Artifical insemination with donor sperm

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Acknowledgements

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Disclaimer

This pamphlet has been developed by Women’s College Hospital for information purposes only. It does not provide medical advice. Under no circumstances should you attempt self-diagnosis or treatment based on anything in this pamphlet. Women’s College Hospital has strived to ensure accuracy at the time of printing, however we do not guarantee the accuracy or completeness of any information published in this pamphlet. If you have a concern or question about your health, you should contact a physician or other qualified health care provider.

CATIE Ordering Centre Catalogue Number: ATI-26320 (aussi disponible en français, ATI-26321)
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**What are my options for 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 those 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 medical issues should I consider before 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 in-semination 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.

**In-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.

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

ICSI is a type of IVF. The egg is fertilized outside of the body by injecting 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 sperm is 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.

In order to increase the chance of pregnancy and decrease the risk of passing 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.

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

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

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  - Toronto, Ontario
  - 1-888-246-5840
  - mmottisk@nickykids.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@teragroup.ca
  - www.teragroup.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
  - 604-675-2212
  - 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
  - chs@hemophilia.ca

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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.

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