

A guide for women with HIV



Your sexual health



A Terrence Higgins Trust publication, produced by NAM

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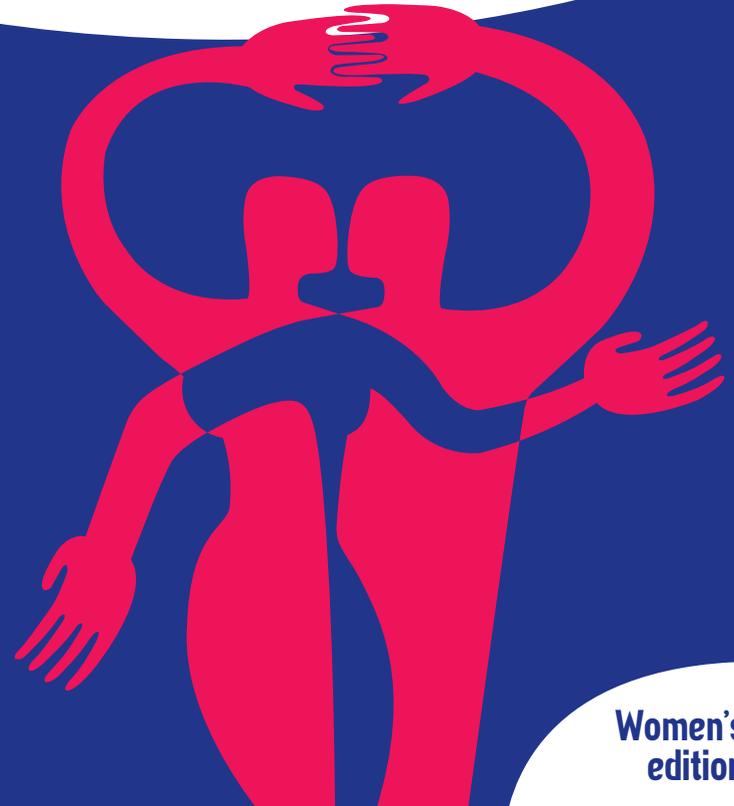
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Your sexual health



Women's
edition

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This booklet is part of a range of publications produced by Terrence Higgins Trust to support you in living well with HIV. Most of these publications are designed to be suitable for you whatever your race, nationality, gender or sexuality.

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living with HIV ... changing lives

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After getting their HIV test result, many women find that their feelings about sex change.

Many of us find that it becomes hard to let ourselves go and enjoy being with a man, without being bothered by thoughts about HIV. Worries about passing the virus on can get in the way of pleasure, and we may be less interested in sex than we used to be. There may be fewer moments of intimacy and affection.

Although these feelings are common, the good news is that many women are able to move on from them. It may take some time, and it tends to be easier for women who've been able to come to terms with HIV.

And after all, most women with HIV just want the same things as any other woman. Our desire for intimacy and pleasure doesn't stop because we have HIV. Most of us want to have someone who can give us affection, who we can hold and be close to.

Many of us also have a strong desire to have children. Motherhood may be something that we have always hoped for. The good news is that with current treatments, it's usually possible to give birth without passing on HIV.

There are many challenges to living with HIV, and these aren't always easy things to deal with. However there is a lot you can do to take control of this part of your life. Talking to staff at your clinic or local HIV organisation in confidence, or sharing experiences with other people with HIV, is often helpful.

You may also find this booklet useful. It gives clear, factual information on several topics that are connected to sex and the reproductive system and which can affect your health.

These topics include:

- Talking about HIV to a sexual partner
- Safer sex
- Contraception
- Getting pregnant and having a baby
- Infections that affect the reproductive system

The information in this booklet will be most relevant to HIV positive women who have sexual relations with men.

In this booklet, we often talk about 'your partner'. This means any man you have sex with, whether it is your husband or boyfriend, someone you have just met or somebody you have sex with occasionally.

If you're not sure of the meaning of any other word in this booklet, look at the 'key words' and diagrams on pages 78-81.

Relationship matters

- 4 Never say 'never'
- 6 Should I tell?
- 8 Telling a new partner
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Never say 'never'

Having HIV doesn't mean that you can't have satisfying relationships.

After getting an HIV positive test result, some of us turn away from sex, thinking that this part of life must be over.

We may find that we no longer enjoy making love. A relationship may come to an end, and we may not want to get involved with another man. The whole thing can just feel full of difficulties.

But this is a part of your life that you don't have to lose. Having HIV doesn't mean that you can never experience this kind of love again.



So although it's not uncommon to lose interest in sex for a while, we don't all stay in this situation forever. After some time, many of us are able to enjoy intimacy again.

Everybody's situation is different, but these things often help:

- Having time to get used to the situation
- Talking to other people who have HIV
- Sorting out other difficulties in our lives, like money, immigration or work problems
- Professional support

Although it can be embarrassing, it can be helpful to speak about these issues with the right people. Perhaps you're unsure how to discuss safer sex with a partner, perhaps you need information on looking after your health, or perhaps there are difficulties in a relationship. Whatever you need to talk about, there should be someone at your clinic or a local HIV organisation who can help.

Should I tell?

There can be advantages to telling your partner about HIV.

It's easy to assume that there'll be a bad reaction if we tell a man that we have HIV. We may fear an unkind or violent response, or worry that he will leave or talk about our situation with other people.

It's true that many men do react badly. But many women have taken the step, and have been surprised and relieved. Some men are able to take it on board, carry on and love us for who we are.

There can be advantages to telling him that you have HIV:

- Honesty can set the foundations for a strong relationship.
- He should understand the importance of using a condom or Femidom.
- It protects you against prosecutions for transmitting HIV (see page 10).
- You don't have the effort of keeping a secret.
- He can give you love and support to help you deal with things.

It is also likely to be better if you are the one who tells him, rather than him finding out later from someone else.

You can choose when and how to tell him you have HIV – this isn't something to rush into without thinking things through. Although you will still be able to tell him later on, you can never 'un-tell' someone.

See the next two pages for more information on telling men.

If you've been able to come to terms with having HIV, it may be easier to be open about it. This can take some time.



Telling a new partner

Timing can be tricky.

Before telling a partner that you have HIV, it can be helpful to think about how he might react. Perhaps the topic of HIV has already come up, and you'll have seen his response. But if it hasn't, do you think this is a man who can be supportive and trustworthy?

Some women choose to talk about HIV soon after they meet someone, before strong feelings develop. Others prefer to wait until they've got to know the man a bit better. And some feel that it's important to talk before the relationship moves on to a sexual level.

It's worth thinking in advance about how you'll tell him. Think about what you want to say, and identify a few situations when the conversation could take place.

He may be worried about HIV transmission. To deal with his concerns, it can help if you have a good understanding of how HIV can and can't be passed on. It may be helpful for both of you to read pages 16–25 of this booklet, or to go to speak to a health adviser at your HIV clinic about this.

Some women prefer to find a partner who also has HIV, perhaps by using a dating website for people with HIV or by attending a support group. There'll probably be less anxiety about passing on HIV, and starting a relationship may be easier as there will be less worry about his attitude to HIV. But many women don't want to feel that they must restrict their choice in that way.

Telling your current partner

Support will be available to help you deal with this.

If you've recently found out you have HIV and are in a relationship, there'll probably be the question of telling your partner.

The news could introduce new concerns and pressures into your relationship. You and your partner may have questions about how you were infected.

It'll be recommended that he has an HIV test. Even if you've had unprotected sex with him in the past, he won't necessarily have HIV. The only way to be sure is for him to have a test.

But it may take some time to find the courage to bring the subject up. Until you do, there will be the problem of dealing with moments when he wants to be intimate. It may be difficult to start using condoms now. Your partner may be confused by your sudden insistence on safer sex, or perhaps your lack of interest in sex.

You may be worried that he will finish the relationship, and this could be particularly difficult if you or your children live with your partner. Or you may be afraid of him becoming angry or violent.

Deciding what to do is likely to be complex, but help will be available from professionals who have helped other women deal with similar situations in the past. For example, they could help you work out how to tell him in a way that doesn't put you or your children in danger.

You could talk to someone at your HIV clinic, local support group or one of the helplines on pages 82–83.

Legal issues

A few people have been prosecuted for passing on HIV.

You might have already heard about people being prosecuted for passing on HIV. While it's important to be aware of this, you should know that so far this has only happened to a few people. In each case, they didn't tell their sexual partner that they had HIV, a condom or Femidom wasn't used, and HIV was passed on.

They were prosecuted for 'recklessly' transmitting HIV. Someone is reckless when they know they can pass on HIV during sex and still go on to take that risk.

In England and Wales, you could be convicted if:

- your sexual partner doesn't know you have HIV
- *and* you don't tell them
- *and* you don't always follow safer sex guidelines with that partner
- *and* your partner becomes infected during sex
- *and* there is scientific evidence that you are the only person who could be responsible for transmitting HIV to them.

Although there isn't a legal definition of 'safer sex', if you follow generally agreed expert advice, you should not be prosecuted. Safer sex definitely includes always using a condom or Femidom for vaginal sex (or anal sex).

But it's important to know that it is not against the law simply to have 'unsafe sex', or to have sex without telling your partner that you have HIV. A prosecution can only happen when HIV is actually passed on.

For more detailed information, please call **THT Direct (0845 12 21 200)** or visit www.tht.org.uk/prosecutions

Thinking about going to the police?

If you are thinking of making a complaint about the person you think gave you HIV, it's important to be aware of the possible consequences for you. It's worth getting advice from an organisation that has experience of these situations, and giving yourself time to think through what's best for you.

If you do go to the police, they will closely examine your sex life and may contact your previous partners. This may lead to other people finding out that you have HIV. The process can take a lot of time, and it can become difficult to withdraw a complaint. Also, the majority of police investigations so far have found there wasn't enough scientific evidence for the case to go to court.

You need to be prepared for all these possibilities.

Making choices

Doing what's best for you is easier said than done.

When it comes to intimate matters and to health, this booklet encourages you to make the choices that are right for you.

But this can be easier said than done, especially when you're in a relationship. You and your partner may have very different ideas about certain topics. For example, it can often be difficult to get a man to put a condom on.

It may be helpful to talk this over with a professional with experience of these kinds of problems. They may be able to help you work out what's most important for you, and how you could try to change the situation. You could ask if there is a counsellor, health adviser or psychologist at your clinic, local HIV organisation or other support service who could help you.

Relationships are complex, and women don't always have as much say about what goes on as men do. Sometimes this can get out of hand, and you may find yourself in a situation where you are afraid of your partner and what he might do.

If your partner is forcing you to do things, is threatening or abusive, or is violent, there are support services which can help you. Start by talking to the **National Domestic Violence Helpline (0808 2000 247, www.womensaid.org.uk)**.

Safer sex

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What's safer sex?

It will protect you against sexually transmitted infections as well as protecting your partner from HIV.

Safer sex means having sex without sharing body fluids. Using a condom is one kind of safer sex.

Many people think 'safer sex' is just about preventing HIV. That's important, but safer sex also means having sex where there is less risk of sexually transmitted infections. You can avoid getting an infection from your partner, as well as passing one on to him.

Sexually transmitted infections (STIs) include things like chlamydia, gonorrhoea and herpes. Why is preventing them important?

- Getting a sexually transmitted infection can have an impact on your own health. There can sometimes be unpleasant symptoms like a vaginal discharge or pain when going to the toilet. If they are left untreated, there is the risk of more serious consequences, including infertility and problems in pregnancy. (See part 5 of this booklet).
- An untreated infection during pregnancy could have serious consequences for your baby, including premature labour, stillbirth and birth defects.
- Untreated infections and outbreaks of herpes lead to an increase in the amount of HIV in your body. As well as possibly having an impact on your health, this will make it more likely that you will pass on HIV if you have sex without a condom or Femidom.

- If your partner has a sexually transmitted infection, that also makes it more likely that he will pick up HIV if you have sex without a condom or Femidom.

It's a good idea to have a check-up if you ever think you may have an infection – see pages 68-69. Many sexually transmitted infections can be easily treated.

Another benefit of safer sex may be to prevent you being 're-infected' with HIV. But not everyone agrees that this is a real problem – see pages 26-27.

Safer sex can help you avoid:



Understanding how HIV is passed on

The risk of HIV transmission is different in different situations.

Just as you don't get pregnant each time you have sex, HIV is not passed on each time someone with HIV has unprotected sex. In fact, HIV is more difficult to pass on than some other infections.

It can help to understand a bit more about how HIV is passed on:

- HIV transmission always involves body fluids which contain quite a lot of HIV. These include vaginal fluid, breastmilk, blood (and semen). But there is not enough HIV in sweat, saliva or urine to be infectious.
- The body fluid needs a way into your partner's body and bloodstream. Some parts of the body are absorbent and body fluids can get in here – this includes parts of the penis, the mouth and the throat (as well as the vagina). Also, body fluids can get in through wounds or damaged skin.

This explains why there is some risk of passing HIV on during vaginal sex without a condom or Femidom, as your partner's penis may come into contact with vaginal fluids that contain HIV.

On the other hand, your partner putting his fingers inside your vagina is normally safe, because body fluids cannot be absorbed through healthy skin on the hand. And kissing is safe as saliva hardly contains any HIV at all.

If body fluids containing HIV get into a person's body, HIV can sometimes be transmitted. But it doesn't always happen, and one reason is that the amount of HIV in body fluids can go up and down over time.

If there is more HIV in your body fluids, unprotected sex will be more risky. The quantity of HIV is likely to be higher if:

- Your blood tests show that your HIV viral load is high, or
- You are having your period, or
- You have another sexually transmitted infection (for example an outbreak of herpes), or
- You have only recently been infected with HIV.

On the other hand, the risk of passing HIV on during unprotected sex is much lower if your viral load is 'undetectable'. In other words, taking anti-HIV drugs can help you avoid passing on HIV. Knowing this may make you feel more at ease about the risk of HIV transmission during sex.

It's easier for a woman to get HIV from a man than it is for a man to get it from a woman. Biologically, the riskiest types of sex for HIV transmission are when an HIV positive man ejaculates (without a condom or Femidom) in the vagina or anus of another person. An HIV positive woman can pass HIV on to a man during unprotected vaginal sex, but the risk is lower.

Male condoms

Make sure you know how to use them properly.

Safer sex means any kind of sex when body fluids don't enter your partner's body. Often that involves male condoms, although there are other kinds of sex that are low risk.

You can get free condoms from your HIV clinic, or from sexual health clinics, contraceptive clinics, GP surgeries or HIV organisations. Condoms can be bought at supermarkets, chemists and garages, or from websites like www.freedoms-shop.nhs.uk

Condoms come in different sizes, colours and varieties and most men should be able to find a suitable one. It is important that a man wears a condom that is the right size. A condom which is too small is likely to be uncomfortable and may also break, and a condom which is too large is likely to come off during sex.

During sensual kissing, touching and foreplay, our bodies prepare for sex. The clitoris becomes more sensitive, the vagina lengthens, more fluids are produced and we feel moist. This reduces friction which makes sex more enjoyable and also means condoms are less likely to break.

You can also use products called lubricants which provide some extra fluid. Some women only use them when the vagina feels a little dry, and other women use them every time they make love. Just like our natural fluids, they make sex more comfortable and prevent condoms from breaking.

- ✓ Choose water-based lubricants, which you can get from the same places as condoms.
- ✗ Don't use oil-based lubricants like skin creams, massage oils, baby oil or Vaseline – they cause condoms to break.
- ✗ It's best to avoid condoms which are "spermicidically lubricated" – this product can irritate the vagina.

The lubricant goes on the condom (after he's put it on), and in and around the vagina.

Using condoms

1. Make sure it is not past its 'use-by' date.
2. Check that the package has the British Safety Standard Kitemark or the CE symbol on it.
3. Open the pack carefully – teeth, nails and jewellery can pierce condoms.
4. Wait until the penis is hard before putting the condom on.
5. Squeeze the air out of the tip of the condom before rolling it down the penis.
6. After the man ejaculates, he should hold onto the base of the condom firmly (to stop any liquid leaking), then pull out.
7. Throw it away in a dustbin (not the toilet).
8. Use each condom once only.



There's more information in *Get it On – a guide to making condoms work for you*, a **Terrence Higgins Trust** leaflet (0845 12 21 200).

Femidoms (female condoms)

There are many advantages to this female controlled method.

Most condoms go on the man's penis, but there's another type called the 'Femidom' that goes inside the vagina. It protects against pregnancy, sexually transmitted infections and passing on HIV.

Lots of contraceptive clinics and HIV clinics provide Femidoms for free, although they are not as widely available as male condoms. You can also buy them from a pharmacy or from websites.

The Femidom is a plastic pouch that you insert before sex. It has two flexible rings: the ring at the closed end holds the Femidom in place in the vagina. The ring at the open end should remain outside the vagina during sex.

Putting it in...

1. Find a comfortable position. You can stand with one foot on a chair, sit on the edge of a chair or bath, lie down, or squat.
2. Squeeze together the sides of the inner ring at the closed end of the Femidom and insert it into the vagina like a tampon.
3. Putting a finger inside the Femidom, push the inner ring into the vagina as far as it can go.
4. Pull out your finger and let the outer ring stay outside the vagina during sex.
5. Use your hand to guide your partner's penis into the Femidom (make sure his penis doesn't slip between the Femidom and the side of the vagina).

You don't have to take it out immediately after sex. But when you're ready...

1. Squeeze and twist the outer ring to keep semen inside the pouch.
2. Gently pull it out of the vagina.
3. Throw it away in a dustbin (not the toilet).

Full instructions come with every packet.

Some women prefer the Femidom because they feel more in control. And some men like it because it feels good and doesn't restrict the penis. The material it's made from is thin and sensitive, so you can feel the heat of your partner.

Tips

- You can put it in several hours before having sex.
- The Femidom is loose-fitting and will move during sex. That's fine as long as the penis stays inside the Femidom.
- Keep the outer ring outside to prevent the Femidom slipping inside. No need to worry about it 'disappearing' inside you, as the vagina is a closed pouch.
- The Femidom often makes a 'rustling' noise, but gets quieter when it has warmed up or if more lubricant is used.
- Many women get pleasure when their partner rubs the outer ring against the clitoris.
- Practice makes perfect: try it a few times before deciding if you like it or not.

Safer sex: questions and answers

Detailed information about what is safe and what isn't.

The information on these pages assumes that 'you', the reader, is a woman with HIV who is having sex with a man who doesn't have HIV. Information is given about preventing both HIV and sexually transmitted infections.

Is it safer if the man pulls his penis out before ejaculating?

Some men may want to have vaginal sex without a condom or Femidom, and try to pull out before they ejaculate. (Ejaculation is when fluid comes out of his penis).

He can still get HIV this way, and sexually transmitted infections can easily be passed on. It isn't a recommended way to avoid pregnancy either (see page 60).

Is it safe to have dry sex?

Dry sex is vaginal sex that happens after the vagina has been made drier or tighter, either by washing out the vagina or by applying leaves, powders or a cloth.

Drying the vagina may cause tiny abrasions (small breaks in the skin of the vagina), even if you don't feel anything. Dryness increases the risk of condoms breaking (that's why it's recommended to use a lubricant with condoms). If a condom isn't used, abrasions make it easier to pick up or pass on infections, including HIV.

Is it safe to have sex when I'm having my period (menstruating)?

There is likely to be more HIV in your vaginal fluids at this time, and your partner may come into contact with blood (that may also contain HIV). Using a condom, Femidom or dental dam (see the next page) will minimise the risk.

In terms of other sexually transmitted infections, the risk is the same as usual.

Is safer sex still important if my partner also has HIV?

If you have unprotected vaginal sex, you could get pregnant or a sexually transmitted infection could be passed on. Condoms or Femidoms help prevent both. In terms of HIV, there may be a risk of what is known as 're-infection' – in other words, one of you being infected with a new strain of HIV, or being infected a second time. See pages 26–27 for more information about this.

Is it safe for me to suck my partner's penis?

In terms of HIV, this is safe – your saliva doesn't have enough HIV to infect him. The only possible risk to him would be if your mouth was bleeding.

But you could pick up a sexually transmitted infection from his penis, and if you had a cold sore around your mouth, you could pass herpes on to him. It's possible to use condoms to reduce this risk.

Is it safe for my partner to lick my vagina and clitoris?

This is very low risk for passing on HIV, because the mouth and throat are not very absorbent or vulnerable to infections.

In certain circumstances the HIV risk may be a little higher:

- If you have your period, or if your viral load is high, or if you have a sexually transmitted infection.
- If your partner has bleeding, scratched or damaged gums, mouth ulcers or a sore throat.

But in terms of sexually transmitted infections, if you have an infection in this part of your body, or if your partner had cold sores on the mouth, an infection could be passed on.

To minimise these risks, some people use 'dental dams'. These are small, thin, square pieces of latex that can be placed over your genital area during oral sex. Like the condom, dams keep partners' body fluids out of each other's bodies.

You can get dams at some HIV and sexual health clinics, some contraception services, from websites, or pharmacies may order them for you. Or you can cut a square from a condom, or from non-microwave cling film.

Is anal sex safe?

Anal sex is when the man puts his penis inside your anus (bottom).

If a condom isn't used, there's actually a higher risk of passing on HIV during anal sex than vaginal sex. This is because there are body fluids in the anus which can contain very high levels of HIV. There's also a risk of a sexually transmitted infection being passed on.

To make anal sex safer, he needs to wear a condom. Using lots of water-based lubricant (not saliva) will make the sex more comfortable, and reduce the risk of the condom splitting (see pages 18-19).

What else can I do that's safe?

You and your partner can kiss, caress, massage, rub, hug, cuddle, and fondle without worry. It's safe to masturbate your partner as long as you don't have body fluids on your fingers.

If you've been with this man for a while, and have had unprotected sex in the past, you might guess that he must have HIV too. This isn't necessarily the case, and the only way to be sure is for him to have a test. HIV isn't passed on every time someone has unprotected sex, and he may still be HIV negative. But each time you have sex without a condom or Femidom, the more chance he has of getting infected.

Re-infection with HIV

There's debate over whether re-infection is a real problem or not.

Re-infection with HIV is sometimes called super-infection. Some people are convinced that it's a serious concern and a good reason to always use a condom or Femidom, while other people think the risks have been exaggerated.

Re-infection refers to somebody who already has HIV being infected with a new strain (sub-type) of HIV – in other words, being infected a second time. This could happen during unprotected sex with an HIV positive man.

But what do we really know about re-infection?

Re-infection does happen

Scientists in various countries have reported at least 30 cases.

We don't know how often it happens

Cases are difficult to spot and some people think that many other cases must have gone unnoticed. Others argue that if only 30 cases have been found, re-infection must be a rare event.

It's probably more common in early infection

Most, but not all, of the people known to have been re-infected had had their first HIV infection for three years or less. There may be less risk for people who've had HIV for longer.

Re-infection can create treatment problems

In some of the reported cases, there was extra damage to the immune system and people had more HIV-related illness. And in some cases, people were re-infected with a strain that was drug resistant, making some anti-HIV treatments ineffective. But these things haven't always happened.

In terms of the kinds of sex that are risky for re-infection, we can guess that they would be the same as for picking up HIV the first time – the greatest risk to you would be unprotected vaginal or anal sex, especially if your partner has a high viral load.

It's been speculated that there may be less risk of being re-infected if you are taking anti-HIV drugs. The drugs might suppress the new infection.

This information was correct at the time of writing (May 2009).

PEP (post-exposure prophylaxis)

This emergency treatment could stop your partner picking up HIV.

PEP is a month-long course of anti-HIV drugs that can make it less likely that someone gets HIV.

If you have a regular partner, it's a good idea to make sure that he knows about PEP. Also, you might want to tell a partner about PEP if a condom breaks, or if you have unprotected sex, then realise afterwards that your partner is HIV negative (or he realises afterwards that you are HIV positive).

PEP must be started quickly – the sooner, the better. This should be within 24 hours of the risky sex, and definitely no later than 72 hours (three days). PEP involves taking anti-HIV drugs every day for four weeks, and can cause side effects like diarrhoea, headaches, feeling sick and vomiting.

PEP makes infection with HIV less likely. But it isn't guaranteed to work – a few people who take it still end up with HIV afterwards. This can also happen if PEP isn't started soon enough, or if the pills aren't taken exactly as prescribed.

PEP is available from HIV clinics, GUM (sexual health) clinics and some Accident & Emergency departments. It's not usually available from GPs. **THT Direct** can give addresses **(0845 12 21 200)**.

For someone you've had sex with, the best place for them to go is usually your own HIV clinic. (If it's closed, go to Accident & Emergency at the same hospital). The staff there will know if your virus is resistant to any drugs, and will be able to choose the most effective drugs to give to your sexual partner.

If you go to the hospital with him, the staff are more likely to be convinced that he's had sex with someone with HIV and that he needs PEP.

PEP is recommended for a man after unprotected vaginal (or anal) sex with a woman with HIV, but not after oral sex.

There's more information in *PEP*, a booklet from **Terrence Higgins Trust (0845 12 21 200)**.

Something
goes
wrong

Time to
tell him
about PEP

Sex between women

The risk of passing on HIV is very low.

Perhaps you identify as lesbian or bisexual, and most of your sexual relationships have been with women. Or sex with another woman may be something you do more occasionally.

Sex between women is considered very low risk for HIV transmission. But infections like herpes, genital warts or chlamydia are more likely to be passed on than HIV.

If you and your partner use the same sex toy, you could pass on an infection (including HIV). To avoid this, put a new condom over it or wash it in warm soapy water.

Similarly, some infections can be passed on if fingers or hands are put in one person's vagina or anus, and then in another person's. Covering fingers with gloves or a condom, or washing hands in-between, will reduce this risk.

There's full information about oral sex on page 24 of this booklet.

Other parts of the booklet may also be relevant to lesbians and bisexual women.

Most infections can't be passed on as long as one woman's body fluids (including vaginal fluids and menstrual blood) don't go inside the body of her partner.

3

Having a baby

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The key points

With good medical care, HIV positive women can give birth to children without passing on HIV.

If precautions aren't taken, there is a risk of a mother passing HIV on to her baby in the womb, when the baby is being born or during breastfeeding.

But many women with HIV have given birth to HIV negative children, by taking the following precautions:

- taking anti-HIV drugs during pregnancy
- making a careful choice between caesarean section and vaginal delivery
- not breastfeeding
- giving the new baby an anti-HIV drug for a few weeks

If you're thinking about having a baby, but aren't pregnant yet, it's worth speaking to your doctor first, so that he or she can check if you are in good enough health to have a baby safely. Your doctor can also tell you about how to get pregnant without putting your partner at risk of infection.

1 in 1,000

When women take combination therapy during pregnancy and their viral load is 'undetectable', only 1 baby in 1,000 is born with HIV.

If you've just found out that you have HIV

Many of us only find out that we have HIV soon after we find out that we are pregnant.

Knowing you have HIV will allow you to take steps to look after your health and protect your baby, but it can be an overwhelming time. There can be mixed feelings, lots of new information to take on board, and a pressure to quickly make decisions about taking anti-HIV drugs.

It can be helpful to spend time talking things over with a doctor, nurse, midwife or someone from an HIV organisation. Hopefully you may also be able to talk to other women who've been in a similar situation. Feel free to ask lots of questions (and make sure they get answered).

Planning your pregnancy

Make sure your health is good first.

If you already know that you have HIV and are not pregnant yet, you have time to plan your pregnancy in a way that is best for the baby, for you and for the father.

It's worth telling your HIV doctor that you'd like to try for a baby to get the best advice:

- Pregnancy will be easier if HIV is not causing serious health problems at the moment.
- If you have a sexually transmitted infection, or any other infection, you need to wait until it has been treated.
- There are ways to get pregnant which limit the risk of passing HIV on to your partner (see pages 36-39).
- There are some anti-HIV drugs which you may want to avoid during pregnancy – your doctor can tell you if it would be safer to change your treatment.

Some women find it difficult to get pregnant, and there can be medical reasons for this. If you're not pregnant after six months of trying, go back to the doctor. There may be tests and treatment which could help.

If you want to get pregnant, it's important to follow the advice for all women who are planning pregnancy. This includes stopping smoking, eating healthily, avoiding alcohol, taking care over food poisoning and taking folic acid supplements. See www.nhs.uk/pregnancy

Of course women usually get pregnant by having unprotected sex with their partner. But this isn't always the best way for women who have HIV.

If your partner is HIV negative and you have HIV

If you have unprotected sex, there are two risks to be aware of:

- Passing on HIV to your partner (see pages 16-17).
- Sexually transmitted infections (see pages 14-15). An untreated infection could have serious consequences for your baby, so both you and your partner should check that you don't have any infections before having unprotected sex.

If both you and your partner have HIV

There are two risks associated with unprotected sex:

- Re-infection with a different strain of HIV (see pages 26-27).
- Sexually transmitted infections (see pages 14-15). An untreated infection during pregnancy could have serious consequences for your baby, so both you and your partner should go for a check-up first.

For these reasons, it's recommended to use self-insemination techniques – see the next page.

Nonetheless, some couples do have unprotected sex to get pregnant, usually only on those days when the woman is fertile (see pages 38-39). To better understand whether this is safe or not, see pages 16-17 and speak to your doctor.

Step by step guide to self-insemination

How to get pregnant without having unprotected sex.

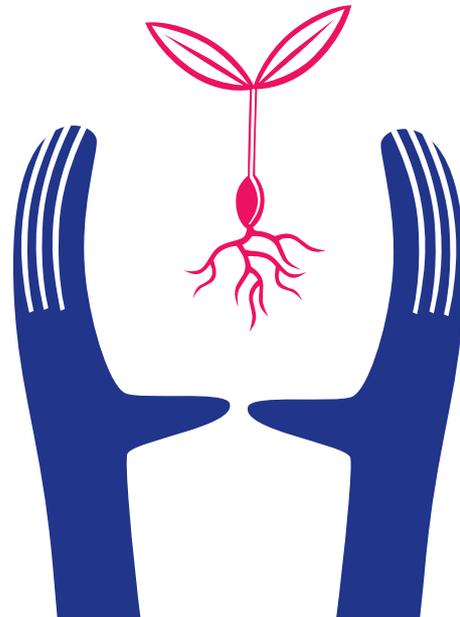
This technique is suitable if you are a woman with HIV, and your male partner is HIV negative. You need to make sure that neither you nor your partner has any sexually transmitted infections before using this technique.

1. Make sure this is one of your fertile days (see the next page). It's best to try the technique several times during your fertile period.
2. Ask your partner to masturbate and ejaculate into a clean, dry glass or plastic container.
3. Next you'll need a plastic oral syringe. It's the same kind that is used to give medicine to babies. It should be 10ml size and never used before. Ask for syringes at your HIV clinic or at a chemist.
4. Wait 30 minutes for the semen to become more liquid.
5. Draw back on the syringe once with nothing but air, then push the air out again. Now point the syringe into the liquid and slowly draw it back to suck in the semen.
6. Get into a comfortable position lying on the bed with your bottom on top of a cushion.
7. Either you or your partner can now slowly insert the syringe as far into the vagina as possible.
8. The area to aim for is high up in the vagina, towards the cervix (see the drawing on page 78).
9. Slowly squirt out the contents of the syringe. Gently remove the syringe.
10. Try not to move for the next 30 minutes while the sperm makes its way through the cervix.

An alternative method is for you and your partner to have sex together, with him wearing a male condom. After sex, withdraw the penis from the vagina with the condom still on. Then take it off, and use a syringe to transfer the semen to your vagina. If you use this technique, make sure that the condom does not contain a 'spermicide' (a substance which kills sperm).

It may be a good idea to practise these techniques beforehand. You could practise using Liquid Silk lubricant, which has a similar consistency to semen.

Staff at your HIV clinic will be able to give you more advice and the right equipment.



Knowing when you are fertile

Find out the days when you are most likely to become pregnant.

If you use self-insemination techniques, you'll want to try them on the days when you have the best chances of success.

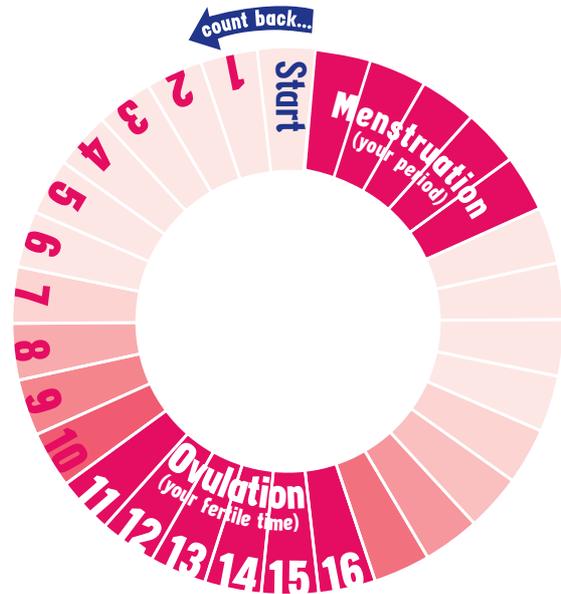
And if you do decide to have unprotected sex because you are trying for a baby, you may want to only stop using condoms on those days when you are fertile. In this way you limit the risk of HIV being passed on.

You can only get pregnant for a few days each month. This is at the time of ovulation (when an egg is released from one of the ovaries). Getting to know your body and your menstrual cycle will allow you to find out when ovulation happens and increase the chances of getting pregnant.

If you note down the dates of the beginning of each period, you will find out how long your menstrual cycle is. The average length is 28 days, but many women have a cycle that is shorter or longer.

To get a rough idea of your fertile time:

1. Work out the date you are expecting your next period to begin.
2. Count back 16 days before this date.
3. Your fertile time begins around now and lasts five or six days. For example, if you expect your period to begin on May 26th, your fertile time should begin around May 10th.



You can also learn to identify your fertile time by noting the changes in your vaginal secretions. At the beginning and end of your cycle vaginal secretions are creamy, sticky and thick. As your body prepares for ovulation, they become wetter, thinner, clearer and stretchy like raw egg white.

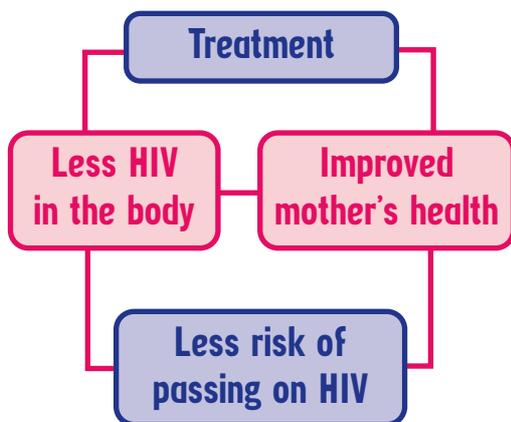
For more detailed information on this, get the leaflet *Planning a pregnancy*, published by FPA (0845 122 8690).

Taking anti-HIV drugs during pregnancy

Treatment can benefit both you and your baby.

One of the main ways to prevent passing HIV on to our babies is by taking anti-HIV drugs during pregnancy. These are the same drugs that people with HIV take to look after their own health, and they can benefit both you and your baby.

If you are already taking anti-HIV drugs, you'll normally continue with your treatment throughout the pregnancy.



The situation will be a little different if you are not already on treatment and you don't need it for your own health:

- Your doctor will advise you to start taking the drugs during the second trimester of the pregnancy (sometime between weeks 20 and 28).
- You should continue taking the drugs for the rest of the pregnancy.
- After the baby is born, you can decide whether to continue the treatment or not.

Which drugs should you take?

- If your health is good, with a high CD4 count and a low HIV viral load, you may take one drug only. This is called AZT.
- Most women take a combination of three anti-HIV drugs, usually including AZT and 3TC.

For more detailed information on these points, get the booklet *HIV and Women* from NAM (020 7840 0050).

Pregnancy and HIV: questions and answers

Looking after you and your baby's health during pregnancy.

Will being pregnant make my HIV worse?

No, pregnancy does not speed up or slow down HIV-related illness.

How does HIV affect the unborn child?

HIV doesn't appear to affect the baby's development, apart of course from the risk of infecting the baby.

Are anti-HIV drugs safe for the baby?

Although it's not usually recommended to start new medicines during the first three months of a pregnancy (just in case they affect the baby's development), there is no evidence that anti-HIV drugs cause birth defects. Thousands of pregnant women have taken them without any problems. In fact, the drugs will protect your baby by reducing the amount of HIV that could infect him or her.

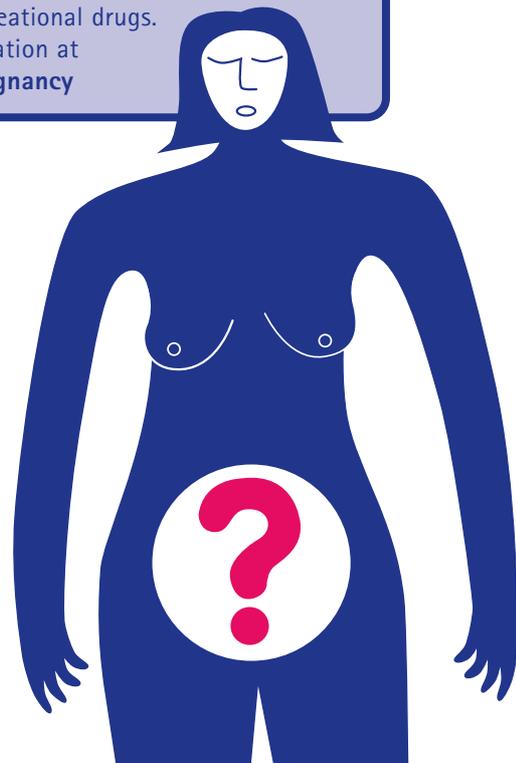
However there may be a slightly increased risk of giving birth prematurely or having a low birth-weight baby. Also, some babies do get anaemia (a shortage of red blood cells), but this is temporary.

Apart from taking anti-HIV drugs, what else can I do during pregnancy to reduce the risk of passing on HIV?

Avoid getting any infections, especially sexually transmitted infections, and treat any that you have.

What else can I do for the health of my baby?

Like any other pregnant woman, it's important to have a balanced diet and avoid alcohol, tobacco and recreational drugs. Get more information at www.nhs.uk/pregnancy



Delivery choices

If your viral load is undetectable, you may be able to choose between a caesarean or vaginal delivery.

Many HIV positive mothers give birth with a caesarean delivery. This is a surgical procedure to deliver the baby through a cut made through your belly and womb. If you have a caesarean the baby has less contact with your blood and other body fluids. This reduces the baby's chances of getting HIV.

There are some risks to a caesarean:

- side effects from the anaesthetic
- bleeding
- picking up an infection.

The caesarean delivery must happen before your waters break or labour starts. It will usually be planned for a specific date in the 38th or 39th week of your pregnancy. Doctors may call this an 'elective' or 'pre-labour' caesarean section.

But many women are able to have a vaginal delivery – in other words, a 'natural birth'. If combination therapy has brought your viral load close to zero (this is called 'undetectable'), then the risk of passing on HIV during a vaginal delivery is very low.

If you do choose a vaginal delivery, the doctors will need to avoid procedures like using forceps or intentionally rupturing the membranes. If the delivery does turn out to be difficult, you'll need to have an emergency caesarean delivery instead.

Taking one drug only during pregnancy?

Caesarean

Viral load is detectable?

Caesarean

Undetectable viral load and on combination therapy?

Choice between vaginal and caesarean delivery

After the birth

Breastfeeding is not recommended.

Breast milk contains HIV, which means you could pass on HIV if you breastfeed. That's why it's recommended to always bottle-feed your baby with powdered infant formula milk.

Your clinic will give you more advice on feeding your baby safely and comfortably. If you have money worries they may be able to help with the cost.

Feeding time can still be an occasion for bonding and holding the baby close. Skin-to-skin contact will help you feel closer, and this can be done by partially undressing yourself and your baby. The baby will enjoy the warmth and feel of your skin.

Nonetheless, you may have mixed feeling about bottle-feeding, especially if most other mothers you know do breastfeed. The key thing to remember is that by bottle-feeding, you are taking the best care of your baby, and are giving him or her the best chances of growing up without HIV.

Family and friends may ask why you aren't breastfeeding, and dealing with their questions can be difficult. If you don't want to talk about HIV, you could say that you are not producing enough milk, that you have mastitis (inflammation of the breast), or that you have cracked nipples.

Your baby will also take a special liquid form of anti-HIV drugs for four weeks after birth. This doesn't mean that the baby has HIV.

To check that your baby is not infected, viral-load tests will be done just after birth, at six weeks, and at twelve weeks. If these tests are negative and you have never breastfed, you will know for sure that the baby does not have HIV.

You need to avoid breastfeeding, but apart from that, HIV transmission is not an issue in day-to-day life with your baby. You can kiss and cuddle without worry.



Your feelings

Around 1 in 10 women feel sad or down during the baby's first year.

Many women feel emotionally vulnerable after childbirth. The overwhelming life changes brought about by a new baby can be particularly complex for women with HIV.

Your baby's arrival could be accompanied by anxiety about the future, self-doubt and exhaustion. You might have nagging worries that your child has HIV, even when the test results tell you otherwise.

Perhaps you can ask friends and family for help with some things, but can't talk about HIV with them. But your midwife, other clinic staff and other HIV positive mothers will be able to support you through this time.



4

Contraception

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Choose what's right for you

Many different methods are available.

Contraception is a way to prevent pregnancy and to plan pregnancy for a time when you're ready to have a child. There is a wide range of methods to choose from.

All types of contraception (except the diaphragm and cap) are suitable for women with HIV who are not taking treatment, but some methods are less effective if you're taking anti-HIV drugs. See the next page for more information about this.

Condoms and Femidoms are the only contraceptive methods that will also reduce the chances of HIV and sexually transmitted infections being passed on.

To find out where to go for contraceptive services, turn to page 66.

If you're...	NOT TAKING TREATMENT:	TAKING TREATMENT:
Male condom (pages 18-19)	✓	✓
Femidom (pages 20-21)	✓	✓
Diaphragm or cap (page 54)	✗	✗
Combined pill (page 56)	✓	➔
Progestogen pill (page 57)	✓	➔
Patch (page 53)	✓	➔
Implant (page 53)	✓	➔
Vaginal ring (page 53)	✓	➔
Injection (page 55)	✓	✓
Intrauterine device (IUD, page 58)	✓	✓
Intrauterine system (IUS, page 59)	✓	✓
Natural family planning (page 60)	✓	✓
Sterilisation (page 61)	✓	✓

Key:



Safe for women with HIV



Not recommended for women with HIV



Use depends on your circumstances – get more advice

Contraception and HIV treatment

Most hormonal contraceptives are less effective if you're taking anti-HIV drugs, but there are two methods which work well.

Some contraceptives are 'barrier methods' – it's as if there's a wall stopping semen reaching the womb. The condom is a barrier method.

Some other types of contraception are 'hormonal methods'. For example, the combined pill contains two hormones, oestrogen and progestogen. The extra hormones stop ovulation, which means you do not release an egg for fertilisation. They also thicken the mucus around the cervix making it difficult for sperm to get into the womb.

Several anti-HIV drugs interfere with the way some hormonal contraceptives work, and the contraceptive may not be as effective as normal. This is the case for drugs in these classes:

- Non-nucleoside reverse transcriptase inhibitors (NNRTIs, non-nukes), for example efavirenz (Sustiva).
- Protease inhibitors (PIs), for example Kaletra.

Most people taking anti-HIV drugs will be taking a drug from one of these classes.

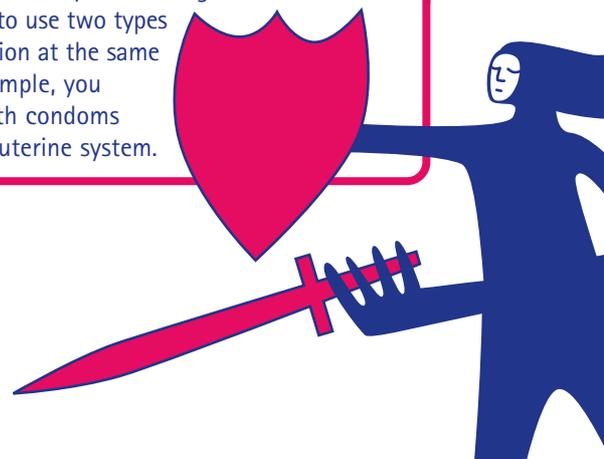
These hormonal contraceptives are less effective if you're taking HIV treatment:

- The combined pill (see pages 56–57).
- The progestogen only pill, also known as the mini-pill.
- Patches – a small beige patch applied to the skin like a sticky plaster that is changed once a week.
- Implants – a small flexible rod that is inserted under the skin on the upper part of the arm, and works for up to three years.
- Vaginal rings – a small flexible ring that is inserted in the vagina for three weeks of the month.

But there are two types of hormonal contraceptive that are just as effective if you are taking anti-HIV drugs. They are the Mirena intrauterine system (IUS, page 59) and the Depo-Provera injection (page 55).

Double protection

Especially if you're taking anti-HIV treatment, the most certain way of avoiding pregnancy is to use two types of contraception at the same time. For example, you could use both condoms and the intrauterine system.



Condoms and Femidoms

They are the only contraceptives which also protect against HIV and sexually transmitted infections.

For detailed information about both types of condom, see pages 18–21.

Advantages

- Protect against HIV transmission and some sexually transmitted infections (STIs), as well as pregnancy.
- No side effects.
- Male condoms are widely available and come in different shapes, sizes, textures and colours.

Disadvantages

- They need to be used correctly to be effective.
- Putting the male condom on can interrupt sex.
- Some people are allergic to the latex that most male condoms are made out of. But some male condoms and all Femidoms are made out of polyurethane, which people aren't usually allergic to.

Warning: diaphragms and caps

These are flexible rubber or silicone dome-shaped devices which are placed in the vagina each time you have sex. They are not recommended for women with HIV, as they should be used with a substance called a spermicide that can irritate the vagina.



Contraceptive injections

They work well for most women with HIV.

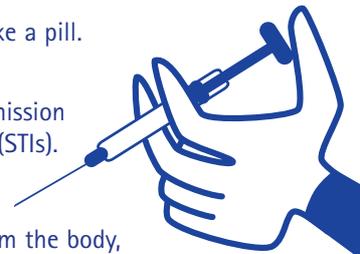
The injection contains the hormone progestogen. The most common type is called Depo-Provera and lasts for 12 weeks.

Advantages

- Unlike other hormonal contraceptives, anti-HIV drugs don't limit the effectiveness of injections.
- Doesn't interrupt sex.
- You don't have to remember to take a pill.

Disadvantages

- Doesn't protect against HIV transmission or sexually transmitted infections (STIs).
- Possible side effects include headaches and skin problems.
- The injection can't be removed from the body, so any side effects may continue for as long as the injection works.
- Periods may be irregular or heavy, and often stop altogether.
- Can take a year or more after stopping the injection for regular periods and your fertility to return.
- The injections can sometimes lead to thinning of the bones. As both HIV and anti-HIV drugs can also sometimes lead to bone problems, it's important for your doctor to check the strength of your bones before taking the injections.



The pill

Contraceptive pills don't work properly if you're taking HIV treatment.

The 'combined pill' contains two hormones, oestrogen and progestogen.

Advantages

- Does not interrupt sex.
- Protects against cancer of the ovary, womb and colon.
- Bleeding may be lighter. Period pain and pre-menstrual syndrome (PMS) are less likely.

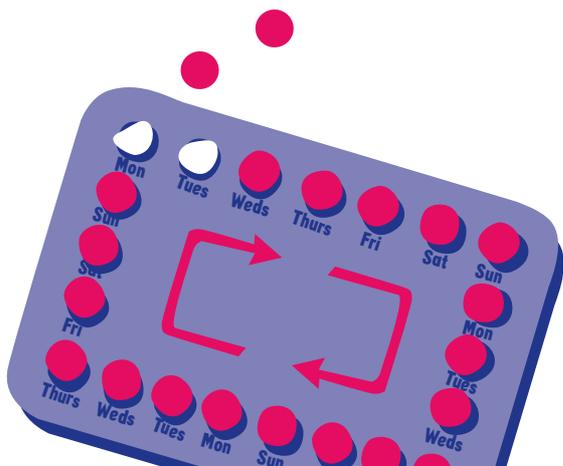
Disadvantages

The pill will be less effective...

- If you're also taking the anti-HIV drugs listed on page 52. If you are, your doctor may increase the contraceptive dose, or recommend that you use condoms or another type of contraception as well.

- If you're also taking drugs for tuberculosis.
- If you forget to take it on time.
- If you vomit within two hours of taking it.
- If you have severe diarrhoea.
- The pill doesn't protect against HIV transmission or sexually transmitted infections (STIs).
- It's not recommended if you have liver problems or some other health problems.
- A very small number of women experience serious side effects such as blood clots, stroke and cancer of the breast or cervix.

There's another type of contraceptive pill, called a 'mini-pill' or a 'progestogen only pill'. It can be used by some women who can't use the combined pill. But like the combined pill, it is less effective if you are taking anti-HIV drugs. Your doctor may recommend that you increase the contraceptive dose or use another type of contraception as well.



The intrauterine device (IUD)

It is suitable for most HIV positive women.

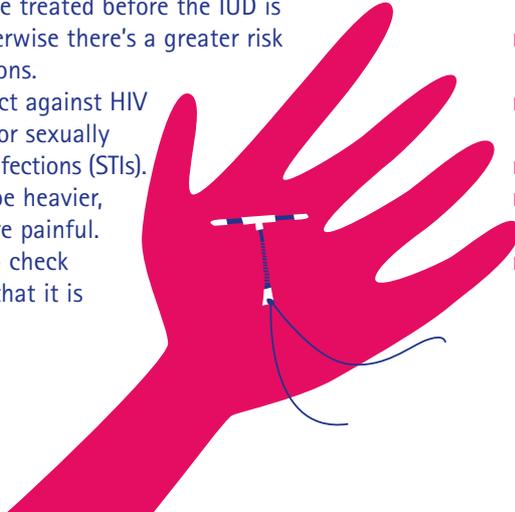
This is sometimes called a 'coil', and it's a small, flexible device that's fitted in the womb, where it can stay for several years. It stops sperm reaching an egg, and stops eggs implanting in the womb. Most IUDs are in the shape of a 'T' and must be fitted and removed by a doctor or nurse.

Advantages

- Can safely stay inside you and prevent pregnancy for five to ten years.
- Can be taken out at any time.
- Doesn't interrupt sex.
- Works well if you are taking anti-HIV drugs.
- Doesn't affect your levels of hormones.

Disadvantages

- If you have any sexually transmitted infections, they should be treated before the IUD is inserted. Otherwise there's a greater risk of complications.
- Doesn't protect against HIV transmission or sexually transmitted infections (STIs).
- Periods may be heavier, longer or more painful.
- You'll need to check occasionally that it is still in place.



The intrauterine system (IUS)

This hormonal contraceptive works well for most women with HIV.

Works in a similar way to the intrauterine device, but also releases the hormone progesterone.

Advantages

- Can safely stay inside you and prevent pregnancy for five years.
- Can be taken out at any time.
- Doesn't interrupt sex.
- Periods will be much lighter, shorter and usually less painful.
- Unlike other hormonal contraceptives, anti-HIV drugs don't limit the effectiveness of the IUS.

Disadvantages

- If you have any sexually transmitted infections, they should be treated before the IUS is inserted. Otherwise there's a greater risk of complications.
- A new IUS should not be put in if your CD4 count is below 200.
- Doesn't protect against HIV transmission or sexually transmitted infections (STIs).
- Periods may be irregular or stop altogether.
- Possible side effects include headaches, spotty skin and tenderness in the breasts.
- You'll need to check occasionally that it is still in place.

Natural family planning

It's not easy to practise, but can work.

Also known as fertility awareness, this is a way of using the body's natural signs to work out a woman's fertile and infertile times of the menstrual cycle. They show when it is safe to have sex without risking pregnancy.

It needs to be taught by someone who really understands the method.

Advantages

- No side effects.
- Can be used either to plan pregnancy or to avoid pregnancy.
- Gives you a greater awareness of your body.

Disadvantages

- Does not protect against HIV transmission or sexually transmitted infections (STIs).
- Quite unreliable, unless it is properly taught and the instructions always followed.
- Need to keep daily records.
- Needs high level of commitment from both partners.
- Need to avoid sex or use condoms if having sex during fertile times.

Warning: withdrawal

Taking the penis out of the vagina before ejaculation is not an effective method of contraception. There is semen containing sperm present at the tip of the penis before ejaculation. Also, not all men know when they are about to ejaculate, or are able to pull out in time.

Sterilisation

You need to be completely sure of your decision before going ahead.

These permanent methods of contraception are only suitable for people who are sure that they will never want to have any more children.

It's not a good idea to go ahead with a sterilisation if anyone is putting you under pressure to do it, if either you or your partner have any doubts, or if you're under any sort of stress at the moment.

Different techniques are available for women and men. The operation for men is simpler, safer and more reliable than the operation for women.

When a man is sterilised, the tubes that carry sperm are blocked. This is called a vasectomy, and it prevents sperm from leaving his body. However he will still be able to ejaculate.

When a woman is sterilised, her fallopian tubes are cut, sealed or blocked by an operation. This prevents the egg and sperm meeting.

Advantages

- Does not interrupt sex.
- Lasts for life, so is simple and convenient.

Disadvantages

- Your circumstances may change in the future.
- It is very difficult to reverse the process.
- Doesn't protect you against HIV transmission or sexually transmitted infections (STIs).

Emergency contraception

Two methods can be used in the first days after unprotected sex.

Accidents can happen. You may forget to take your contraceptive pills, a condom could break, or sex may happen when you aren't using any contraception at all.

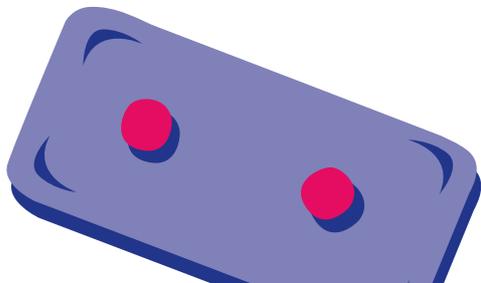
So it's important to know about emergency contraception. These are methods that you can use in the days after unprotected sex, in order to prevent an unwanted pregnancy. (They are not the same as an abortion, which is covered over the page).

There are two methods of emergency contraception:

Emergency contraceptive pill

This is what people often call the 'morning after pill'. It works best when it is taken soon after unprotected sex – preferably within 24 hours, and usually within 72 hours (three days) of having sex.

If you're taking HIV treatment, it's important that the person who provides you with the pill knows this. Anti-HIV drugs interfere with the way the pill works, so you would need to take twice the normal dose of the emergency contraceptive pill.



The pill is available free from HIV clinics, sexual health clinics, contraceptive clinics, GPs, NHS walk-in centres, and some accident and emergency departments (see page 66). It is available to buy from most pharmacies and a single dose costs around £26 (or £52 for a double dose).

Intrauterine device (IUD)

An alternative to the pill is the IUD. It is a more reliable method, especially if you are taking anti-HIV treatment.

This is the same device that is used for normal contraceptive use (see page 58). To work as emergency contraception, it needs to be fitted within five days of either unprotected sex or ovulation.

It's a small plastic and copper device that is put in your womb. It stops the egg being fertilised or stops the egg attaching itself to the side of the womb. It can be removed after your next period. Or you could leave it in to work as contraception in the future.

The IUD must be fitted by a specially trained doctor or nurse. The quickest place to find someone like this will be a contraceptive clinic, but the IUD may also be available at sexual health clinics, GPs and HIV clinics (see page 66). You will not have to pay for the IUD.

If you think you need emergency contraception, your partner may also need PEP. See pages 28-29.

Terminating a pregnancy

The techniques used are safe for women with HIV.

The following information is for women who would consider having an abortion if they found themselves pregnant but did not feel able to have a child. (But please note that abortion is not itself a contraceptive method).

If you're faced with this situation, a first step could be to talk over your options with someone with experience of these issues. You may have mixed feelings about being pregnant, and not be sure what you want to do.

You could speak to someone at a contraceptive clinic, a sexual health clinic, your HIV clinic or your GP surgery. You could also call the **FPA** helpline on **0845 122 8690**.

They will give you information about the two main techniques that are used:

- Taking one tablet one day, and different tablets up to two days later. The pregnancy will end after a few hours, and may feel like a heavy period. This is often called 'medical' abortion.
- The suction method. You take an anaesthetic and a tube is placed through the vagina to the womb. This is one type of 'surgical' abortion.

Both techniques are as safe for women with HIV as for other women, and are carried out in the same ways.

For both techniques, you won't usually need to stay overnight at the clinic.

When you have the abortion during the first three months of pregnancy, the techniques used are more straightforward than if an abortion happens later on. Other, more complex methods are used for later abortions.

Abortion is legal in England, Wales and Scotland up to 24 weeks (five months). After this, it is only allowed in exceptional circumstances.

Abortions are usually carried out at a specialist clinic. Your first visit to the clinic will be an opportunity to have your questions answered, for the doctor to find out about health issues that affect you, for tests and examinations, and for you to decide what you want to do.

Your GP, a doctor at a contraceptive clinic or your HIV doctor can make an appointment for you at one of these clinics. The service will be free.

Some of these clinics are run by charities like BPAS or Marie Stopes. It's possible to go directly to them, and in many cases, their services will be paid for by the NHS. But sometimes you may be asked to pay, and this would cost at least £500.

Where to go

You can get help with contraception and termination of pregnancy from many different places.

Whether you need contraception, emergency contraception or to terminate a pregnancy, a good place to start could be your HIV clinic. Some clinics provide these services themselves, or will make an appointment for you at a specialist service.

But there are several other places you can go. To get the right care, you'll need to tell them if you are taking anti-HIV drugs.

- Your GP (family doctor).
- A specialist contraceptive clinic (family planning clinic) which may be open several days a week.
- Special contraceptive clinics that are held once or twice a week in a local health centre.
- A sexual health clinic – this may be in the same hospital as your HIV clinic.

You will not have to pay for these services. Government rules say that family planning services should always be free, regardless of your immigration status.

But if you need to end a pregnancy, the situation can be more complex. Not all services and clinics will be willing to give abortions to women who have immigration problems.

You can get addresses of clinics and more detailed information from an organisation called **FPA**. They provide advice over the phone, a website and a wide range of information leaflets. Call **0845 122 8690** or visit **www.fpa.org.uk**

5

Health issues

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70 Menstrual issues

72 Vaginal irritation

74 Genital herpes

76 Cervical cancer screening

Symptoms and infections

Tell your doctor if you notice any changes.

There are many different kinds of health problems which can affect our genitals and reproductive organs. They include sexually transmitted infections, other infections that are not caused by sexual contact, fertility problems and changes to periods.

In many cases, if a problem is spotted and dealt with early on, treatment is quite simple.

But some infections can have serious consequences if they are left untreated:

- An untreated infection during pregnancy could harm your baby.
- A viral infection called HPV can sometimes lead to cervical cancer.
- If a bacterial infection like chlamydia or gonorrhoea is left untreated, it can go on to damage the reproductive organs. This is called pelvic inflammatory disease and it can cause long term damage, including infertility and problems in pregnancy.

Some infections don't cause symptoms you'd normally notice. That's why your doctor might suggest that you have a full check-up every year.

But if you ever do notice something unusual it's worth having it seen to as soon as possible.

Tell your doctor if you notice:

- Changes to your periods
- Bleeding between periods or after sex
- Unusual discharge from the vagina
- Sores, blisters or irritation in the genitals or anus
- Pain when going to the toilet or during sex
- Pain in the region below your belly button

You could see a doctor at a sexual health clinic, your GP surgery or your HIV clinic. The doctor will do some tests to see what's wrong. You may need to give samples of urine, vaginal discharge or blood for lab tests to be carried out.

There may be a physical examination of your genital area to check for signs of irritation, discharge or growths, both externally and internally. This may involve taking samples with a brush, spatula or cotton swab.

The doctor or nurse carrying out the examination could be a woman or a man. But if you'd prefer to only be seen by a woman, most clinics should be able to arrange this. Or you can ask for a female member of staff or a friend to be with you during the examination.

Your doctor may need to ask some quite personal questions about your body, about sex and about who you have sex with. If you are able to answer honestly, it will help them give you the best treatment.

Menstrual issues

Tell your doctor about changes in your periods.

Any significant changes in your periods indicate a shift in the balance of your body, and should be mentioned to your doctor. They may be a sign that something is wrong.

Examples include heavier periods, painful periods, changes in their frequency, bleeding between periods, bleeding after sex and missed periods.

There can be many different causes of heavy periods. They are sometimes caused by fibroids, which are non-cancerous growths around the womb. African women seem more likely to get fibroids than other women. Hormonal treatment or surgery may be a solution.

If the cause of heavy periods is unknown, there are several different things that could help, including different types of drugs. You could try using the IUS (see page 59), which will both act as a contraceptive and often makes periods less heavy.

On the other hand, some women find that their periods come less frequently or not at all. There can be many possible causes, including not having enough to eat, weight loss, illness and suffering severe stress.

If you have a low CD4 count, HIV can be the cause of infrequent periods. HIV may also result in your menopause beginning earlier than for other women.

But if your health is good and your CD4 count is high, HIV probably won't make a big difference to your periods or menopause.

After the menopause, our bones can become weaker. See **NAM's** booklet *HIV and Women* to find out about looking after your bones. Call **020 7840 0050** for a copy.

Female circumcision

In some cultures, girls undergo operations where they are circumcised or 'cut', and their vagina may also be 'closed'. In later life, this can lead to pain during sex and menstruation; infections; difficulties with childbirth and several other problems.

The NHS provides specialist services for women who have health problems caused by this kind of operation. Also, if you wish, some operations can be reversed.

You can get more information from **FORWARD** (020 8960 4000, www.forwarduk.org.uk).

Vaginal irritation

It may be caused by thrush or bacterial vaginosis.

We all have vaginal irritation from time to time. It isn't necessarily sexually transmitted.

Symptoms may include an unusual vaginal discharge (see box). Your vagina or vulva may be red, irritated, itchy or uncomfortable, especially during sex. You may want to urinate more often than usual.

The possible causes include:

- **Thrush (candidiasis).** It's normal to have a fungus called candida that lives harmlessly in the vagina. But sometimes it grows too quickly and causes pain and discharge.
- **Bacterial vaginosis.** It's normal to have healthy bacteria in the vagina, but the balance of different kinds of bacteria may change and cause problems.
- **Trichomoniasis,** which is sexually transmitted.

If you notice something wrong, go to your GP, sexual health clinic or HIV doctor. Treatment is usually quite simple with tablets, creams or gels. It's important to take all the medicine that is prescribed, even if the problem seems to have gone away.

You can also reduce the chances of thrush or bacterial vaginosis coming back by following this advice:

- When you wash, leave the vaginal lips (the vulva) closed. It is harmful to wash inside the vagina as this disturbs the body's natural self-cleansing mechanisms.



Vaginal discharge

The symptom of several health problems can be a change in your vaginal fluids. So it helps to know what your vaginal fluid is normally like.

Vaginal fluids keep the vagina moist and healthy. They are either thick and whitish, or slippery and clear. Normal fluids have little or no smell, and there is no itching or burning.

Usually there is more fluid just before ovulation, when you are pregnant, or when you are sexually excited. You will have less fluid just before your period, while you breastfeed, and after menopause.

An abnormal discharge could be a sign that something is wrong. For example, a thick white or yellow discharge might be caused by thrush. Or a frothy, unpleasant smelling discharge could be a symptom of bacterial vaginosis. Some sexually transmitted infections can also create a discharge.

Genital herpes

Treatment can help you limit herpes flare-ups.

Herpes is a common sexually transmitted infection. Once you have the herpes virus, you can never completely get rid of it.

The first sign of an outbreak of herpes is often a feeling of tingling or itching in the genital area. Herpes can create small, fluid-filled blisters which then burst leaving small, painful red sores. You may also have feverish aches and pains.

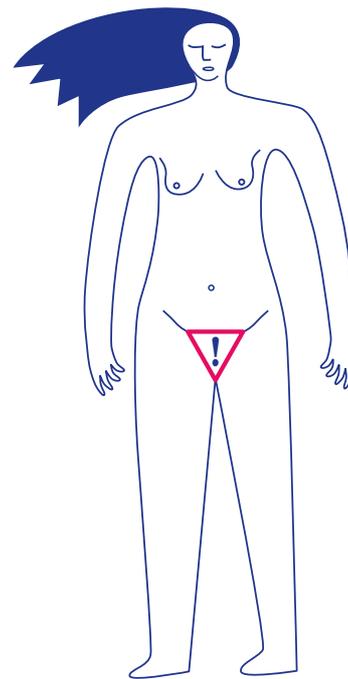
Herpes can lie dormant for months or years at a time without causing any problems. But from time to time, you may have flare-ups and the symptoms will come back. This is more likely when you have a low CD4 count.

Herpes can be passed on during sex. This can happen even if you can't see any blisters, but is most likely to happen during a flare-up. It's a good idea to avoid sex if you think you may be about to have an outbreak. Brief skin-to-skin contact can pass on herpes, and your partner should avoid any contact with the blisters.

An outbreak of herpes will also increase your risk of passing on HIV – the quantity of HIV in your vaginal fluids goes up at this time.

Medicine (for example aciclovir) is available to suppress outbreaks of herpes. The drugs can be used in different ways:

- When you have a flare-up, taking the medicine for 5–10 days.
- Taking the medicine on an ongoing basis, to try to prevent outbreaks.
- Taking the medicine as a precaution in the weeks before childbirth.



Cervical cancer screening

Women with HIV need this more often than other women.

In Britain, all adult women are asked to go for regular cervical screening. These routine tests help us avoid developing cervical cancer (in other words, a cancer at the opening of the womb).

Cervical screening is not a test for cancer, but checks for cell changes that may, if left untreated, go on to develop into cancer. In many cases, cell changes will go back to normal on their own. In some cases, the abnormal cells will need to be treated.

Screening is particularly important for women with HIV, as we have a greater risk of getting this kind of cancer. That's why we should go for the tests more often than other women – once a year, instead of once every few years.

Your screening results should be reviewed by a doctor who knows that you have HIV, and who knows about the specific issues for HIV positive women. Although other women are screened by their GP, you could arrange screening with your HIV clinic.

Screening involves a doctor or nurse using a swab or brush to take a sample from your cervix. The sample will be sent for tests at a laboratory.

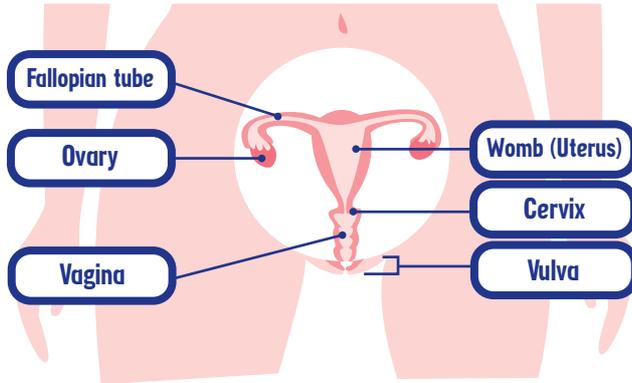
Depending on the results, you might be asked to come back for a different test. This is called a colposcopy and involves a doctor examining the cervix more closely with a magnifying instrument.

If you do have cell changes, they are usually easy to treat as long as they are found early.

Cervical cancer is caused by a virus called HPV (human papilloma virus). This virus can be passed on during sex and can also cause genital warts. However if you have genital warts, this does not mean that you are more likely to get cervical cancer.

Key words

Internal:



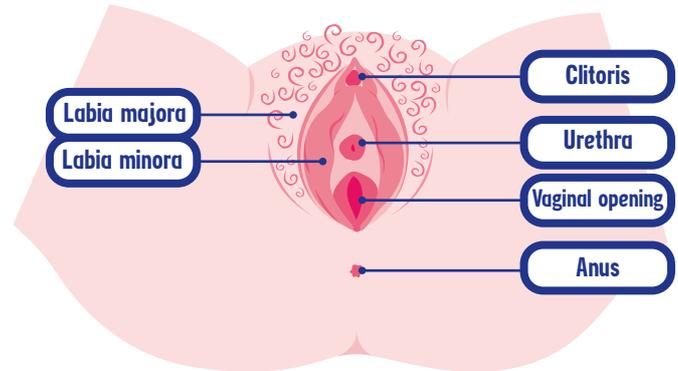
CD4 count – a measure of the strength of your immune system. A low CD4 count (below 200) shows that your immune system is weak.

Cervix – the narrow passage into the **womb** (see drawing). To find your cervix, put two fingers inside your vagina and reach towards the small of your back, as far as you can. You will reach a lump that feels firmer than the rest of your vagina.

Clitoris – this is found towards the front of your **vulva** (see drawing). It is highly sensitive – when it is stimulated you may be sexually aroused.

Ejaculate – during sex, when a man ‘comes’ or produces fluid (semen) from his penis.

External:



Hormone – a chemical which stimulates or suppresses cell activity in the body.

Labia majora – Latin for ‘large lips!’ These outer lips of fatty tissue are covered with pubic hair, and protect your genitals (see drawing).

Labia minora – Latin for ‘small lips!’ These sensitive inner lips protect your vagina. Their size and shape varies from woman to woman.

Lubricant – a gel or cream which you apply inside the vagina and on the outside of the male condom during sex.

Menstrual cycle – the number of days from the start of one period to the start of the next.

Oestrogen – a hormone that prevents ovulation.

Ovary – the part of the body that produces eggs (see drawing).

Ovulation – the body's production of eggs, once a month.

Progestogen – a hormone that helps prevent sperm reaching an egg and helps prevent a fertilised egg settling on the side of the womb.

Re-infection – being infected with HIV a second time. See pages 26–27.

Semen – the fluid a man produces during sex and which contains sperm (cells that are needed for reproduction).

STI – sexually transmitted infection. See pages 14–15.

Trimester – a three month long period of time. A pregnancy is made up of three trimesters.

Unprotected sex – penetrative sex without a condom or Femidom.

Urethra – the tube which urine comes out of (see drawing).

Vaginal fluid – a natural and healthy fluid in the vagina. An unhealthy fluid is usually called a discharge.

Viral load – the amount of HIV in your body, measured by a blood test. If you have undetectable viral load, you have so little HIV in your blood that the test can't find any. If your viral load is detectable, you have more HIV than this.

Vulva – the name given to the whole of a woman's external genitals, including the **labia minora and majora**, the **clitoris**, and the **vaginal** and **urethral** openings (see drawing).

Getting more help and support

There are several organisations which are there to help if you're looking for information or want to talk through your questions and concerns.

THT Direct is a good place to start. This is Terrence Higgins Trust's helpline where you can get advice, information and support over the phone. They can also give you details of all the services that are available in your area, whether they are provided by Terrence Higgins Trust or another organisation.

THT Direct: 0845 12 21 200

www.tht.org.uk

info@tht.org.uk

Positively Women is a charity run by and for women with HIV. They provide a wide range of support services from their base in London, including a helpline staffed by women with HIV.

020 7713 0222

www.positivelywomen.org.uk

NAM provides information on both the medical and social aspects of living with HIV.

020 7840 0050 (office number)

www.namlife.org

FPA can provide information on birth control, sexually transmitted infections and your nearest clinic.

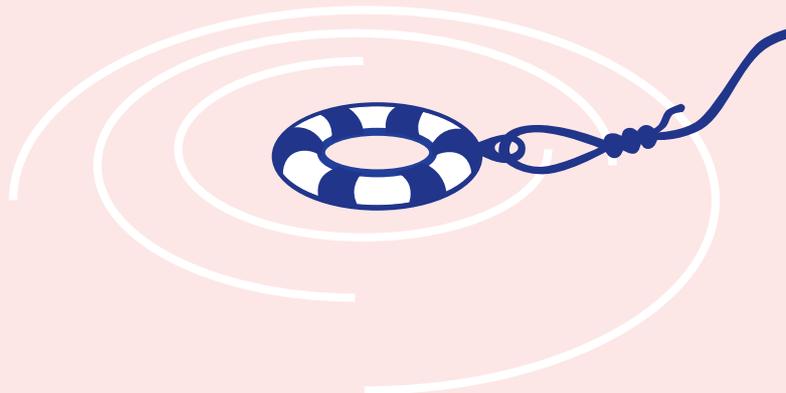
0845 122 8690

www.fpa.org.uk

The National Domestic Violence Helpline can help if your partner is abusive or violent. They will give you information about your legal rights and how to get practical help.

0808 2000 247

www.womensaid.org.uk



What did you think of this booklet?

Terrence Higgins Trust and NAM want to make sure this booklet is useful to you. We would be grateful if you could take a minute to provide us with some valuable feedback.

The questionnaire is anonymous and confidential.

1. As a result of reading this booklet I have learnt:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
What I can do to look after my own sexual health					
How I can avoid passing on HIV to a sexual partner					
How I can avoid passing on HIV during pregnancy and childbirth					
Which contraceptive methods I can use					

2. Please tell us in your own words if there is anything else you have learnt as a result of reading this booklet:

3. As a result of reading this booklet I am now more likely to:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Talk to my healthcare team about sexual and reproductive health					
Use condoms or Femidoms when having sex					
Go to the doctor if I think I may have an infection					

4. Please tell us in your own words if there is anything else you are more likely to do as a result of reading this booklet:

Please tear off this page and post it to us using the freepost address: **NAM, FREEPOST LON17995 London, SW9 6BR.**

Alternatively you can complete the questionnaire at www.aidsmap.com/feedback. On this webpage you can also complete our HIV treatments and health knowledge quiz, which will help ensure you have all the basic information you need to get the best out of your healthcare or treatment.

We would like to ask a few more questions. You don't have to answer these but if you do it will help us make sure that our information reaches the people who need it most.

1. I am:

female male transgender

2. I live:

in London
 in the UK but outside London
 outside the UK

3. My ethnic background is:

<input type="checkbox"/> White	<input type="checkbox"/> Indian, Pakistani or Bangladeshi
<input type="checkbox"/> Black-Caribbean	
<input type="checkbox"/> Black-African	<input type="checkbox"/> other Asian or oriental
<input type="checkbox"/> Black – other	<input type="checkbox"/> other or mixed

4. My HIV status is:

positive negative unknown

5. (If positive) I think I got HIV as a result of:

sex between men and women
 injecting drugs
 from blood or blood products
 mother-to-child transmission of HIV
 other
 don't know
 rather not say
 sex between men

6. I work:

in the HIV field
 not in the HIV field
 I do not work at the moment

7. I got this booklet from:

<input type="checkbox"/> nurse	<input type="checkbox"/> support group
<input type="checkbox"/> doctor	<input type="checkbox"/> NAM
<input type="checkbox"/> clinic	<input type="checkbox"/> a friend or family member
<input type="checkbox"/> Terrence Higgins Trust	<input type="checkbox"/> other (please specify)
<input type="checkbox"/> Terrence Higgins Trust's Health Support Service	_____

Thank you very much for taking time to fill in this questionnaire. We really do value your feedback. It helps make the information we provide better.

