

*Pregnancy  
Planning  
Information  
for  
HIV+ Men  
and Their  
Partners*



As an HIV positive man, you may be wondering if you can have children. There are several reproductive options available for HIV positive men who wish to have children. If you are thinking about starting a family, here is some information that could help you.

## *What medical issues should I consider before creating a baby?*

You and your female partner or surrogate (a friend or another woman who carries and gives birth to your child) should be tested for sexually transmitted infections (STIs), even if you have no symptoms. Many STIs have no noticeable symptoms, but they can still seriously affect your fertility and may be passed on to your partner and to the fetus.

If you or your female partner or surrogate is taking drugs for hepatitis C, such as ribavirin and pegylated interferon, you need to know that these drugs may harm the fetus. You should stop taking them for at least six months before trying to conceive.

If your female partner or surrogate has HIV, she will need to take anti-HIV medication during her pregnancy. She should consult with her doctor before becoming pregnant to make sure that she is in good health and is not taking medications that are unsafe during pregnancy. The baby will also need to take these medications for the first six weeks of life.

You must tell your female partner or surrogate that you are HIV positive. Exposing someone to HIV without telling her that you are HIV positive can result in serious legal action being taken against you.

## *What are my options for creating a baby?*

There are several options for creating a baby. It is important that you and your female partner or surrogate fully understand the risks and benefits of each option.

### ***Artificial insemination with washed sperm***

Sperm washing reduces the risk of HIV infection or super-infection. HIV can be found in your semen. With sperm washing, your sperm can be removed from the semen and cleaned of HIV. The washed sperm can then be used to fertilize an egg (insemination). Sperm washing and insemination must be done in a fertility clinic. There are four main ways that insemination can be done.

#### ***Intra-vaginal insemination***

This procedure is similar to home insemination and is rarely done in a clinic. Semen or washed sperm is inserted into the vagina close to the cervix and allowed to swim up into the uterus (womb) to fertilize the egg.

#### ***Intra-uterine insemination (IUI)***

The egg is fertilized inside the body by delivering sperm into the uterus. The sperm is drawn up into a catheter (a tube small enough to be inserted into the body) and delivered directly into the uterus through the cervix.

### *In-vitro fertilization (IVF)*

The egg is fertilized outside of the body. Fertility drugs are taken to stimulate egg production. When the egg is ready, it is removed from the ovary and put together with the sperm in a special fluid where it will be fertilized. Once the egg and sperm form an embryo (the first few cells of the baby), it is put back into the woman's body.



You may have heard that it is safer to have unprotected sex with your partner if you are taking HIV drugs and your viral load is undetectable and you have no other STIs. While experts generally agree that the risk is lower, they also say that unprotected sex is not completely safe and therefore is not recommended. The amount of virus in your blood is not always the same as the amount of virus in your semen, so even if your viral load is undetectable there is a possibility that your HIV negative partner could become infected with HIV.

### *Intra-cytoplasmic sperm injection (ICSI)*

ICSI is a type of IVF. The egg is fertilized outside of the body by injecting a sperm directly into the egg using a very thin needle. When the embryo forms, it is put back into the woman's body. This procedure is usually recommended for men with a low sperm count or whose sperms are an abnormal shape or do not swim well. ICSI may be safer than IVF in cases when there is an HIV positive male and HIV negative female, because it reduces the exposure to sperm.

### *Unprotected sex or home insemination*

Some people decide to have unprotected sex, even though there is a risk of passing HIV to the HIV negative partner. Home insemination—inserting your sperm into a woman's vagina with a plastic oral syringe or “turkey baster”—is another option, but it too carries a risk of passing HIV.

To increase the chance of pregnancy and decrease the risk of passing on HIV, some people decide to have unprotected sex or do home insemination only when the woman is ovulating, however some risk still exists. Ovulation is the time when a woman is most likely to become pregnant. A woman ovulates for only one day during each menstrual cycle and it happens approximately 14 days before the first day of her next menstrual period. Her doctor or nurse can help her to time her ovulation.

**If your female partner or surrogate is HIV positive** and you have unprotected sex, there is a risk of super-infection, that is, either of you could become infected with a different strain of HIV. People who are super-infected may become resistant to medications they have never taken; this means that those medications would not work for them and, as a result, their HIV infection may be more difficult to manage. The risk of super-infection is reduced if both partners have an undetectable viral load and if they have unprotected sex only when the woman is ovulating.

## Artificial insemination with donor sperm

You can choose to use donor sperm from a sperm bank to create a baby. Sperm donors are anonymous and they are tested for their fertility, health, diseases, blood type and more to make sure that their sperm is safe and able to result in pregnancy. You may also choose a sperm donor based on ethnic background, interests, appearance and other factors. For more information, speak with a fertility specialist.

## Surrogacy

If you do not have a female partner or if your female partner cannot have a baby, you can choose to have another woman, known as a “surrogate mother,” carry and give birth to your child. After the egg is fertilized, either inside the biological mother’s body or by IVF, it is transferred into the surrogate mother’s womb, where it develops to term. A surrogate may also be the biological mother. Special legal and medical considerations are involved in a surrogate birth. For more information, contact a fertility clinic or visit the Assisted Human Reproduction Canada (AHRC) website at [www.ahrc-pac.gc.ca](http://www.ahrc-pac.gc.ca).



## *How do I find a fertility clinic and how much will it cost?*

Only some fertility clinics in Canada take on HIV positive clients and sometimes only for certain procedures. To find a fertility clinic you can consult the list of IVF clinics provided by the Canadian Fertility and Andrology Society at [www.cfes.ca](http://www.cfes.ca). You will need to contact the fertility clinic directly and ask if they take on HIV positive clients.

The cost varies depending on which option you choose and how many months (cycles) it takes to get pregnant. In Canada, sperm washing with IUI is the least expensive and most common procedure (approximately \$500 to \$1000 per cycle). IVF and ICSI each cost more than \$10,000 per cycle and are usually only used if the man or woman has infertility issues. Most fertility clinic procedures are not paid for by provincial, territorial or private insurance.

Access to fertility services varies depending on where you live in Canada. Not all communities have fertility clinics and you may need to travel to a clinic (and pay for travel and accommodation).

## What about adoption?

Adoption may be an option for HIV positive people who don't wish to conceive or cannot conceive. Very little information is available about the success of the adoption process for HIV positive people in Canada, although successful cases have been documented in the United States.

## How do I deal with stigma?

Some people may think that you should not have children if you are HIV positive, and you may face pressure to reconsider your choice of becoming a father. You need to know that you are not alone and there are people who can support you in a healthy, non-judgmental way. They are your support network. For many HIV positive people, this network includes family and/or friends, other HIV positive people, staff at AIDS service organizations, doctors, nurses and counselors.

Counselor or therapist is a generic name that is given to people working in a variety of helping professions. They can help you deal with the stress and pressure of coping with HIV, stigma and family planning.

When choosing a counselor, keep these things in mind:

- Think about whom you would be comfortable talking to and sharing your feelings with. Is it important for the counselor to be a certain gender or someone from your own ethnic or religious background?
- Check your health insurance plan to see if counseling is covered and what the terms are.

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## *Where can I get support and more information?*

A partial list of resources that help HIV positive people with their pregnancy and fertility needs:

### *Mother Risk*

Toronto, Ontario  
1-888-246-5840  
momrisk@sickkids.ca  
www.motherisk.org

### *Ontario Aboriginal HIV/AIDS Strategy*

Toronto, Ontario  
416-944-9481  
1-800-743-8851  
info@oahas.org  
www.oahas.org

### *The Teresa Group*

Toronto, Ontario  
416-596-7703  
info@teresagroup.ca  
www.teresagroup.ca

### *Nine Circles Community Health Centre*

Winnipeg, Manitoba  
204-940-6000  
1-888-305-8647  
ninecircles@ninecircles.ca  
www.ninecircles.ca

### *Oak Tree Clinic*

Vancouver, British  
Columbia  
604-875-2212  
1-888-711-3030 (in BC)

### *Canadian Fertility and Andrology Society*

Montreal, Quebec  
514-524-9009  
info@cfas.ca  
www.cfas.ca

### *Canadian Hemophilia Society*

Montreal, Quebec  
514-848-0503  
1-800-668-2686  
chs@hemophilia.ca  
www.hemophilia.ca