

HIV and women - having children

In Australia, the human immunodeficiency virus (HIV) is most commonly spread through unprotected anal or vaginal intercourse with an infected person. Women who are HIV positive or have an HIV positive male partner may still consider pregnancy, adoption and other ways to have children. However, getting approval for permanent care or adoption does require prospective parents to have good health and a reasonable chance of staying healthy until the child reaches social and emotional independence.

HIV can pass from mother to baby during pregnancy, birth or breastfeeding. Women who are HIV positive should seek medical advice before they become pregnant as medical intervention may reduce the risk of an HIV-positive woman passing HIV to her unborn children. If the woman's male partner is HIV positive, IVF may be an option.

HIV and pregnancy

Around 14,800 people are living with HIV infection in Australia, including about 2,000 women. In some cases, one partner is HIV positive and the other is not. This is sometimes referred to as 'serodiscordance'. Relationship issues such as sex and having children are complicated for serodiscordant couples and counselling may be helpful.

How HIV is spread

The HIV virus is found in blood, semen (cum), pre-ejaculate (pre-cum), vaginal fluids and breast milk. The virus can pass directly across the lining of the vagina or rectum during sexual intercourse. It can also enter the bloodstream directly if contaminated injecting equipment is used. HIV can also pass from mother to baby during pregnancy, birth or breastfeeding.

Planning a family

Deciding to have a baby is a big decision for anyone. For a woman who is HIV positive or has a male partner with HIV, the decision is more complicated. However, a number of HIV-positive women in Australia have given birth to healthy infants.

If you are in this situation, you should try to find out as much as you can before you become pregnant. It may help to talk the issues through with:

- A counsellor who specialises in this area
- Other women who have been in this situation
- The doctor who is treating you.

HIV-positive women and conception

Many HIV-positive women who want to become pregnant to their HIV-negative male partners choose to use artificial insemination at home using their partner's semen, rather than risk unprotected sex.

You can improve the odds of pregnancy by artificially inseminating at the most fertile time of your menstrual cycle. Your doctor can advise you on the various methods of insemination and calculating ovulation. Ovulation detection kits are available from your local pharmacist and they may help to predict ovulation.

Other options such as foster care, permanent care and adoption may be worth exploring. It is important to be aware that the application process involved with permanent care and adoption may be intrusive and offers no guarantee of receiving a child.

HIV-positive men and conception

If a woman's male partner is HIV positive, she risks infection if they have unprotected sexual intercourse.

The in vitro fertilisation (IVF) technique called intracytoplasmic sperm injection (ICSI) can achieve pregnancy with a low risk of HIV transmission. The partner's sperm is washed to remove infected fluid and cells. A number of the woman's eggs (ova) are surgically removed and a single sperm from her partner injected into each. The fertilised eggs are then implanted into the woman's prepared uterus.

Pregnancy issues for HIV positive women

There is no evidence that pregnancy will change the course of HIV progression for HIV-positive women. There is also no evidence to suggest that babies born to HIV-positive mothers are more likely to have birth abnormalities.

However, without treatment, up to 35 per cent of babies born to HIV positive women will contract the virus. With medical intervention, the transmission rate from mother to child can be less than two per cent.

Ways to reduce the risk of transmission include:

- Antiretroviral drug treatment before conception to reduce the woman's viral load as much as possible (the lower the viral load, the lower the risk of transmission)
- Antiretroviral drugs treatment throughout pregnancy and during labour and delivery
- Caesarean section rather than vaginal delivery
- Avoiding invasive obstetric procedures where possible
- Antiretroviral drugs given to the newborn for around six weeks after birth
- Bottle feeding the baby with formula, rather than breastfeeding.

Talk to your doctor about your treatment. It is important to note that not all antiretroviral medications should be used during pregnancy.

Tell your doctor about your HIV status

It is important to tell your doctor or midwife about your HIV status. This helps your health professional to offer you appropriate treatment and allows them to take steps to minimise the risk of accidental transmission during any medical procedures.

After a pregnancy

All babies born to HIV-positive mothers will be regularly tested for HIV, usually until the infant is 18 months old. Testing of the baby may involve a combination of antibody and PCR tests. It is important that babies exposed to antiretroviral agents continue to be monitored.

Managing illness as a parent

HIV can lead to chronic illness at some time in the future. As with any longer-term illness, this can impact on a person's ability to earn an income, manage a household or raise children. Any kind of chronic illness of one partner can be a source of stress in a relationship and sometimes families may need extra support.

Where to get help

- Your specialist HIV doctor
- HIV and Sexual Health Connect Line Tel. 1800 038 125
- Education and Resource Centre (HIV, hepatitis and STIs), Alfred Health Tel. (03) 9076 6993
- Royal Women's Hospital, Microbiology and infectious diseases research Tel. (03) 9345 2000
- Positive Women Victoria Tel. (03) 9863 8747
- Straight Arrows Tel. (03) 9863 9414

- Victorian AIDS Council Tel. (03) 9865 6700
- Positive Living Centre Tel. (03) 9863 0444
- People Living with HIV/AIDS Vic Tel. (03) 9863 8733
- Melbourne Sexual Health Centre Tel. (03) 9341 6200 or 1800 032 017 or TTY (for the hearing impaired) (03) 9347 8619
- Family Planning Victoria Tel. (03) 9257 0100 or 1800 013 952
- Communicable Disease Prevention and Control Unit, Department of Health Victoria Tel. 1300 651 160
- Victorian Department of Human Services, for information on foster care, permanent care and adoption Tel. 1300 650 172

Things to remember

- HIV can pass from mother to baby during pregnancy or birth or through breast milk.
- With medical intervention, the HIV transmission rate from infected mother to unborn child can be less than two per cent.
- If the woman's partner is HIV positive, IVF may be an option.

This page has been produced in consultation with, and approved by:

Education + Resource Centre at the Alfred

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