partner
- The ParaGard IUD does not change your hormone levels
- Can be used during breastfeeding
- The copper T IUD can be used as emergency contraception (after unprotected sex or condom failure) if it is inserted within five days of intercourse

**Drawbacks:**

- Does not offer protection against STIs (including HIV)
- Some cramping and pain may occur when the IUD is first put into the uterus
- For the first three to six months you may have:
  - spotting between periods
  - irregular periods with Mirena
  - worse menstrual cramps or heavier periods with ParaGard
- You need to check occasionally to make sure it is still in place by feeling for the string with your fingers inside the vagina (birth canal)
- Some risk of ectopic pregnancy (when a fertilized egg grows outside the uterus) and pelvic inflammatory disease; in very rare cases, the IUD pushes through the wall of the uterus (uterine perforation)

**Implants**

Birth control implants are thin, flexible plastic rods that are inserted under the skin of the upper arm. An implant is about the size of a matchstick and contains a form of the female sex hormone progesterone. It can last up to three years. The most common implant is Nexplanon.

**Benefits:**

- Very effective (fewer than 1 out of 100 women get pregnant while using an implant)
- Long-lasting and inexpensive (over time)
- You do not need to do anything right before sex
- Cannot be felt by either partner
- Can be used while breastfeeding
Some women have less painful menstrual periods when they have an implant
Can be removed at any time if you decide to switch methods or become pregnant

**Drawbacks:**

- Does not offer protection against STIs (including HIV)
- Irritation, pain, and/or scarring are possible at the implant site
- The most common side effect is irregular menstrual bleeding, which occurs most often during the first six to 12 months
- Other side effects include depression[^15], weight gain, nausea, headache, and/or sore breasts

Note: Women living with HIV need to know that their implant may be less effective if they are taking Sustiva as part of their HIV treatment regimen.

**Shots (Injections)**

Birth control shots are injections of a form of the female sex hormone progesterone. The shots last for up to three months. The most common shot is Depo-Provera, or DMPA (depot medroxyprogesterone acetate). Because researchers are unclear if using DMPA increases women's risk of getting HIV, it is especially important to use additional methods to prevent HIV transmission. These include condoms, treatment of the partner living with HIV (treatment as prevention[^13]), and pre-exposure prophylaxis (PrEP[^14]) if you are HIV-negative.

**Benefits:**

- Very effective
- Long-lasting and inexpensive (over time)
- You do not need to do anything right before sex
- Cannot be felt by either partner
- Can be used while breastfeeding
- Some women have less painful menstrual periods when they get birth control shots
- One of the methods least affected by interactions with HIV drugs

**Drawbacks:**

- Does not offer protection against STIs (including HIV)
- Irritation and pain are possible at the injection site
- The most common side effect is irregular menstrual bleeding, which occurs most often during the first few weeks
- Other side effects include depression[^15], weight gain, nausea, headache, and/or sore breasts
- It can take a while to get pregnant since the shot lasts a long time and cannot be reversed or removed

**Patches and Rings**
Birth control patches are thin, flexible plastic squares that stick to the skin and release forms of the female sex hormones progesterone and estrogen. They are good for one week each and are applied for three consecutive weeks followed by a week off. The patches are known by the name Ortho Evra or Evra.

Birth control rings are small, flexible rings that women insert deep into their vagina. One ring is good for three weeks, after which there is a week without a ring. Commonly known as NuvaRing, it contains forms of the female sex hormones estrogen and progesterone.

Benefits:
- Very effective
- You do not need to do anything right before sex
- Cannot be felt by either partner (on rare occasions when the ring can be felt, it can be taken out for as long as four hours at a time)
- Some women have less painful menstrual periods when they use a patch or ring
- Your ability to become pregnant returns quickly after you stop using it

Drawbacks:
- Does not offer protection against STIs (including HIV)
- The most common side effects are irregular menstrual bleeding, nausea, and sore breasts
- The ring may also cause vaginal discharge or irritation
- Because patches and rings contain estrogen, there are certain medical conditions that may make these methods not a good choice for you

**Oral Contraceptive Pills (Birth Control Pills)**

Birth control pills (or "the pill") are a type of medication women can take by mouth to prevent pregnancy. They contain either progesterone only, or a combination of estrogen and progesterone. Combination pills come in 21-day or 28-day packs, and each type of pack contains 21 pills with active hormones (28-day packs also come with 7 days of placebo - inactive - pills). With combination pills, you take 21 days in a row of a pill containing hormones, then take 7 days off. Progesterone-only pills come in packs of 28 active pills that you take every day (no days off).

Benefits:
- Very effective when taken daily and at the same time every day
- You do not need to do anything right before sex
- Cannot be felt by either partner
- Some women have less painful menstrual periods when they are on the pill
- Your ability to become pregnant returns quickly after you stop taking it
- Can be used to control acne
- Can be taken continuously so that you do not menstruate at all

Drawbacks:
- Does not offer protection against STIs (including HIV)
You have to take a pill every day, and at the same time every day
The most common side effects are irregular menstrual bleeding, nausea, and sore breasts
Because some pills contain estrogen, there are certain medical conditions that may make combination pills not a good choice for you

Other Methods That Prevent Pregnancy but Do Not Protect Against HIV

Emergency Contraception

There are two methods that help prevent pregnancy after unprotected sex or condom failure: emergency "morning-after" pills and emergency IUD insertion.

While these methods can be effective in reducing the risk of pregnancy if started within a few days after sex, it is important to note that they offer no protection against STIs (including HIV). An IUD can be up to 99 percent effective in preventing pregnancy, if it is inserted within five to seven days after sex. It works by stopping the implantation of a fertilized egg in the uterus (womb).

There are several types of "morning after" pills. The first is a pill containing a synthetic (manufactured) version of the female sex hormone progesterone. This pill has several names, including Plan B One-Step in the US, Levonelle in the UK, Escapelle in South Africa, and Unwanted 72 or i-Pill in India. These pills should be taken as soon as possible, since their effectiveness depends on how soon you take them. If taken within 72 hours of sex, they can reduce the chance of pregnancy by close to 90 percent. Researchers are unsure if taking HIV drugs reduces the effectiveness of "morning after" pills; it is best to continue taking your HIV drugs as usual if you use "morning after" pills.

The second type of "morning after" pill is called Ella (in the US, or EllaOne in the European Union). It contains ulipristal, which is another form of progesterone. Ella needs to be taken within five days of sex.

For more information, visit the Emergency Contraception website at not-2-late.com [16].

Spermicides

Spermicides are available in a variety of forms such as film, foam, jelly, cream, sponge, and suppository.

Warning: The spermicide Nonoxynol-9 (N-9) can actually increase the risk of acquiring HIV by irritating the skin in the vagina and rectum. Condoms with nonoxynol-9 are no longer recommended for this reason. If you are HIV-negative, you may want to explore other options for birth control.

Diaphragms and Cervical Caps

The diaphragm and cervical cap fit over the cervix, the passageway between the vagina and uterus (womb). Both the diaphragm and cap need to be fitted by a health care provider and
used with a spermicidal cream, jelly, or foam. If you are considering using a diaphragm or cervical cap, it is important to know that:

The spermicide Nonoxynol-9 (N-9) can actually **increase** the risk of acquiring HIV by irritating the skin in the vagina and rectum. If you are HIV-negative, you may want to explore other options for birth control.

**Benefits:**

- Up to 94 percent effective in preventing pregnancy if used correctly
- Can be inserted ahead of time, so as not to interrupt sex
- There are usually no side effects
- Cannot usually be felt by either partner

**Drawbacks:**

- Does not offer protection against STIs (including HIV)
- May be difficult to insert

**Permanent Birth Control (Sterilization)**

Sterilization is a surgical procedure that can be performed on a woman (tubal ligation) or a man (vasectomy). It is almost 100 percent effective against pregnancy; however, it is not effective against STIs (including HIV). It can generally not be reversed, if you change your mind about becoming pregnant.

"Natural" Birth Control

This includes abstinence, withdrawal, and fertility awareness-based methods, including the "Rhythm Method." The effectiveness of natural birth control options at preventing pregnancy ranges from 100 percent (abstinence) to 73 percent (withdrawal method). Except for abstinence, natural methods are not effective for preventing STIs (including HIV).

**How to Choose**

For women living with HIV, drug interactions and the need to reduce the risk of HIV transmission can complicate choosing a birth control method. Work closely with your health care provider or a family planning counselor to decide on the contraceptive method that is best for you.

It is important to get accurate and up-to-date information on any birth control method you choose. You may want to ask the following questions about different methods:

- Does it provide protection from **sexually transmitted infections** (STIs) including HIV? (Except for condoms, none of the current birth control options protect against STIs.)
- Does it interact with my HIV drugs or other drugs I am taking?
- How well will it fit into my lifestyle?
- How convenient will it be?
- How effective is it?
- How safe is it?
• Will I like it?
• Will my partner like it?
• How affordable is it?
• How will it impact my chances of getting pregnant in the future if I choose to?

The Future: Multipurpose Prevention Technologies

Multipurpose Prevention Technologies (MPTs) provide ways of preventing more than one thing in one device. For example, MPTs may prevent pregnancy and HIV, or they may prevent HIV and several other STIs. Having methods that combine prevention of pregnancy and STIs (including HIV) would be more convenient and likely lead to more consistent, and therefore more effective, use. To learn more about MPTs and other HIV prevention methods that are being developed, see our fact sheet on Microbicides [17].

Researchers are studying several methods for combining prevention technologies, including a vaginal ring that contains both a hormonal contraceptive (to prevent pregnancy) and an HIV drug (to prevent HIV; a form of pre-exposure prophylaxis, or PrEP [14]). It can be inserted well before sex, stay there for up to three months, and is not usually felt by either partner. Two studies of a vaginal ring containing the drug dapivirine to prevent HIV showed that it modestly reduced HIV transmission among over 4,500 HIV-negative women in South Africa, Uganda, Malawi, and Zimbabwe. A new study called HOPE (HIV Open-Label Prevention Extension) began in July 2016 to continue to explore the dapivirine ring’s potential. Results are expected in 2019.

Tags:

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• N-9 HIV [47]

Additional Resources

Select the links below for additional material related to birth control.
Birth Control (Planned Parenthood) [48]
Your Birth Control Choices Fact Sheet (in English and en español; Reproductive Health Access Project) [49]
Emergency Contraception (Princeton University) [16]
Birth Control Methods (Office on Women’s Health) [50]
Long-Lasting Device Protects Against HIV and Pregnancy (Northwestern University) [51]
HIV and Contraception (aidsmap) [52]
Hormonal Contraceptives and HIV (AVAC) [53]
Hormonal Contraceptive Methods for Women at High Risk of HIV and Living with HIV (World Health Organization, PDF) [54]
Long-Acting Reversible Contraception: Intrauterine Device and Implant (American College of Obstetricians and Gynecologists) [55]
Implant and Injectable Hormonal Contraception Most Effective Methods for Women Living with HIV (aidsmap) [56]
Method Explorer (Bedsider) [57]
Birth Control When You’re Living with HIV/AIDS (Bedsider) [58]
Best Birth Control for Women with HIV: Implants, Injectables (POZ) [59]
IUD Update: Kyleena and Liletta (Bedsider) [60]
How Do I Buy Female Condoms? (Planned Parenthood) [61]