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Getting Pregnant and HIV: Single Woman Living with HIV or Woman Living with HIV in Same-Sex Relationship

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Para leer esta hoja informativa en español, [haga clic aquí](#).

Note: *In this fact sheet, "woman" and "man" refer to cisgender people. Much of the information for "women" is relevant to people assigned female sex at birth who do not identify as women; and the information for "men" is relevant to people assigned male sex at birth who do not identify as men.*

There are several different options for reducing the chances of passing on HIV while trying to get pregnant. If you are a woman living with HIV who is either single or in a same-sex relationship, the conception options below will help you understand what might be best for you and prepare you for discussions with your health care provider. (For other options and more general information, you can return to the main "[Getting Pregnant and HIV](#)" page.)

Viral Suppression

One of the best things that you can do is take HIV drugs regularly and maintain a suppressed [viral load](#), even when you have no symptoms and a relatively healthy immune system. This will help you stay as healthy as possible, which will not only increase your chances of becoming pregnant but also lower your risk of passing HIV on to your baby to less than 1 percent.

Donor Sperm

Donor sperm comes from a sperm bank or from someone you know. Sperm donors to sperm banks are most often anonymous, and they are tested for fertility and diseases to make sure the sperm is safe and able to result in pregnancy.

Donor sperm is often used in an assisted reproductive technique called intra-vaginal insemination (IVI). In this procedure, sperm are placed deep inside the vagina by a health care provider. This is very similar to home insemination, only done in a clinic. Donor sperm can also be used in any of the other assisted reproductive techniques listed below.

Home Insemination

This involves using donor sperm from someone you know or from a sperm bank. Not all states allow sperm from a sperm bank to be used for home insemination. If using donor sperm from a sperm bank for home insemination is possible in your state, ask your sperm bank for instructions on how to use the sperm at home.

If using sperm from someone you know, have the man ejaculate (cum) into a clean cup or condom. If using a condom, be sure to use one without spermicide. Then, using a syringe (without a needle), you

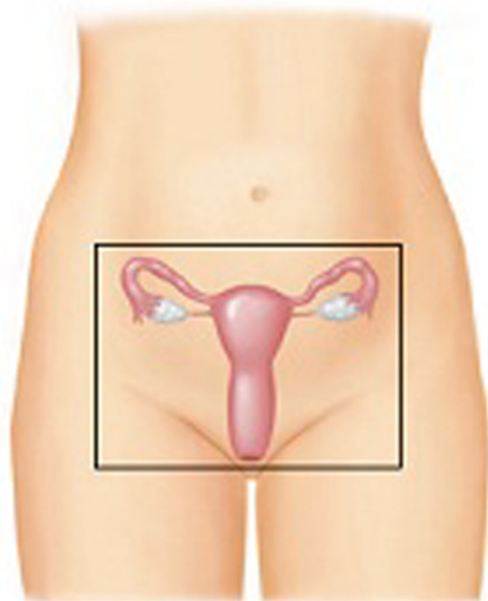
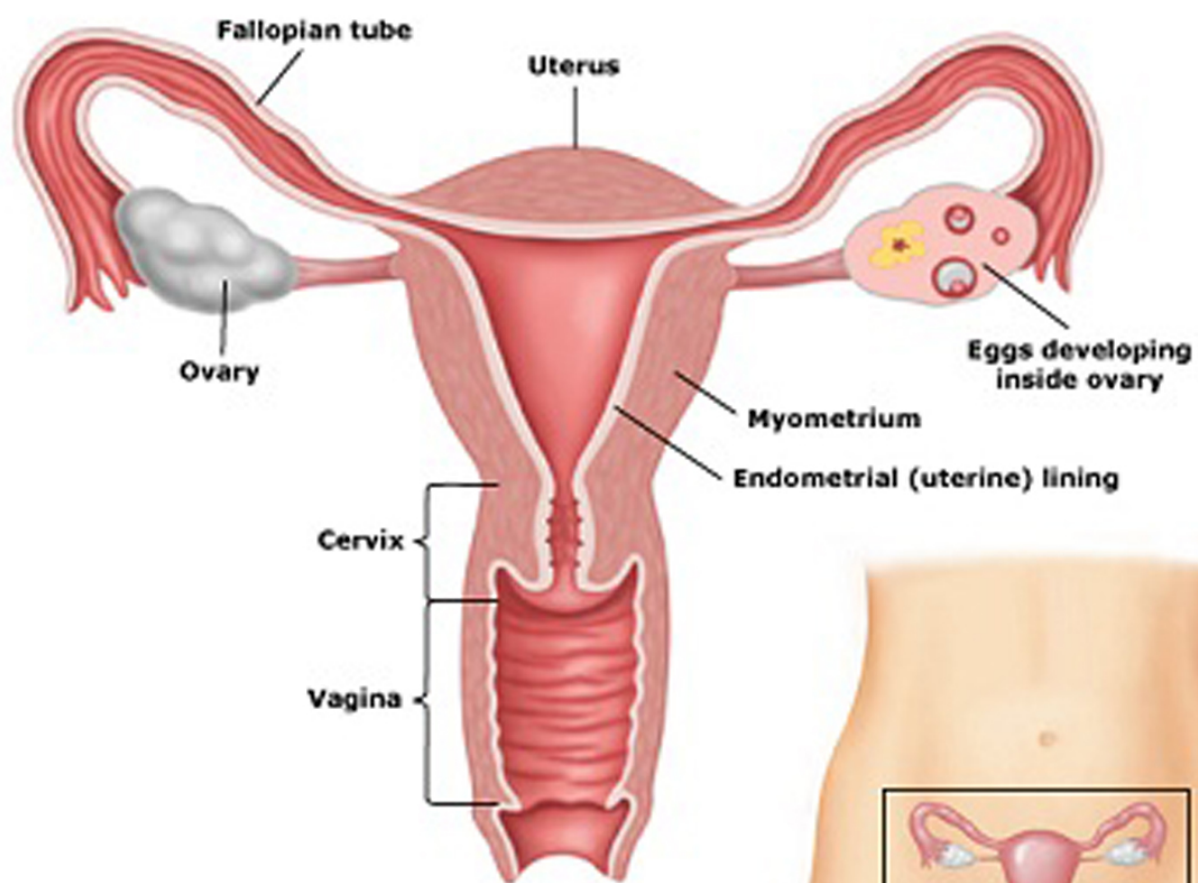
suck up the semen and insert the syringe deep inside the vagina. Once the syringe is deep inside the vagina, you squeeze out and deposit the semen.

Based on individuals' experiences and at least one study, it is often recommended that the woman lie down for 20 minutes after inserting the semen to improve fertility. You can get non-needle syringes at most any pharmacy because they are commonly used to give medicines to babies. Your HIV provider may also have some to give to you.

It is more effective to use home insemination when a woman is fertile - when she is ovulating. Ovulation occurs when an egg is released from the woman's ovary and usually happens about two weeks before a woman starts her menstrual period. Insemination during the "fertile window" – usually one to two days before ovulation and one day after ovulation – has a greater chance of success. For more information on understanding and tracking your fertility, visit:

- [Home Insemination: A Guide for Women Living with HIV \(PDF\)](#) (also [available in Spanish](#))
- [The Fertility Awareness Center](#)
- [Finding Your Most Fertile Days: A 3-Step Guide](#)

Image



Assisted Reproduction

This means that a sperm fertilizes an egg with the help of a medical technique or therapy. Assisted reproduction (sometimes called "assisted reproductive technology") is useful when the future parent(s) require help to prevent HIV transmission between partners, are using donor sperm, or are having difficulty getting pregnant at home because of fertility issues. Unfortunately, few facilities offer assisted reproduction to people living with HIV, and few health insurance plans cover it. There are several types of assisted reproduction:

- Intra-vaginal insemination (IVI): Very similar to home insemination, only done in a clinic.
- Intra-uterine insemination (IUI): Semen (sperm and seminal fluid) is drawn up into a narrow tube, which is then inserted through the cervix into the uterus (womb). The semen is deposited in the uterus, where fertilization of the egg can occur.
- In-vitro fertilization (IVF): The woman takes fertility drugs to help her prepare eggs (also called ripening her eggs). When eggs are ready (or ripe), they are removed from the ovary and put in a dish with sperm. Once there is a fertilized egg (embryo), it is put back in the woman's uterus.
- Intra-cytoplasmic sperm injection (ICSI): This is a specific type of IVF in which a sperm is injected directly into an egg using a very thin needle. When a fertilized egg occurs, it is returned to the woman's uterus. This method is used when a man's sperm do not swim well or are not normally shaped.

Egg Donation

This involves using IVF and eggs donated by another woman, who is checked for fertility and diseases. The woman who is donating eggs takes fertility drugs to help her prepare eggs (also called ripening her eggs). When eggs are ready (or ripe), they are removed from her ovary and put in a dish with sperm. Once there is a fertilized egg (embryo), it is put in your womb (uterus). Although this method uses the eggs of a woman who is HIV-negative, it is still important for you to take HIV drugs to prevent passing HIV on to your child during pregnancy or childbirth.

Surrogacy

Your egg is fertilized using IVF or ICSI, then transferred to another woman's womb. That woman, the surrogate, carries and gives birth to your child. If the surrogate is HIV-negative, there is zero risk of perinatal (mother-to-child) transmission of HIV. Although it is biologically possible to have the fertilized egg of a woman living with HIV implanted in an HIV-negative surrogate, you may encounter several legal or regulatory challenges to this option for getting pregnant. Even if this option is legal in your state, it may be difficult to find fertility clinics or surrogacy centers willing to provide this service to women living with HIV.

Adoption

Offering a permanent family to a parentless child may be an option, whether having biologic offspring is an option for you or not. Adoptions can be done within the US or internationally. Unfortunately, while many people living with HIV have welcomed children into their homes through adoption, unfair biases do exist in this field. Some agencies and/or countries may have prejudices against people living with HIV adopting children. In addition, adoption may be more difficult as a single woman or as a woman in a same-sex relationship, given different states' and/or countries' adoption rules. Some countries do not allow single or same-sex parents to adopt. Even in those that allow it – and even though it is now

technically legal for LGBT parents to adopt across the United States – there are often prejudices against single or same-sex parents and in favor of heterosexual married couples.

Finding a Supportive Provider

When choosing to have a child as a person living with HIV, it is important to be an advocate for yourself and your future child. Finding the right health care provider who is supportive of your plans to get pregnant is a big first step! A friendly health care provider can talk with you about many issues around pregnancy and having children, including which conception option is right for you. They may also be able to speak with you about whether to [disclose](#) your HIV status to others (including other providers, your child's pediatrician, additional friends and family), and how to handle any [stigma](#) or fear you may experience around living with HIV and being pregnant. Please see the main "[Getting Pregnant and HIV](#)" page for even more information about building a support network.

Ultimately, you get to choose when and whether to have children. You deserve to be treated with respect and given access to the information necessary to make an informed decision and plan for your future.

Related Resources from The Well Project

[Pregnancy, Birth, and HIV](#) ([disponible en español](#))

[HIV-Friendly Reproductive Services and Providers](#)

[Serodifferent Partners: Dating, Relationships, and Mixed HIV Status](#)

[Can I Breastfeed While Living With HIV? An Overview of Infant Feeding Options](#) ([disponible en español](#))

Additional Resources

Select the links below for additional material related to getting pregnant and HIV.

- [Safer Conception Toolkit for HIV-affected Individuals and Couples and Healthcar...](#)
- [Video: Is There Any Way the Baby Will Catch the Virus? \(HIVE\)](#)
- [Born Free: Dispelling Misconceptions about Conception and HIV \(POZ\)](#)
- [Video: Every Pregnant Woman Should Know Her HIV Status \(HIVE\)](#)
- [Surrogacy \(Special Program of Assisted Reproduction\)](#)
- [52 Questions: FAQ \(HIVE; includes video\)](#)
- [Effects of Antiretroviral Therapy to Prevent HIV Transmission to Women in Coupl...](#)
- [PrEP Appears Safe for Use in Conception, but May Not Be Necessary if Partner is...](#)
- [Positively Negative: Love, Pregnancy, and Science's Surprising Victory over HIV](#)
- [Multiple Strategies for Safer Conception Need to Incorporate Couples' Preferenc...](#)
- [Can a Couple in Which One Person is HIV Positive Conceive a Baby without the Un...](#)
- [Assisted Reproductive Technology \(ART\) \(CDC\)](#)
- [Fertility Awareness \(Planned Parenthood\)](#)
- [Detecting Ovulation with a Basal Body Temperature Chart \(VeryWell\)](#)
- [Blank Basal Body Temperature Chart \(PDF\) \(BabyCenter\)](#)
- [As Mixed-Status HIV Couples Weigh Risks, More Choose to Conceive the Old-Fashio...](#)
- [FOR PROVIDERS - Clinician Consultation Center: Perinatal HIV/AIDS \(UCSF; 1-888-...](#)
- [FOR PROVIDERS – Clinician Consultation Center: PrEP line \(UCSF; 1-855-448-7737\)](#)



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