



# Thinking about having a baby?

## A Resource for HIV– Women with Male Partners who are Living with HIV



Advances in HIV treatment and prevention make starting a family a safe, exciting option for many women who have partners living with HIV. There are a **number of options** available for serodifferent couples (when one partner is HIV+ and the other is HIV-) who want to have a family.

This pamphlet was written to help you and your partner **make informed decisions** about how to have a family.



### What are my options for having a family?

There are several strategies that have been proven to decrease your risk of getting HIV while allowing you to have a child together.

Every couple has a unique story and will weigh the pros and cons of each option to decide what is best for their family. **If you remain HIV-negative during pregnancy and while breastfeeding, there is zero risk the baby will get HIV.**

**Getting Ready:** This is a great time to make sure you both are in the best shape possible. Before trying to get pregnant, talk to your health care provider about your health.

### Step 1. Helping your Partner get to Undetectable

Many studies show that **with a lower viral load, your partner is less likely to pass HIV to you.** Having an undetectable HIV viral load (so low the test cannot find the virus in the blood even though it is still present) dramatically reduces the risk of you getting HIV from your partner. **Poorly controlled HIV can also be associated with decreased fertility**, making it more difficult to get pregnant. Your provider may want to do a fertility evaluation.

### Step 2. Get Tested and Treated for Sexually Transmitted Infections (STIs)

It is important for both you and your partner to **get tested and treated for STIs** before trying to get pregnant. Many STIs don't cause symptoms so you may not know without being tested. These infections can increase the chances of you getting HIV, may lower your chances of getting pregnant, and may be dangerous during pregnancy and delivery.

### Step 3. Improve Your Health

Planning for pregnancy is a great time to think about your and your partners overall health, nutrition and exercise. If you have medical problems like **diabetes, high blood pressure, obesity or asthma**, talk to your medical provider about improving your health. Make sure all of you and your partner's vaccines and screening tests (like pap smears) are up-to-date. If you have Hep C, consider getting treated before getting pregnant.

**Quit smoking** to increase your chances of getting pregnant. Smoking decreases fertility in men and women. Children exposed to secondhand smoke often have more health problems like asthma. Ask your provider for helpful ways for you and your partner to quit smoking, drinking alcohol, and using drugs.

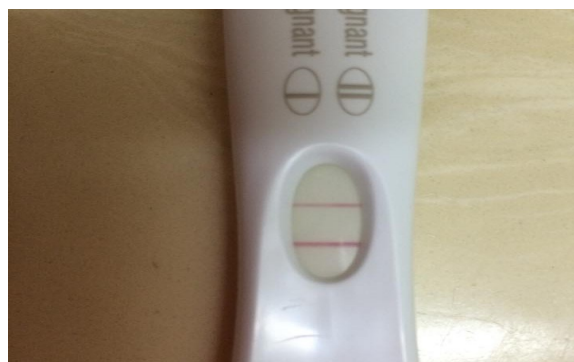


Photo Credit: <http://www.hiveonline.org/rachel-georges-preception-story/>

# Minimizing the Risk of HIV Transmission When Trying to Get Pregnant

## Understanding Ovulation & Fertilization

- Ovulation occurs when an egg is released from the ovary and travels down the fallopian tube to the uterus. Fertilization occurs when the egg and sperm meet.
- The best time to have sex to increase the chance of getting pregnant is the day of ovulation and 24 hours later.
- Ovulation test kits can be bought for about \$20 and test urine for hormones that go up when ovulation is about to begin.

## Timed Sexual Intercourse

**What is it?** Timed intercourse is when you have sex without a condom ONLY when you are ovulating. Your chances of pregnancy go up and the risk of getting HIV reduces because you only have unprotected sex when you have the best chance of conceiving.

**How it works:** You will need to buy an ovulation kit to help you determine the 1-2 days when you are ovulating. Have sex without a condom ONLY while ovulating. At all other times, continue using condoms to prevent getting HIV.

**Important Considerations:** It is important that your partner's HIV is under control. An undetectable viral load decreases the risk HIV transmission greatly. It is best for your partner to have an undetectable viral load for at least 6 months before trying to get pregnant. Get tested and treated for sexually transmitted infections.

**For a video demo of how timed intercourse works, check out this link:** <http://www.hiveonline.org/timed-intercourse-for-pregnancy/>

**Assisted Reproductive Technologies** There are centers offering assisted reproductive procedures to HIV-affected couples. An undetectable HIV viral load is required.

**Sperm Washing:** Your partner's sperm are separated from other fluid and cells in the semen that may contain HIV and then used for fertilization via intra-uterine insemination (IUI) or in-vitro fertilization (IVF).

**Intra-Uterine Insemination (IUI):** In this method, prepared sperm is injected directly into your uterus when you are ovulating. Your partner may choose to have his sperm prepared by sperm washing or using donor sperm.

**In-Vitro Fertilization (IVF):** Your eggs are removed by an outpatient procedure and your partner's semen is prepared via sperm washing. Your eggs are fertilized in a lab with prepared sperm. The fertilized eggs are placed directly into your uterus. IVF may increase the risk of genetic problems and having twins or triplets.

For more info or with help connecting to care, contact HIVE/ Shannon Weber at 415-206-8919 or [Shannon.weber@ucsf.edu](mailto:Shannon.weber@ucsf.edu)



## Pre-Exposure Prophylaxis

**What is it?** Pre-exposure prophylaxis (PrEP) is when the HIV-negative partner takes HIV medications to prevent getting HIV. The medications may decrease the chance of you getting HIV while using timed intercourse.

**How it works:** Studies show PrEP can decrease your risk of getting HIV by up to 90% if medications are taken correctly. Talk to your medical provider about the possibility of starting PrEP.

**Important Considerations:** This method requires you to take medicine every day, and these meds may have side effects. Anyone taking HIV medicine should be followed by a medical provider. Some may choose to continue PrEP during pregnancy and while breastfeeding, too. Talk to your medical provider about this.

**Adoption** More than 2% of U.S. children are adopted. Adoption is arranged by state child welfare agencies or private agencies under contract with states. The Americans with Disabilities Act of 1996 prohibits discrimination based on HIV. As a result, adoption agencies are not allowed to reject prospective parents based on HIV status. The costs vary by agency and there may be wait times. You can also choose to adopt from foster care.

## Questions?

For more info,  
check out  
[www.hiveonline.org](http://www.hiveonline.org)



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