

## FAMILY PLANNING & HIV

Because of highly effective antiretroviral (ARV) treatment, HIV-positive people are living healthy and productive lives. This has allowed many of us to pursue long-term goals and ambitions, such as starting and raising a family. While having children is definitely an option for HIV-positive women (and men), it requires careful planning with a health care provider. Even if you're not planning a pregnancy, there are a few issues that women may want to consider.

### CAN POSITIVE COUPLES BECOME PREGNANT?

Yes. However, some methods are potentially riskier than others. Here's a look at options available for positive or serodiscordant (one person has HIV; one does not) couples:

- **Unprotected intercourse.** If the man's positive and the woman's negative—or vice versa—there's a risk of HIV transmission. But if the positive partner's viral load is undetectable, the risk of transmission decreases. Other ways to reduce the chance of transmission include pre-exposure prophylaxis (PrEP), a short course of HIV drugs given to the negative partner before intercourse to help prevent infection, and timed intercourse—engaging in unprotected vaginal sex only during times of peak ovulation. There's also the possibility of reinfection when both partners are positive, but very little is known about this risk.
- **Artificial insemination.** In utero fertilization (placing a partner's or a donor's semen inside the vagina or uterus) or in vitro fertilization (mixing sperm with an egg in a test tube and then placing the fertilized ovum in the uterus) are options. Sperm washing, whereby HIV is removed from a semen sample, can also be done before IUF or IVF if the man is HIV positive.

### IS HIV TREATMENT SAFE DURING PREGNANCY?

If you're planning a pregnancy—or unexpectedly find out that you're pregnant—it's important to work closely with your health care provider. If you're on ARVs, you may need to adjust your medications. And if you're not yet on therapy and become pregnant, treatment is a must to reduce the risk of transmitting the virus to your baby.

According to U.S. treatment guidelines, HIV-positive women should use ARV therapy to protect their own health, regardless of whether or not they're pregnant or plan to become pregnant. All available HIV medications are considered to be safe and effective for women, and many are thought to be safe during pregnancy.

The non-nucleoside reverse transcriptase inhibitor (NNRTI) efavirenz—found in Sustiva, Stocrin and Atripla—may cause serious birth defects. Women using efavirenz should avoid becoming pregnant and should not start the drug during the first trimester.

### WHAT IF I BECOME PREGNANT?

It's possible for your baby to become infected during pregnancy and during delivery, so treatment guidelines recommend special care during both times. Following precautions can reduce the risk of transmitting the virus to your baby to less than 2 percent. Issues to discuss with your doctor and ob/gyn include comprehensive prenatal care, HIV treatment that keeps your viral load as low as possible and protects your baby from infection, and the potential risks and benefits of a cesarean section (C-section) delivery.

## QUICK TIPS

Are you thinking about starting a family? Have questions about pregnancy and what it might mean for you? Here are some points to think about.

### ■ EXPERIENCE COUNTS

If you're thinking of having a baby, be sure you're working with an experienced doc who will work closely with you to achieve a safe pregnancy and delivery.

### ■ SAFER SEX

Even if you're planning on intercourse to conceive, there are ways to limit the risk of infection (or reinfection), such as having an undetectable viral load, having unprotected sex only during ovulation, and PrEP before sex for the negative partner.

### ■ BABY TECH

Your doc may be able to help you find a clinic that performs sperm washing and fertilization procedures for individuals and couples living with HIV.

### ■ KNOW YOUR MEDS

While most HIV meds are considered OK during pregnancy, some require special attention. Efavirenz, for example, shouldn't be used during the first trimester.

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