



THINKING ABOUT HAVING A BABY?

A GUIDE FOR TRANS WOMEN* LIVING WITH HIV

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Each family-building journey is unique. With advances in science and technology, there are more conception options for people of all genders who are living with HIV (PLWH).

Plan ahead and connect with supportive medical providers who believe that families headed by trans people and PLWH can thrive.

The fields of trans fertility and HIV fertility are rapidly changing. This brochure was written to help you begin to make informed decisions about ways to have a family.

Whatever path you choose, we support you.

FAMILY BUILDING OPTIONS

Some people choose parenting situations in which the parents may not be married, living together, or in a romantic relationship with each other. Among the many creative ways people form families are: two or more people choosing to raise a child together; single parenting, single people raising children in a community, polyamorous family arrangements and many more.

POSSIBLE ROLES AND FAMILY CONSTELLATIONS FOR TRANS WOMEN

Genetic parent with a co-parent who is also a genetic parent:	Through penis-in-vagina sexual activity, intracervical insemination (ICI), intrauterine insemination (IUI), or in vitro fertilization (IVF), you provide sperm to a person who has egg-producing ovaries and a uterus, and the pregnancy is carried to term by that person. That co-parent may or may not be a partner.
Gestational Surrogacy:	The pregnancy is created by the transfer of an embryo (fertilized egg) created via IVF. The embryo is created by an egg donor who is not the surrogate (person who carries the pregnancy). The resulting child is genetically unrelated to the surrogate. The egg donor could be a friend, relative, or partner. They may or may not be an intended co-parent. The sperm may or may not be yours.
Traditional Surrogacy:	A surrogate gets pregnant with their own egg via intravaginal insemination (IVI) or intracervical insemination (ICI) – both of which can often be done at home. Another option is intrauterine insemination (IUI), which can be done in a clinic with a midwife or obstetrician, or at home with a midwife. The surrogate is not an intended co-parent & traditionally does not have any parenting rights. Note: In the United States, gestational surrogacy is more common than traditional surrogacy as there are more legal protections for the intended parents.

* In this brochure we use the term trans women to include gender non-conforming (GNC), gender non-binary (GNB), gender-fluid, genderqueer, trans-feminine-identified people. We use this label as imperfect shorthand to refer to bodies that may have the capacity to produce sperm but without ovaries and/or a uterus.



POSSIBLE ROLES AND FAMILY CONSTELLATIONS FOR TRANS WOMEN CONT'D

Sperm Donor:	If your body does not produce sperm or if you are living with HIV and your viral load is unstable, you may decide that you want a known or unknown sperm donor to be a biological part of creating a child. They may or may not have a relationship with you, your intended co-parent, and/or the child.
Adoption:	Forms of adoption include adopting from foster care, adoption within the U.S. through a private agency, and adopting from abroad through private organizations and international government entities. People living with HIV are not allowed to be denied the option of adoption. Single parents, trans people and PLWH may face stigma in their family building journey, depending on where you live. You may need to seek legal assistance and connect with local adoptive parent support groups.

SAFER CONCEPTION OPTIONS FOR TRANS WOMEN LIVING WITH HIV:

Whether both intended parents are seroconcordant (both people are living with HIV) or serodifferent (one person is living with HIV and one is not), multiple safer conception options are possible. It is possible for trans women to be a part of creating healthy conceptions and pregnancies even if you have been on gender-affirming hormone therapy.

An increasing number of fertility clinics offer assisted reproductive procedures to HIV-affected individuals, couples, and co-parents. All procedures require an undetectable HIV viral load. Many home-based options for safer conception (preventing HIV transmission) are also available to parenting partners and do not require the presence of medical practitioners during insemination.



GET YOUR IMMUNIZATIONS UP-TO-DATE

Vaccinations are important before pregnancy, especially if you have a chronic condition like Hepatitis C or HIV.



KNOW YOUR STATUS

Get tested and treated for sexually transmitted infections (STIs) before beginning any fertility treatments or conception process. Many STIs can be present without symptoms. STIs such as syphilis, gonorrhea and chlamydia can be dangerous to you and the baby during pregnancy, and some can cause miscarriages or birth defects. It is important that you and your sexual partner(s) are screened and treated prior to pregnancy.



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MINIMIZING HIV TRANSMISSION RISK AND OPTIMIZING HEALTH



TasP TREATMENT AS PREVENTION

With an undetectable viral load, it is nearly impossible to pass HIV. It is important to monitor viral load regularly.



PrEP PRE-EXPOSURE PROPHYLAXIS

If you are living with HIV and the person planning on becoming pregnant and carrying the baby is HIV negative, they may use PrEP to greatly reduce the risk of acquiring HIV. PrEP is a once a day pill taken to prevent HIV. PrEP is over 90% effective if taken daily.



Sperm Washing

Sperm washing separates the sperm from seminal fluid (which contains HIV). Washed sperm can be inseminated via IUI or can be used to create embryos via IVF.

IF YOUR CO-PARENT/PARENTING PARTNER IS LIVING WITH HIV

Home Insemination:	If you want to conceive a child without penis-in-vagina sexual activity, you can use a simple, inexpensive home insemination method. This method, sometimes called intravaginal insemination (IVI), involves injecting semen into the vagina using a syringe during your most fertile time—ovulation. Click here for a guide to home insemination.
Chestfeeding/Breastfeeding:	Trans women can breastfeed with some hormonal and medical assistance (see Milk Junkies in Resources section). Even if a gestational carrier has had top/chest surgery, it may be possible to produce milk and feed baby. A medical provider well versed in updated HIV research can help you make an informed decision that is best for you, your baby, and your family. For more information on infant feeding options for PLWH, check out this resource .





RESOURCES

ADDITIONAL FAMILY BUILDING RESOURCES

Many more informational brochures about HIV and family building, as well as blogs, articles, and video interviews with health care providers are available at www.hiveonline.org.

Birth for Every Body:	www.birthforeverybody.org
COLAGE Organization for People with LGBTQ Parents:	www.colage.org
Center of Excellence for Transgender Health:	www.transhealth.ucsf.edu
Growing Generations–HART Program:	www.growinggenerations.com/?s=HIV
MAIA Midwifery and Fertility Services:	www.maiamidwifery.com
Milk Junkies–chest feeding and parenting from a Trans perspective:	www.milkjunkies.net
Our Family Coalition for SF Bay Area LGBTQ parents and families:	www.ourfamily.org
Special Program of Assisted Reproduction (SPAR)–Bedford Clinic:	www.bedfordspar.org
SprOUT Family, Inc.:	www.SprOUTFamily.org
World Professional Association for Transgender Health (WPATH):	www.wpath.org

Legal protections for people living with HIV vary greatly depending on where you live. It is important to understand your rights and obligations in the family-building process. For updated information on legal risks, rights, and protections, consider seeking legal advice to understand the laws in your area.

AIDS Legal Referral Panel:	www.alrp.org
Equality California:	www.eqca.org
Lambda Legal:	www.lambdalegal.org
LGBT Bar/Family Law Institute:	www.lgbtbar.org/annual/program/family-law-institute/
National Center for Lesbian Rights:	www.nclrights.org
Transgender Law Center:	www.transgenderlawcenter.org

HAVE MORE QUESTIONS?

For more information contact us at contact@hiveonline.org.

