HIV and women – having children

Summary

- Due to treatment advances, mother to child transmission of HIV (also known as vertical transmission of HIV) is very rare in Australia.
- HIV can pass from mother to baby during pregnancy or birth or via breastmilk.
- With medical support, 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.

Women living with human immunodeficiency virus (HIV) in Australia, or women whose partner is HIV-positive, may wish to have children but feel concerned about the risk of transmission of the virus to themselves (if their partner is HIV-positive) or to the baby.

If you are living with HIV or your partner is HIV-positive, you can plan pregnancy or explore other ways to have children, depending on your wishes.

Talk with an HIV specialist doctor before you become pregnant. The right specialised treatment and medical care can reduce the risk of passing HIV to your unborn child to less than two per cent.

Without treatment, up to 35 per cent of babies born to women living with HIV may contract the virus.

What is HIV and how is it transmitted?

HIV is a virus that can weaken the immune system to the point that it is unable to fight off simple infections. HIV is not the same thing as AIDS. AIDS (acquired immune deficiency syndrome) is the most advanced stage of HIV infection, when the immune system is at its weakest and a person has several specific illnesses. AIDS is now very rare in Australia, as HIV treatments effectively protect the immune system from the virus.

In Australia, HIV is most commonly transmitted through anal or vaginal sex without the use of condoms or other prevention methods, like PrEP (an HIV prevention drug) or ‘undetectable viral load’ (when a person with HIV has very low levels of the virus in their body). It is also transmitted through sharing needles, syringes and other injecting equipment.

People with HIV who are on treatment and have an undetectable viral load cannot transmit HIV. For people who do not have HIV, regular use of condoms is the easiest way to prevent HIV. For those at higher risk of HIV, PrEP (pre-exposure prophylaxis) is a medication that, when taken daily, is more than 99 per cent effective at preventing HIV.

Women living with HIV who are on treatment and have an undetectable viral load are extremely unlikely to transmit HIV to their baby, either through childbirth or breastfeeding. However, researchers are still working to build enough evidence on this before it can be confirmed.

HIV and planning a family

Deciding to have a baby is a big decision for anyone, but for a woman living with HIV, or who has a male partner with HIV, the decision and planning requires extra considerations.

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

- the doctor who is treating you
- your HIV specialist, an obstetrician or family planning specialist
- the Chronic Viral Illness (CVI) Clinic – this clinic at The Royal Women’s Hospital in Melbourne provides assisted reproductive technology options for serodiscordant couples (couples where one partner has HIV and...
Concerns HIV-positive mothers may have

Medical advances have made the risk of HIV transmission to a baby very low, but for women with HIV, becoming a mother can bring with it unique concerns, such as:

- avoiding passing on HIV to their baby after birth – for example, mothers who are HIV positive will not be able to breastfeed their baby
- feeling grief that they will not be able to breastfeed
- feeling concerned about the safety of the treatment they will take during pregnancy and that which will be given to their baby after birth
- worrying that transmission prevention strategies will make it obvious to others that they have HIV – this is especially true for women from countries where HIV is common
- feeling that the whole experience of becoming a mother will be overshadowed by managing the risk of HIV
- learning about how to look after themselves in pregnancy and how to keep their baby safe – this is more complicated for a woman living with HIV, and can add stress during the pregnancy and afterwards
- worrying about whether pregnancy might worsen the progress of their HIV – there is no evidence that pregnancy does this
- worrying about whether HIV may cause the baby to have any birth defects – HIV does not cause birth defects.

There is excellent support for women living with HIV in Victoria who are considering pregnancy. See the contacts at the end of this fact sheet for more information.

Tell your health professional about your HIV status

It is important to tell your doctor, obstetrician or midwife about your HIV status. This helps your health professional to offer you treatment both before and during pregnancy that is suitable and safe. It also allows them to take steps to minimise the risk of accidental transmission during any medical procedures.

Testing positive for HIV during pregnancy

HIV testing of women in early pregnancy is now routine in Australia. Testing should be done with your consent and is offered during your first set of antenatal tests.

If you receive a positive test result, be reassured that many people with HIV live a full and active life, and that the risk of HIV transmission to your child is very low, given appropriate treatment.

Support is available through various organisations, including:

- Positive Women Victoria
- The Alfred HIV services.

HIV and getting pregnant

If you are living with HIV and become pregnant, or would like to have a baby, it is strongly recommend that you talk to specialists. Both the Victorian HIV Service at the Alfred Hospital (Tel. (03) 9076 5436), and the Chronic Viral Illness Clinic at the Royal Women’s Hospital (Tel. (03) 8345 3200) can provide you with more information.

At the Chronic Viral Illness (CVI) Clinic at the Royal Women’s Hospital you can discuss your options with an HIV physician who specialises in reproductive health. This clinic specialises in helping serodiscordant couples (where one partner has HIV and the other does not) to conceive safely.

Recent studies have shown that when a person with HIV is on effective treatment and has very low levels of virus in their body (also known as undetectable viral load) they are uninfected and cannot transmit the virus. It is believed that this includes transmission during pregnancy and breastfeeding, but researchers are still gathering more evidence before they can say it conclusively.

Timing of sex to coincide with ovulation can be discussed with a healthcare provider to increase the chance of getting pregnant while reducing the risk of passing on the virus.
With the most recent advancements in pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), trials have found that HIV transmission to a negative partner is unlikely if a stable undetectable load is maintained. Speak to your treating doctor if you would like to explore these newer prevention drugs.

**Getting pregnant when the mother has HIV**

Some women with HIV who want to become pregnant with their HIV-negative male partners choose to use artificial insemination at home using their partner’s semen, rather than unprotected sex. Speak to your HIV doctor or fertility specialist to find out what options you and your partner have.

You can improve your chances of becoming pregnant by artificially inseminating at the most fertile time of your menstrual cycle. Learning about fertility awareness will help you to know when you are most likely to conceive.

A doctor, sexual health nurse, or fertility specialist can help you learn to recognise your fertile time of the month.

**Getting pregnant when the father has HIV**

If the father has HIV, a procedure called ‘sperm washing’ can be used when trying to get pregnant. During this procedure a machine separates sperm cells (which don’t carry HIV) from the seminal fluid, which can carry the virus. The washed sperm is then used to fertilise the woman’s egg using a special catheter inserted into the uterus.

If the father is on effective treatment and has an undetectable viral load, there is effectively no risk of HIV transmission.

In vitro fertilisation (IVF) may also be an option.

**Getting pregnant when both parents have HIV**

Seroconcordant couples, or couples where both partners have HIV, can have an HIV-negative child. If both partners are on treatment, the risk of either partner transmitting HIV to their baby is almost zero.

If you are a seroconcordant couple and you are thinking of becoming pregnant it is important that you speak with an obstetrician and an HIV specialist to minimise the risk of transmitting HIV to your baby.

**Living with HIV and being pregnant**

Talk to your doctor about your treatment. It is important to know that not all antiretroviral medications are safe during pregnancy, or some small treatment changes may be required.

Pregnancy can be relatively safe for both a mother living with HIV and her baby – as long as HIV transmission reduction strategies are followed.

Ways to reduce the risk of transmission include:

- for the woman to be taking antiretroviral medications (ARVs) before conception to reduce her viral load (the amount of virus in the fluids of her body) as much as possible – the lower the viral load, the lower the risk of transmission to the unborn child
- for the woman to start receiving antiretroviral HIV treatment as soon as she is diagnosed with HIV during pregnancy (this also helps to optimise her health).

Being on treatment and having a low, or undetectable, viral load improves the mother’s immune system and health throughout the pregnancy. HIV-positive pregnancy today, with specialised care, is the same as HIV-negative pregnancy.

Pregnancy does not make HIV progress any faster.

**Living with HIV and giving birth**

Being on treatment and under the medical care of their HIV specialist and obstetrician, today in Australia women with HIV can give birth vaginally or by caesarean section. The birthing plan options will be based on the woman’s individual health needs.

Ways to reduce HIV transmission during birth include:
• avoiding procedures in labour that may scratch or cut the baby’s skin, wherever possible (for example, fetal scalp monitoring)
• giving antiretroviral medications to the newborn for around four weeks after birth.

Caesarean delivery is recommended if:
• the woman has a detectable viral load, particularly if it is over 1000
• the woman is not taking antiretroviral treatment
• there are obstetric delivery complications such as the baby being in the breech position
• there are other medical illness complications.

HIV after the birth

Mothers who are HIV positive and have a detectable viral load should formula feed their babies, as breast milk can contain and therefore transmit HIV.

Women can feel pressured to breastfeed and some women can feel grief about not being able to breastfeed. It is important that women living with HIV have the opportunity to speak to supportive counsellors or other positive women who can give helpful advice and support.

Women living with HIV do not need to disclose their HIV status or justify their reason for not breastfeeding to every nurse, midwife, lactation consultant or doula, or during breast feeding education.

All babies born to women living with HIV will receive antiretroviral treatment for a four to six week period after birth. This treatment is known as PEP, or post-exposure prophylaxis, and significantly decreases the chance of the infant acquiring HIV.

All babies born to women living with HIV will be regularly tested for HIV, usually until they are 18 months old. Testing of the baby will involve a combination of antibody and PCR (polymerase chain reaction) tests.

It is important that babies exposed to antiretroviral medication continue to be monitored. They are generally considered HIV negative by three months of age if not breastfed.

Babies born to women with HIV in Victoria are referred for specialised paediatric support, usually at either The Royal Children’s Hospital or Monash Medical Centre.

With the excellent health care available in Victoria, the mother-to-child HIV transmission rate is almost zero. However, in the very rare case that your baby may be HIV positive, there are many supportive professionals and organisations that can help and who know it may be a distressing time for you.

You can expect welcoming, non-judgemental and compassionate care for yourself and your baby.

Medical care for babies with HIV is highly specialised. Early diagnosis means that a baby can begin effective treatment and have every chance for a long, healthy life.

Other ways for women living with HIV to have children

If you decide not to get pregnant because you or your partner have HIV, there are other ways in which you can become a parent. Options such as foster care, permanent care and adoption may also be explored.

Surrogacy is an option for some women, however it is complex and has very specific Victorian guidelines.

Managing illness as a parent

Although with medical advances people living with HIV today live full, healthy lives, HIV in some people can lead to 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 challenge and sometimes families may need extra support. There are many helpful, supportive organisations that can assist you.

Where to get help

• Your GP (doctor)
• Your local community health service
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Thorne Harbour Health

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