

pregnancy & contraception

Many people with HIV choose to have protected sex – that is, sex with condoms – with their sexual partners. This may be for a variety of reasons, apart from the wish to protect others from HIV infection. Condoms offer protection from other sexually transmitted diseases, and prevent possible super-infection with HIV which may be drug resistant.

For women, an additional consequence of unprotected sex may be pregnancy: it's worth remembering that the 'typical' HIV-positive woman is of reproductive age. Whilst all women who have sex with men will have a need to consider contraception and pregnancy, there may be special issues for women living with HIV.

The positive impact which anti-HIV therapy has had on the health of many people with HIV, and the availability of effective means of reducing the rate of mother-to-child HIV transmission, may have encouraged some HIV-positive women to reconsider decisions about sex and relationships, and about having children. If you would like support thinking through these issues it may be helpful to see a counsellor, or to talk to other HIV-positive women. One option is Positively Women, a national organisation providing peer support to HIV-positive women and their children (tel 020 7713 0444). Another is Body and Soul, a self-help organisation which supports women, heterosexual men, children and families living with or affected by HIV (tel 020 7833 4828).

Choosing contraception

In the UK, HIV treatment centres and sexually transmitted diseases (GUM) clinics offer condoms free of charge. The National Health Service (NHS) provides free access to contraception, that is, you do not need to pay a prescription charge. Contraception is available from General Practitioners (GPs), and from Family Planning Clinics. Details of local Family Planning Clinics are available from NHS Direct on 0845 46 47.

Reproductive health

Women whose CD4 count is below 200 cells may have either very long or very short menstrual cycles, but women at earlier stages of disease are no more likely to have menstrual disorders than HIV-negative women. Contraceptive choices need to be made on an individual

basis, with an awareness that condoms alone may provide insufficient protection from pregnancy. Of the alternatives:

- There is no evidence that the coil (IUD) is any less effective as a means of contraception in HIV-positive women, but it may raise the risk of anaemia or pelvic inflammatory disease, which disproportionately affect women with HIV.
- Protease inhibitors reduce blood levels of the oestrogen component in oral contraceptive pills, so women taking both the Pill and PIs may need to use back-up methods of contraception.
- Depo provera and *Norplant* may also be affected by interactions with protease inhibitors.
- A number of other medications, e.g. ampicillin, co-trimoxazole, may interact with oral contraceptives, so getting advice on drug interactions from your HIV doctor or pharmacist is important.

Planning pregnancy

Achieving conception where one partner has HIV will require the adoption of 'alternative' methods if the negative partner is to be protected from infection. An HIV-positive woman with an HIV-negative male partner may choose to conceive using an insemination method that introduces the semen into her vagina without intercourse, e.g. via injection.

An HIV-negative woman with an HIV-positive male partner may wish to pursue an experimental technique known as 'sperm washing' (see *NAM* Factsheet 53), whereby rapid spinning of the male partner's semen in a laboratory allows the separation of the virus.

Involving your doctor and health care team in your plans is likely to be very important, particularly if you are taking anti-HIV therapy. Preventing transmission of HIV from mother to baby involves the use of HIV treatments. Planning ahead can help to ensure your treatment decisions support both your own health, and that of your child.

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NAM publishes a wide range of publications on treatment for HIV

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