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Abortion and HIV

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Image



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What Is an Abortion?

Abortion is a common medical procedure and can be a normal part of a person's reproductive life. It is estimated that 73 million abortions take place worldwide each year, and that one in four US women will have an abortion by the age of 45.

Even without a medical issue, everyone has the right to make decisions about their own body and life.

When most people use the term "abortion," they are referring to the intentional termination (ending) of a pregnancy. This is called an *induced* or *elective abortion*. Sometimes, a pregnancy ends naturally before birth. In that case, we say that someone had a miscarriage. Medical professionals also call this a *spontaneous abortion*. Most of this fact sheet will focus on elective abortions.

If a pregnancy is terminated relatively early on (by 10 to 12 weeks), a combination of two medications – mifepristone and misoprostol – can be used to induce an abortion, often at home. This is called a *medical* or *medication abortion*. Unless there are complications, such as too much bleeding, healthcare providers do not need to be involved.

If the pregnancy is already further along, a healthcare provider may need to perform the abortion. This is called a *procedural abortion* (sometimes called a *surgical abortion*, though it is not technically a surgery). During the first trimester of pregnancy, a procedure called a *uterine aspiration*, or *vacuum aspiration*, is often used. It can be performed as an outpatient, and the patient can return home after a few hours.

If an abortion is needed later in pregnancy (after roughly 21 weeks) – often due to medical concerns, but also delays or barriers to getting abortion care – a procedure called a *D and E* (short for "dilation and evacuation") and possibly a hospital stay may be required.

Abortion Is Healthcare

There are medical emergencies, such as a fetus dying in the womb, that may require some of the procedures often used for elective abortions to save the pregnant person's life or health. Even without a medical issue, everyone has the right to make decisions about their own body and life. This includes deciding whether and when to have children. Please see our fact sheet on [Sexual and Reproductive Health, Rights, Justice, Pleasure, and HIV](#) for more information about these rights.

When funding is denied to sexual health clinics that also provide abortions, they cannot provide HIV testing or prenatal care either.

For many people, some form of [contraception](#) is the first line of defense to prevent an unintended pregnancy, just as [condoms](#) or [pre-exposure prophylaxis \(PrEP\)](#) are ways to prevent acquiring HIV. However, as with HIV prevention, such precautions are not always possible or available, or may fail. Also, as with HIV, stigma, confusion, misinformation, and political and legal barriers all make it more difficult for people who need abortions to get the healthcare they need.

[Sexual healthcare](#) includes handling all issues that arise from people's reproductive systems. This includes:

- diagnosing and treating HIV or other [sexually transmitted infections](#)
- providing cervical and anal cancer screenings
- prescribing contraceptive products or PrEP
- providing abortion care

However, ongoing attacks on the healthcare of women, particularly [Black and indigenous women and other women of color](#); transgender people and other members of the [LGBTQ+ community](#); and other vulnerable communities in the US are endangering access to abortion care, PrEP, and gender-affirming care.

View our companion fact sheet, [Abortion Laws and HIV in the US](#), for more information on abortion restrictions

Abortion Laws Affect Other Healthcare

Many laws that restrict access to abortion also restrict information about the procedure. When funding is denied to sexual health clinics that also provide abortions, they cannot provide HIV testing or prenatal care either. A long-standing US rule denied money to sexual health clinics and other reproductive care providers around the world who mentioned abortion as an option to people seeking care. Many of these clinics provide all sorts of reproductive health services in their area – including prenatal care to people who want to continue their pregnancies. Known as the "global gag rule," it was reversed in 2021 by US President Joe Biden, but can be and has been reinstated depending on who is president. The gag rule has lasting effects even when not in place; for instance, clinics forced to close due to lack of funds may struggle or be unable to reopen.

Several states that enacted strict anti-abortion laws also punish healthcare providers and others for providing information on abortions. As a result of these laws, as well as withdrawal of funding, a number of clinics in the US that provide sexual health services have already closed, and many healthcare providers are leaving restrictive states in order to do their jobs as providers of medical care elsewhere. Rural hospitals are closing maternity wards for lack of staff, making pregnant people travel longer distances for care, which increases the risk of complications or even death during delivery.

Click above to view or download this fact sheet as a [PDF slide presentation](#)

Women Living with HIV and Abortion

Before effective HIV treatment became available, women living with HIV were often told to have an abortion to prevent their baby from acquiring HIV. With current HIV drugs, the chances of transmitting HIV to a fetus are extremely low – less than 1 percent if the pregnant person is virally suppressed.

As with HIV, stigma, confusion, misinformation, and political and legal barriers all make it more difficult for people who need abortions

to get the healthcare they need.

People living with HIV can have HIV-negative babies if they choose to become or stay pregnant. For more information, see our fact sheet on [Pregnancy, Birth, and HIV](#). However, if someone chooses not to continue their pregnancy, their right to an abortion is currently threatened in many parts of the US and around the world. This applies whether or not they are living with HIV.

Abortion Bans and Pregnancy Duration

Healthcare providers calculate the duration (length of time) of pregnancy from someone's last period – before they have even conceived. This is the case because many people keep track of their periods, but few know the precise date on which they became pregnant. Since most people ovulate (release an egg for possible fertilization) two to three weeks after their period starts, they would be considered two or three weeks pregnant on the day on which their egg is fertilized – even before it is implanted in the uterus.

Abortion laws are based on time since the last menstrual period, not the actual age of the fetus. If a law prohibits abortion after six weeks of pregnancy, a fertilized egg would only be about 3 to 4 weeks old, and a woman's next menstrual period would only be one to two weeks late before the law's prohibition applies.

If a someone's periods are not always regular, they may not even realize that they are pregnant when their period is a week late. Irregular periods are common in people living with HIV, making such a scenario even more likely. For more information, see our fact sheet on [Menstrual Changes](#).

Law Versus Reality

Across history, people have attempted to terminate pregnancies, whether or not the practice was legal. From antiquity to the present day, various herbal remedies and other procedures have been used for this purpose. While some people have successfully ended their pregnancies using these tools, many others have died.

There are now safe ways to terminate an unintended pregnancy. Where such ways are no longer available, it is unavoidable that unsafe practices will be used instead. Since it takes time to find underground networks of abortion care, pregnancies are likely to be terminated at later stages. Such care may also be expensive. In the US, people with access to wealth, transportation, and other resources may be able to travel to other, less restrictive states to obtain abortions. This is not possible for many people who can get pregnant. Abortion bans therefore disproportionately affect poor people, especially those facing language and other barriers to accessing abortion care.

If You Are Pregnant

As with any other health issue, *you* decide what to do with your body. If you are living with HIV and become pregnant, there are safe ways to give birth or to terminate your pregnancy, depending on your choice.

There are now safe ways to terminate an unintended pregnancy. Where such ways are no longer available, it is unavoidable that unsafe practices will be used instead.

If you decide to carry the pregnancy to term, see our resources on [Reproductive Options](#).

If you decide to have an abortion, there are organizations that can help if you live in a state that restricts your right to choose. The earlier that happens, the safer the procedure is. These organizations are often local, but these national resources may be good places to start:

- [Abortion Finder](#)
- [Planned Parenthood](#)
- [National Network of Abortion Funds](#)
- [National Abortion Hotline](#) (National Abortion Federation); 1-800-772-9100
- [The Brigid Alliance](#)

Special thanks to Samantha Hyacinth, MSN, reproductive health nurse practitioner and advocate, for her review of this fact sheet.

Additional Resources

Select the links below for additional articles of interest.

- [Protecting the Right to Abortion Is Critical to Ending HIV \(POZ\)](#)
- [Key Facts on Abortion in the United States \(Kaiser Family Foundation\)](#)
- [Unintended Pregnancy and Abortion Worldwide \(Guttmacher Institute\)](#)
- [A Brief History of Abortion in the U.S. \(Hopkins Bloomberg Public Health\)](#)
- [Abortion Explained \(We Testify\)](#)
- [Abortion \(World Health Organization\)](#)
- [Reproductive Justice \(Positive Women's Network – USA\)](#)



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