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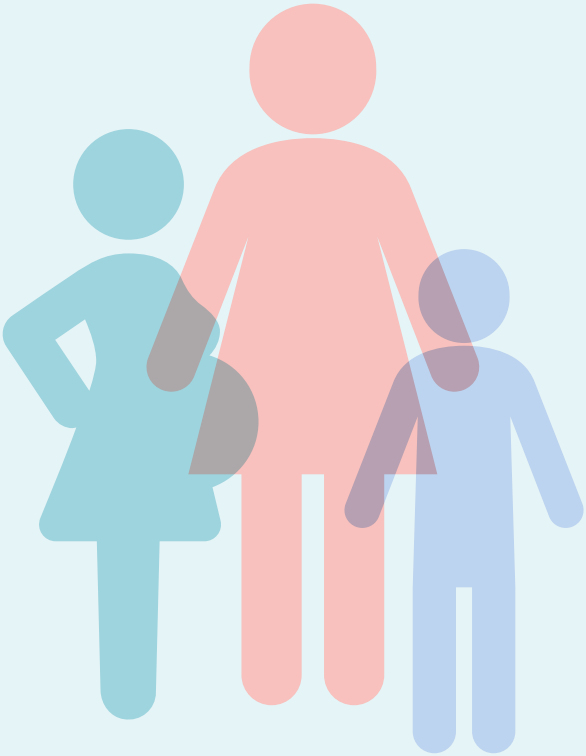
HIV & women



2022, Sixth edition

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This is an interactive booklet. All page numbers, either on the contents page or mentioned within the booklet, are clickable.

You can also click on the names of resources and organisations to go to the relevant web pages.

This booklet is for women living with HIV. It is important to know that you can live a long healthy life. You can enjoy sex, have fulfilling relationships and have a baby without passing on HIV.

This booklet is specifically for cisgender women living in the UK. A cisgender woman is someone whose gender (woman) matches the female biological sex she was given at birth.

We recommend you discuss the information in this booklet with your HIV clinic.

Contents

Living well with HIV

The outlook has never been better for people with HIV in the UK. With the right HIV treatment, you can expect to live a long and healthy life.

Nowadays, HIV treatment is effective, with few side effects (see page 12).

As well as protecting your own health, being on fully effective treatment means you do not have to worry about passing on HIV through sex (see page 29).

You can use the contraception that works best for you although your HIV medication may need to be adjusted. Some HIV medication can affect how hormonal contraception works (see page 43).

The medication also means that you can safely have a baby who is HIV free. There's information about planning a pregnancy on page 50, childbirth options on page 62 and feeding your baby on page 68.

Women with HIV are reaching older ages. There are some specific health issues that are more likely to occur as you get older and there is more information on these on page 76.

An active and healthy lifestyle will lower your risk of developing other health conditions. Taking care of your overall health and wellbeing includes having a balanced diet, being physically active and getting enough sleep. Staying connected with friends and family, and finding people you can talk to about worries and concerns, will also help you to live well with HIV.

Community support

Many women find it helpful to connect with others living with HIV. It gives an opportunity to speak with someone who understands what you are going through. These people are often called peer supporters or peer mentors.

You may find confidential peer support through your HIV clinic. Also, several HIV organisations hold support groups and provide peer support. They can also give you details of organisations that can give advice on benefits, immigration or domestic abuse. See page 89 for a list of support helplines.

Your HIV clinic

To ensure that you receive the most appropriate support, you will need regular check-ups. Your HIV clinic should ask about your overall wellbeing. This will mean they can support you to manage your HIV and signpost you to any additional services if needed.

Your clinic will follow guidelines from the British HIV Association (BHIVA). This is the leading UK professional association representing professionals in HIV care. BHIVA guidelines set out the treatment and care people with HIV can expect to receive.

Your rights

Many people with HIV are in work, relationships, raising families and getting on with life. The law protects people with HIV to live well and free from discrimination.

"The law protects people with HIV to live well and free from discrimination."

The *Equality Act 2010* is a law that protects people from being discriminated against because of their disability, race, sex, age, religion or belief, sexual orientation, gender reassignment, pregnancy or maternity. These are known as protected characteristics. People with HIV are protected under the disability characteristic. You may not see yourself as disabled, but the most important thing is that you are protected.

You should receive health care and services free from stigma or discrimination. If you don't, your HIV clinic, support organisation or the National AIDS Trust can help.

You can find out more about these topics and how to deal with problems in NAM's booklet *HIV, stigma & discrimination.*

HIV treatment is free, regardless of your immigration status.

Telling people you have HIV

Telling people you have HIV (sometimes called disclosure) can be worrying. You may be afraid of people's reactions. While you need to consider the disadvantages, it is important to think about the advantages of sharing your HIV status too.

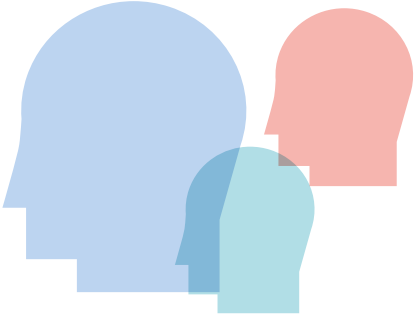
Many people tell their partners, family, friends and colleagues and receive acceptance and support.

Telling your GP (general practitioner), dentist and other healthcare professionals can ensure you get the right advice, treatment and care, including avoiding drug interactions (see page 15). You don't have to tell them, but it can be helpful. All medical professionals and their receptionists have to keep their patients' confidentiality.

In a work setting, sharing your status with occupational health, HR or your manager may make it easier to take time off for appointments. It's important to remember that there are very few jobs where you are legally required to tell your employer. A limited number of roles require you to share your status and ensure you are undetectable in order to do the role. These roles include being a surgeon, midwife, dentist and pilot.

If you are thinking about telling your child about your HIV status (and perhaps theirs too) visit the Children's HIV Association (CHIVA) for tips. Your HIV clinic can also help.

Telling sexual partners can be a worry for some. Read page 37 for advice and to learn about HIV and the law.



HIV treatment in women

HIV treatment works well for women. Unless you are pregnant or planning to conceive, the recommendations for HIV treatment are the same, regardless of gender.

Taking HIV treatment

Nowadays, people who test positive for HIV are advised to start taking treatment straight away.

This protects your immune system and can help prevent health problems occurring now and in the future. HIV (human immunodeficiency virus) weakens your immune system, and medication prevents this.

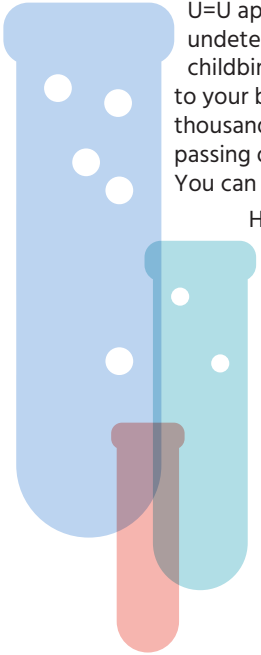
Please discuss any concerns you have with your doctor. By talking to other people who are taking HIV treatment, you can learn strategies for taking your treatment and minimise any side effects.

HIV treatment works well when your adherence is good. Adherence means taking your drugs as prescribed by your doctor. It is one of the most important aspects of managing your HIV. 'Drug resistance' is a term to describe when medication becomes less effective. This can occur if treatment is not taken every day. If you find it difficult to take your treatment regularly, talk to someone from your HIV clinic as soon as possible. You can find out more in NAM's booklet *Taking your HIV treatment*.

As part of your HIV care, you will have blood tests at your appointments. The most important tests measure your viral load (to monitor the levels of virus in the blood) and your CD4 cell count (to monitor your immune system). You can find out more in NAM's information booklet *CD4, viral load & other tests*.

Undetectable = Untransmittable (U=U)

'Undetectable = Untransmittable' (U=U) is a campaign explaining how HIV treatment stops the sexual transmission of HIV. You can read more on page 29.



U=U applies to sex only. If you are undetectable during pregnancy and childbirth, the risk of passing on HIV to your baby is just 0.1% (or one in a thousand). There is also a small risk of passing on HIV through breast milk. You can find more on page 68.

HIV cannot be passed on through hugging, kissing, sharing cutlery or a toilet seat. You can find more information about other transmission routes, including sharing needles, on **www.aidsmap.com.**

Drug interactions

A drug interaction is when one medicine (drug) affects how another medicine works. For example, when taken together, one of the drugs may not be fully effective or its side effects could be worse.

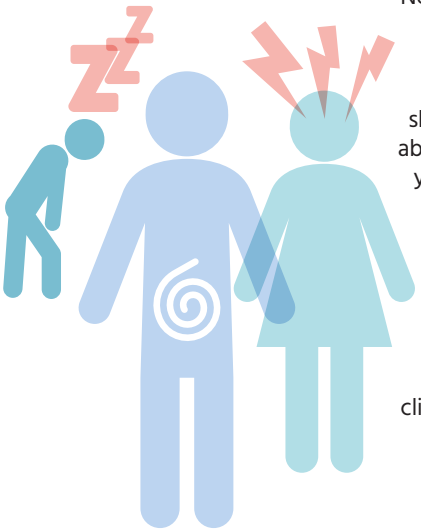
If you see different healthcare professionals for different medical needs, it is important to let them know all the medication you are taking to avoid drug interactions. This includes any medicines that you buy over the counter, vitamins, minerals, supplements, homeopathy and herbal remedies.

For example, some HIV treatment may impact the effectiveness of hormonal contraceptives or HRT (hormone replacement therapy) which is used to reduce menopausal symptoms (see pages 43 and 83).

Side effects of HIV treatment

Like any drugs, HIV treatment can cause short and long-term side effects. Short-term side effects usually last days to weeks. They are a sign that your body is adjusting to the medication. They include nausea, diarrhoea, headaches, rash and feeling tired.

Very occasionally, side effects like this continue for longer. If they do, talk to your HIV clinic about what you can do to manage the problem, such as switching treatment.



Newer anti-HIV drugs have fewer side effects than the older drugs.

Staff at your HIV clinic should talk to you about the side effects you might expect and how to minimise their impact. Your doctor will closely monitor you when you start a new drug, so it is essential to attend appointments at your clinic during this time.

Most side effects are not serious. However, certain anti-HIV drugs can cause serious hypersensitivity (allergic) reactions in a few people, usually soon after starting a new drug. It's very important you seek medical advice quickly in this situation. You can find out more about this in NAM's *Anti-HIV drugs* and *Side-effects* booklets.

As well as short-term side effects, some medications can sometimes cause longer-term side effects, although this is less common.

BHIVA guidelines recommend that doctors exercise caution prescribing the following anti-HIV medications to people with specific health conditions or who have risk factors for that condition:

- depression and other mental health problems: efavirenz or raltegravir
- heart disease: abacavir, lopinavir, darunavir or maraviroc
- kidney disease: tenofovir disoproxil or atazanavir
- bone problems: tenofovir disoproxil.

"Substantial weight gain occurs in some people after starting antiretroviral treatment."

HIV treatment trials have mainly included men, so medication doses are largely based on men's average weight. This may mean that women and young people are more likely to get side effects, due to differences in the way their bodies process medications.

Studies show that substantial weight gain occurs in some people after starting antiretroviral treatment. This tends to be greater amongst Black women and people taking certain types of medicines (such as dolutegravir and tenofovir alafenamide (TAF)).

Weight gain may be associated with changes in the levels of fats and sugars in the blood. Regular monitoring is important as high levels are associated with an increased risk of diabetes, heart disease and stroke.

Side effects from older medications

There are some side effects associated with older HIV treatment, which tended to affect women more than men.

Menstrual changes, including irregular, heavy and painful periods, are associated with some anti-HIV drugs in a group called protease inhibitors, especially *Kaletra* (lopinavir/ritonavir).

Lipodystrophy: where fat accumulates in certain parts of the body, resulting in visible changes in body shape. There may also be a reduction in fat in other areas of the body, known as lipoatrophy. It is caused by drugs including stavudine (d4T, *Zerit*), zidovudine (AZT, *Retrovir*), didanosine (ddI, *Videx*) and indinavir (*Crixivan*).

Rash and liver toxicity are associated with nevirapine (*Viramune*). They are most likely to occur in the first three months of treatment.

The above medications are now rarely prescribed.

Find out more about specific types of medication and what HIV treatment involves in NAM's booklets *Anti-HIV drugs* and *Taking your HIV treatment* in this series.

Health issues

Women with HIV have a higher risk of certain health conditions. Additional health checks are useful to stay well and, where necessary, get treated early. Many of these checks will be done by your GP. Some will be done through your HIV clinic.

Your GP is likely to be the best person to diagnose and treat other issues unrelated to HIV.

Cancer screening

Smear tests (also known as cervical screening) look at the health of your cervix. The test is done to check for certain, high-risk types of HPV (human *papillomavirus*). Some types of HPV can cause cancer if left untreated over many years. A smear test is usually done at the GP, but your HIV clinic may offer it.

Women aged 25 to 64 should be invited by letter. Usually, this is every three years, but women with HIV are advised to test every year.

It might be useful to make a note of when your smear test is due each year as it's likely you will only receive a letter reminder every three years. If you contact your GP for an appointment without a letter, the receptionist may ask why you need one. If you do not feel comfortable sharing your HIV status, you can explain that you have a health condition requiring you to get an annual smear test.

The HPV vaccine helps protect against some cancers, including cervical cancer. BHIVA recommends that all women with HIV under the age of 40 have the HPV vaccine.

Women with HIV are recommended to have breast cancer screening every three years between 50 and 70 years of age. This is the same as in the general population.

Mental health and emotional wellbeing

Women with HIV are more likely to experience mental health difficulties than men with HIV. There are many reasons for this.

Living with HIV can have a big emotional impact. As well as managing a serious illness, you may have to deal with stigma and negative attitudes.

Women with HIV are more likely to come from marginalised ethnic groups and face money problems. Also, key life moments like pregnancy and menopause can impact your mental health. See pages 72 and 79.

"If you are having a hard time, tell your HIV clinic so they can support you."

Women with HIV are more likely to experience domestic abuse. Domestic abuse is not just violence. Being put down, feeling frightened or having your movements, money and decisions controlled are all forms of domestic abuse.

Some anti-HIV drugs can affect your mental health. If you have had mental health problems in the past, it is helpful to tell your HIV doctor. That way, they can prescribe the most appropriate anti-HIV drugs for you.

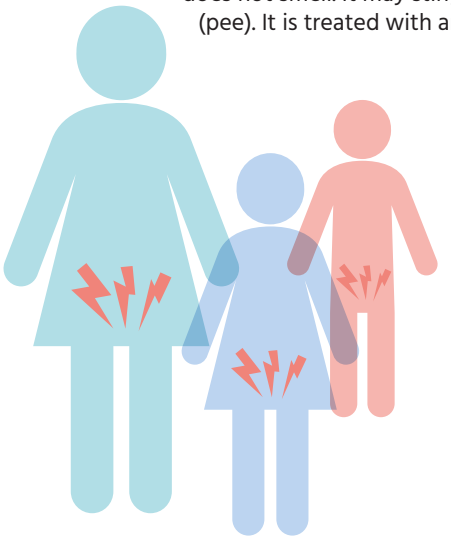
If you are having a hard time, tell your HIV clinic so they can support you.

You can find out more in NAM's booklet *HIV, mental health & emotional wellbeing.*

Candidiasis (thrush) and bacterial vaginosis

Candidiasis (thrush) is an infection that affects the genitals and mouth. Candidiasis in the mouth is relatively common in people with HIV with a low CD4 count.

Vaginal candidiasis can cause itchiness and a discharge that can either be thick and yellowy-white, or clear and watery. Usually, the discharge does not smell. It may sting when you urinate (pee). It is treated with anti-fungal drugs.



Bacterial vaginosis (BV) is a condition which occurs when the normal balance of bacteria in the vagina becomes disrupted. Often there are no symptoms. If they do occur, they can include changes to vaginal discharge, including turning grey or whitish, watery or developing a fishy smell. This may be worse after sex.

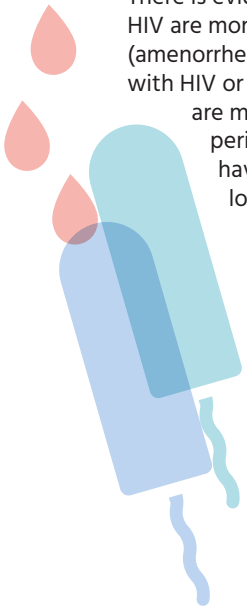
BV can go away on its own (as the balance of bacteria in the vagina corrects itself). It can be treated with antibiotics, taken as tablets or a vaginal gel.

It can increase your risk of passing on HIV during sex and childbirth. However, this is not the case if you are receiving HIV treatment and have an undetectable viral load (see page 29).

You can find out about the services offered by GPs, how to find and register with a GP, and how to make the most of GP services, on www.aidsmap.com.

Periods (menstrual cycle)

Tell your doctor if you notice any changes to your periods. Many women experience changes in their menstrual cycles at various times. These include irregular periods, menstrual flow changes (heavier or lighter) and pre-menstrual symptoms getting worse.



There is evidence to suggest that women with HIV are more likely to have missed periods (amenorrhea). It is unclear whether this is to do with HIV or other factors that women with HIV are more likely to have in common. Missed periods are more common in women who have a low CD4 cell count or a high viral load.

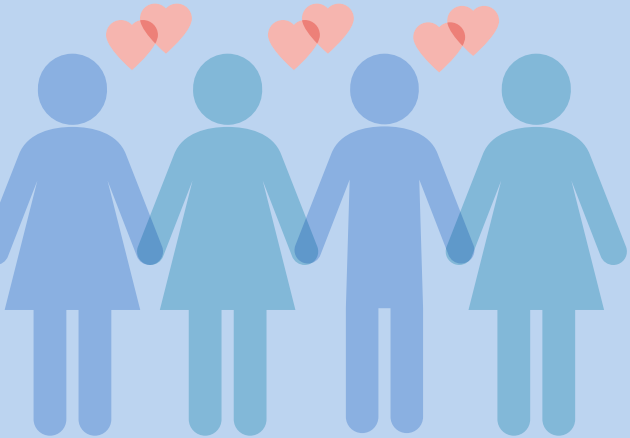
Changes in your menstrual cycle may be due to non-HIV reasons: pregnancy, stress, sudden weight loss, being overweight, and extreme exercising. Health problems, including fibroids (growths that develop from the uterus' smooth muscle layer) can also affect your cycle.

"Missed periods are more common in women who have a low CD4 cell count or a high viral load."

FGM (female genital mutilation) can cause menstrual problems. FGM involves the partial or total removal of the external female genital organs. There are a range of long-term health problems associated with FGM, including chronic pain and complications during sex and childbirth. Talk to your HIV clinic if you have experienced FGM. You can find specialist services available to help you through Womankind Worldwide.

Sex and HIV

Many women with HIV are sexually active and have fulfilling sexual and emotional relationships. Good sex, intimacy and physical pleasure are integral aspects of wellbeing.



Preventing the transmission of HIV

If you have an undetectable viral load, you cannot pass HIV on during sex, even if you do not use a condom. This has been life-changing information for many people living with HIV.

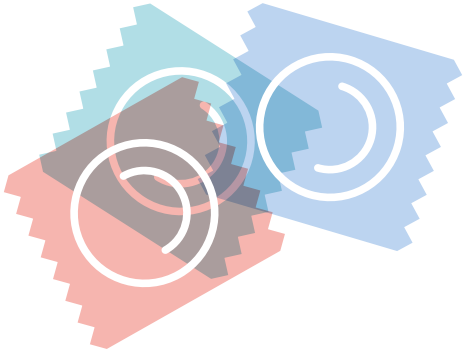
"If you have an undetectable viral load, you cannot pass HIV on during sex, even if you do not use a condom."

When a person with HIV is on effective treatment, it lowers the amount of HIV (the viral load) in the blood. When the levels are extremely low (below 200 copies/ml of blood measured) it is called an 'undetectable viral load'. It is also known as being virally suppressed.

Two studies (known as PARTNER 1 and PARTNER 2) involved 516 heterosexual couples and 972 gay male couples. In each couple, one partner had HIV and the other did not. Over the course of the study, the heterosexual couples had 36,000 acts of condomless penetrative sex and the gay couples, 77,000 acts. The studies did not find a single HIV transmission from an HIV-positive partner who had an undetectable viral load.

Having an undetectable viral load does not mean you are cured of HIV. If you stopped taking treatment, your viral load would increase and become detectable again.

If you have a detectable viral load, there are other options. Condoms can prevent HIV transmission. PrEP is a drug taken by people who don't have HIV to stop them from getting HIV.



Sexual pleasure

Your sexual wellbeing is more than not passing on HIV or avoiding sexually transmitted infections (read page 38). Enjoying a healthy sex life, intimacy and physical pleasure are important parts of your overall health.

However, limited research on women with HIV indicates that many are likely to experience sexual difficulties.

Four types of sexual problems are commonly reported:

- losing interest in sex
- problems with arousal: difficulties becoming relaxed and lubricated
- orgasm problems: not having an orgasm at all or taking a long time to have one
- pain during sex.

Sexual difficulties may be caused by one or more factors, including physical, psychological, emotional and relationship factors.

Physical factors

Your experience of sex can be affected by poor physical health, imbalanced hormone levels, and heart problems. It can also be influenced by life stages, for example being pregnant or older. Menopause can cause vaginal dryness and a lack of interest in sex.

Medications for mental health conditions, high blood pressure and contraception can all have an impact on sexual desire.

Psychological factors

Many women with HIV experience a temporary loss of libido (the desire for sex) after being diagnosed. If you acquired HIV at birth or during childhood, how you feel about your first sexual experiences may be more complex because of your status. Fear of transmission may impact how you feel about having sex. Previous sexual trauma such as abuse or rape can impact on feelings about sex. Mental health problems can impact sexual desire.

Emotional and relationship factors

Issues such as difficulty speaking about HIV with your partners, concerns about prevention and safety, trust issues, infidelity, and decreased intimacy can contribute towards sexual problems.

Talk to your HIV clinic or a support organisation if you are worried; they will help you find ways of managing it.

What can help?

Some women are vulnerable in negotiating safer sex for social and cultural reasons. Some women have difficulty persuading a partner to use a condom. One option that puts you in control of safer sex is the female/internal condom (*Femidom*), which can also heighten sexual pleasure.

Masturbation (solo play/pleasuring yourself) can improve your sex life and desire. Masturbation involves touching and rubbing parts of your body for sexual pleasure. It is completely normal. Masturbation can help you understand your body better and increase your pleasure by yourself or with others.

Lubricants and vaginal creams can help with vaginal dryness.

Find out more at Life and Love with HIV, an online community focusing on sexual wellbeing among women with HIV.

Telling your sexual partners you have HIV

Sharing your HIV status with a sexual partner can be particularly daunting. Deciding whether to share, when to do it and how will depend on various factors.

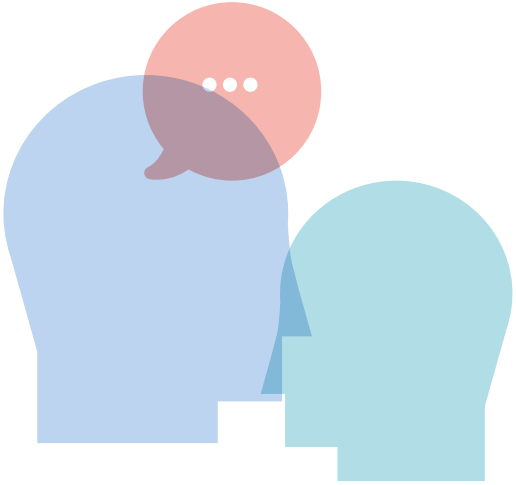
The nature of your relationship may influence this process: telling a casual partner you have HIV is likely to be different from telling a long-term partner. Talking about U=U may help a partner feel less anxious about sex.

You need to think about all the benefits and disadvantages of telling others and what works best in terms of how to tell them. It is important to remember that there may be legal considerations (see page 37). Beyond these considerations, sharing this information needs to be done in a way that makes you feel safe, confident and sexually empowered. It is your information to share.

Telling a long-term partner

It may take some time for you and your partner to process this, but telling your long-term partner might give you additional support.

They may ask how you acquired HIV. There may be concerns about whether you could have passed HIV on to them or if that could happen in the future. It's important that your partner gets tested for HIV: your HIV clinic can help with this.



Telling a new partner

Timing can be important. Some women tell people straight away, as it helps filter out people with discriminatory beliefs before feelings have had a chance to develop. While this works for some, many find it stigmatising. They may feel it does not give a potential partner the chance to know you without the label of 'HIV positive'.

It will help to be prepared for it going well or not so well. Reactions may differ from person to person, but many women have had positive reactions.

It may be helpful to talk to other people with HIV about how they deal with these kinds of situations.

"It may be helpful to talk to other people with HIV about how they deal with these kinds of situations."

HIV, sex and the law

In England, Wales and Northern Ireland, it is possible to have legal action taken against you if you pass HIV on to a sexual partner. This will only happen if *all* of the following apply:

- you suspect or know you are HIV positive
- you suspect or know you have a detectable viral load
- you have sex without a condom without telling your sexual partner your HIV status
- your partner acquires HIV as a result.

This would be considered 'reckless transmission'.

There is no legal obligation to share your HIV status to a sexual partner, but if you are charged with transmitting HIV, proving that your partner knew you were HIV positive would help your defence.

If you take precautions to protect your sexual partner from HIV by using a condom or by taking HIV treatment to keep your viral load undetectable, it is extremely unlikely you would be charged with reckless transmission.

In Scotland, the law is different. Besides being charged for passing on HIV in those circumstances, it is possible to be prosecuted for putting another person at risk of HIV infection, even if they don't become HIV positive. Proving that you shared your HIV status to your partner would help your defence.

Sexually transmitted infections

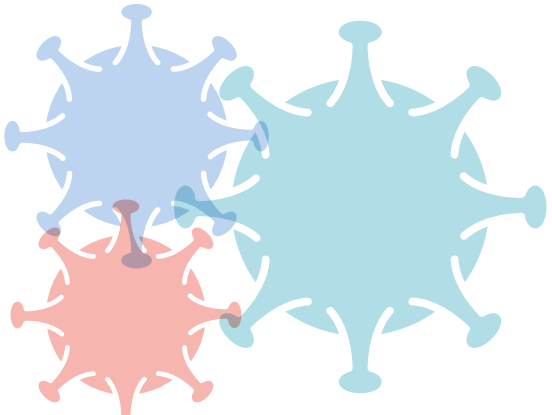
Bacteria, viruses or parasites can cause sexually transmitted infections (STIs). Common STIs include:

- chlamydia
- genital and anal warts (caused by the human *papillomavirus*, or HPV)
- gonorrhoea
- *Mycoplasma genitalium*, a bacterial infection
- hepatitis B
- herpes (caused by the herpes simplex virus, or HSV)
- syphilis
- parasites such as pubic lice (sometimes called crabs) and scabies
- trichomoniasis, an infection caused by a very small parasite.

Antibiotics, given as tablets or by injections, can cure bacterial infections such as chlamydia, gonorrhoea and syphilis. However, if left untreated, some STIs can cause severe irreversible health problems.

Some viral infections, such as herpes, hepatitis B and HIV, cannot be cured. However, their symptoms can be reduced or treated.

There are vaccines available for HPV, hepatitis A and hepatitis B. HPV can cause genital and anal warts, as well as cervical cancer. Women with HIV (up to the age of 40) are recommended to have the HPV vaccine. The hepatitis B vaccine is recommended for all people with HIV.

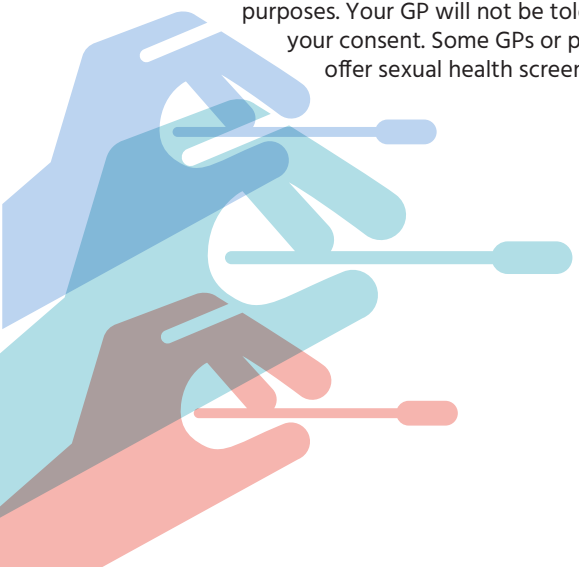


Sexual health check-ups

Regular sexual health check-ups are important, even if you are in a long-term relationship.

You can choose which sexual health clinic to go to. It does not have to be the one nearest your home or the one linked to your HIV clinic. Depending on the services in your area, you may also be able to test yourself at home.

All treatment at NHS sexual health clinics is confidential and free of charge (even if you are not normally entitled to free NHS care). The clinic will need a record of your postcode for administration purposes. Your GP will not be told without your consent. Some GPs or practice nurses offer sexual health screens.



It is important to be honest about the kind of sex you have had so you are given the appropriate tests. Sexual health clinics are very used to seeing all communities affected by HIV.

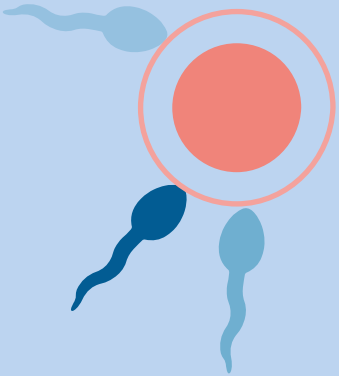
If you have an STI, you may be offered the opportunity to see a health adviser. Health advisers can give you information about STIs, how to avoid and treat them. They can provide support and help if you are experiencing sexual difficulties.

They can help you contact your sexual partners, if this is possible or practical, so they can also be tested and treated. This can be done anonymously.

For more information about STIs and sexual health in general, read NAM's *HIV & sex* booklet.

Contraception

Contraception is a way to prevent pregnancy. The National Health Service (NHS) provides free access to contraception, regardless of your immigration status. Contraception is available from GPs, pharmacies, and sexual health clinics.



Hormonal contraceptives

Several anti-HIV drugs interfere with how hormonal contraceptives work, meaning contraceptives may not be as effective (see page 15). If this happens, you can be supported to change your HIV treatment so that you can use your preferred contraceptive method.

Some other medications, including some antibiotics, can make hormonal contraceptives less effective. Getting advice on possible drug interactions from your HIV clinic is important. Let them know about any other drugs you are taking.

These hormonal contraceptives may be less effective, depending on the HIV treatment you are taking:

- the combined pill
- 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 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.

Long-acting reversible contraception

Long-acting reversible contraceptives (LARC) are very effective birth control methods. Depending on the type, they can last between three months and five years. They offer the convenience of not having to take additional tablets.

Three long-acting options are not affected by HIV treatment: the intrauterine device (IUD or coil), the intrauterine system (IUS), and injections. The implant is another form of LARC but it is affected by some HIV treatments.

The IUD is a small, T-shaped device made from plastic and copper that fits inside the womb (uterus). It is sometimes called a coil. It releases copper into the body, causing changes that prevent sperm from fertilising eggs. Once fitted, it works for five to ten years.

The IUS is a small plastic device also fitted in the womb, which contains hormones. Brand names include *Mirena*, *Jaydess* or *Kyleena*. Periods usually become lighter, sometimes stopping them altogether. Some women use the IUS to reduce heavy, painful periods. It works for three to five years (depending on the brand).

For the IUD and IUS, you will be offered a sexual health screen, and any sexually transmitted infections (STIs) will be treated before a doctor or nurse fits the coil. They can be painful to fit, so ask about pain relief. Both the IUS and IUD can be easily removed if it doesn't suit you. Once removed, your fertility will return to normal immediately, but it may take three months for periods to return to normal.

The most common type of contraceptive injection is called *Depo-Provera* (commonly known as the *Depo*); it contains the hormone progestogen and each injection lasts for 13 weeks. The injection sometimes leads to a small loss of bone mineral density. As some anti-HIV medications and age can also affect bone mineral density, it's important to discuss this with your HIV clinic. Unlike the other long-acting reversible contraceptives, an injection cannot be removed once it is injected so it will stay in your body for 13 weeks.

"There are some drug interactions between the implant and some anti-HIV medications."

After your last injection, there may be a delay of up to one year before your fertility returns to normal.

Sayana Press is another type of injection. It is similar to the *Depo-Provera* except that you can inject yourself.

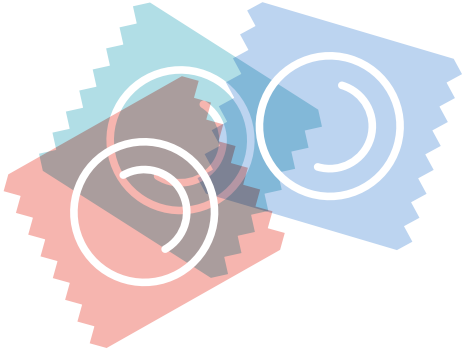
The implant (*Nexplanon*) is a small flexible plastic rod that's placed under the skin in your upper arm. It releases the hormone progestogen into your bloodstream and lasts for three years. It can be easily removed if it doesn't suit you. Once removed, your fertility will return to normal immediately. There are some drug interactions between the implant and some anti-HIV medications, so it's important to talk to your HIV clinic if you would like to use this method.

Condoms

Condoms are the only form of contraception that also protect against STIs. Different types of condoms are available: both male condoms (also known as external condoms) and female condoms (also known as internal condoms or *Femidoms*).

If you have an undetectable viral load, you do not need to use condoms to prevent HIV transmission. People with an undetectable viral load cannot pass on HIV during sex.

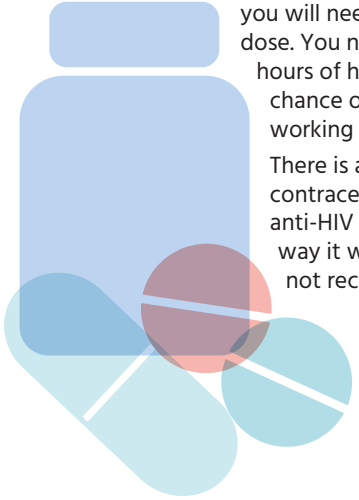
Condoms are not as effective as long-acting reversible contraceptives. They need to be used properly and consistently in order for them to be effective. Some women choose another form of contraception as a back-up and to feel more in control.



Emergency contraception

If there's an occasion where you haven't used any contraception or a contraceptive fails (for example, a condom breaks or comes off during sex), the emergency contraceptive pill is available to buy from chemists. You may also be able to get free emergency contraception from a GP, sexual health clinic or the accident and emergency department (A&E).

It's important you let the doctor or pharmacist know if you are on HIV treatment, as some anti-HIV drugs interfere with the way the emergency contraceptive pill (*Levonelle*) works, and you will need to take twice the normal dose. You need to take the pill within 72 hours of having sex, ideally sooner, as the chance of the emergency contraception working reduces with time.



There is a second emergency contraceptive pill called *ellaOne*. Some anti-HIV drugs also interfere with the way it works, but increasing the dose is not recommended.

"It's important you let the doctor or pharmacist know if you are on HIV treatment"

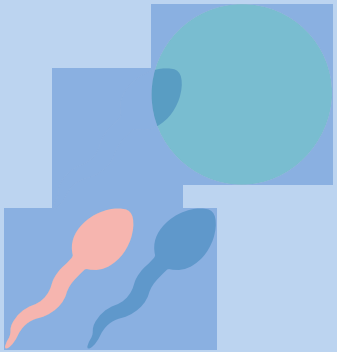
The intrauterine device (IUD or coil) can also be used as an emergency contraception if it is inserted up to five days after sex. Once fitted, it works for five to ten years.

If you have a detectable viral load and your partner is HIV negative and a condom breaks or comes off during sex, your partner should visit a sexual health clinic or A&E department as soon as possible (within 72 hours) to be prescribed post-exposure prophylaxis (PEP). This is a short course of anti-HIV drugs which may prevent them from acquiring HIV.

The HIV support organisations mentioned at the end of this booklet can help you to have a conversation about PEP.

Conception (getting pregnant)

Many women living with HIV have given birth to babies without HIV. Discuss your options with your HIV clinic and other women with HIV as soon as you start thinking about having a baby.



If you have an undetectable viral load, and neither of you have any sexually transmitted infections (STIs), sex without a condom is fine. Your HIV clinic should offer you a sexual health screening, as it will be important to know that you and your partner are in good general health.

If you have a detectable viral load, it is important to discuss your options with your HIV clinic. The aim will be to reduce or remove the risk of transmission to your partner (during sex) and your baby. This may include your HIV-negative partner taking PrEP (a medication which prevents HIV transmission).

If your partner also has HIV and has a detectable viral load, it is important to discuss conception options with your clinic.

If you or your partner also have hepatitis C, talk to your HIV clinic. Some hepatitis C treatment isn't suitable to take during pregnancy or even when trying to conceive for both women and men. But with newer hepatitis C treatment, most people can be cured of hepatitis C within 8 or 12 weeks.

"If you have a detectable viral load, it is important to discuss your options with your HIV clinic."

Everyone planning a pregnancy – whether or not they have HIV – is advised to take a daily folic acid supplement whilst trying to conceive and for the first 12 weeks of pregnancy. Folic acid (vitamin B9) helps cells in the body to develop. It is difficult to get enough through diet alone. If you are taking the anti-HIV medication dolutegravir you will be advised to take a higher dose of folic acid (5mg). If you are taking a drug called cotrimoxazole (*Septrin*), you may need to take an increased dose if you are also taking folic acid.

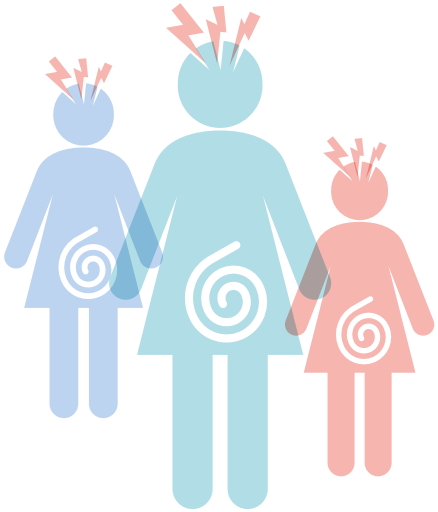
Mentor Mothers provide support during and after pregnancy. They are available at Positively UK and 4M Mentor Mothers.

Fertility

There's some evidence that women with HIV find it harder to become pregnant.

HIV can affect your body's ability to produce the hormones oestrogen and progesterone. This can affect your fertility or lead to an early menopause, meaning you are unable to get pregnant naturally, particularly if your CD4 cell counts are low.

If you are not pregnant after six months of trying, talk to your doctor for advice.



Pregnancy and birth

Being on effective HIV treatment and having an undetectable viral load reduces the risk of HIV transmission to your baby to 0.1%, or one in a thousand. (Without any sort of treatment or care, the risk of transmission is around 35%, or more than one in three.)

Health care during your pregnancy

A multidisciplinary antenatal team will look after you during your pregnancy. As well as your HIV doctor, you are likely to see other doctors, including an obstetrician (who focuses on pregnancy and childbirth) and a paediatrician (who focuses on children), as well as a specialist midwife (who focuses on pregnant women with health conditions).

Other people you may see could include your GP, a community midwife, a health visitor, a doula (a trained companion who supports and advocates for women during pregnancy and birth), a peer support worker, a patient advocate, a counsellor, a psychologist or a social worker.

Your healthcare team is there to support you and connect you with other people who can help. It's essential that you feel you can trust your healthcare team to provide the best possible care, to support you and to protect your interests.

Staff should keep your HIV status confidential from people in your personal life, if that is what you wish. However, there may be some instances where they need to share your information with other healthcare professionals to ensure that you receive the appropriate health care.

UK guidelines for all pregnant women recommend that women have an antenatal care appointment as early as possible – ideally, before 13 weeks of pregnancy.

You will continue to have regular HIV clinic appointments during pregnancy. There will be additional tests and scans that all pregnant women receive. These include tests for Down's syndrome and for liver function. Liver function can be an important indicator of several pregnancy-related health problems (unrelated to HIV). It is also important to monitor liver function if you have started HIV treatment while you are pregnant.

If you also have hepatitis

Having hepatitis B or hepatitis C as well as HIV can make managing treatment and care during your pregnancy more complicated.

Your antenatal care team should work closely with your hepatitis doctor so that you get the right care.

If you have just been diagnosed with HIV

Being diagnosed with HIV whilst pregnant can cause emotional and mental distress.

Coming to terms with your diagnosis may take time. Knowing your status means you have done one of the most important things to prevent HIV from being passed on to your baby. You will be advised to start taking medication as soon as possible. If you do, it is likely that you will give birth to a baby without HIV.

HIV treatment during pregnancy

Taking HIV treatment will significantly reduce the risk of passing HIV to your baby in two ways.

Firstly, HIV treatment reduces your viral load so that your baby is exposed to less of the virus in the womb and during birth.

Secondly, some anti-HIV drugs can also cross the placenta and enter your baby's body to prevent transmission.

Morning sickness

Morning sickness – nausea and vomiting – in the first three months of pregnancy is common.

If you are finding it difficult taking HIV treatment because of it, talk to your healthcare team. They will talk through different options with you.

Choice of anti-HIV medication

Your clinic will let you know if your medication is suitable during pregnancy. If your current anti-HIV medication is effective you will likely be advised to keep on taking it.

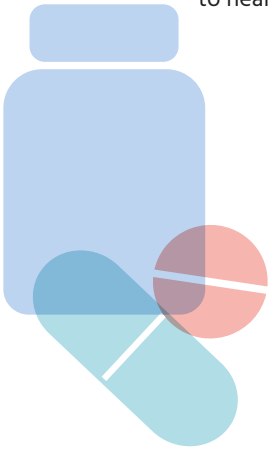
If you are starting HIV treatment while trying to get pregnant or during pregnancy, your doctors may recommend these medications that are particularly safe during conception and pregnancy:

- tenofovir disoproxil/emtricitabine
- abacavir/lamivudine
- efavirenz
- atazanavir/ritonavir
- raltegravir.

Safety of anti-HIV medications

Women are often advised to avoid taking medications during pregnancy (particularly during the first three months). This is because of the potential risk of drugs interfering with the development of the baby. For this reason, it is important to let your HIV clinic know about all the medication that you are taking.

In the case of HIV treatment, however, the benefit of preventing HIV transmission to the baby outweighs any potential risks from using HIV treatment. The health benefits for the mother also outweigh these risks. Many women have taken HIV treatment during pregnancy and have given birth to healthy, HIV-negative babies.



Nonetheless, if you are trying to get pregnant or are in the early stages of pregnancy and you are taking dolutegravir (*Tivicay*, also included in *Dovato, Juluca* and *Triumeq*), it is important to discuss this with your doctor.

When taken early in pregnancy, dolutegravir has been associated with a slight increase in neural tube defects (affecting development of the brain and spine). If you are on dolutegravir and planning to conceive, you may be advised to switch medication.

It is important to remember that the risk is only slightly higher. On dolutegravir, the chances of neural tube defects is 2 in 1000 births, whereas on other HIV treatment it is 1 in 1000 births. Taking folic acid is important because it can help to prevent birth defects.

If you are more than six weeks pregnant and already taking dolutegravir, you will be advised to stay on it. There are no safety concerns with dolutegravir after the sixth week of pregnancy.

HIV and childbirth

In the UK, women are encouraged to think about birth delivery in advance, and to prepare a 'birth plan'.

This is a written record of your preferences for the birth – including where you would like to give birth, what pain relief you would like and who you would like to have with you as your birthing partner. It is important to let your antenatal team know whether your birthing partner knows your HIV status, so they can maintain your confidentiality if necessary.

Decisions about your care will sometimes depend on your viral load. When you are 36 weeks pregnant, you and your antenatal team can discuss whether you have a vaginal birth or a caesarean.

Having a vaginal delivery

A vaginal delivery is safe when a woman has an undetectable viral load (below 50 copies/ml). Once your labour has started, it should be managed in the same way it would be for a woman without HIV.

Some women consider water births. There is little evidence about the safety of water births for babies born to women with HIV, mainly because they are less common. If you would like a water birth and have an undetectable viral load, you should be supported to do so.

Having a caesarean delivery

A caesarean (c-section) may be necessary if your viral load is high as this will reduce the risk of transmission. You doctor will discuss this with you. Caesareans normally happen between 38 and 39 weeks of pregnancy. This may be called a planned caesarean section or a pre-labour caesarean section (known as a PLCS).

If your viral load is above 50 but below 400, the decision will be based on how quickly your viral load is decreasing, how long you've been on treatment, if you've had any trouble taking your medication and your views on caesarean sections.

If your viral load is above 400, your doctor will recommend a caesarean.

"A vaginal delivery is safe when a woman has an undetectable viral load"

There may also be other medical reasons to have a caesarean. Your doctor will look at any non-HIV-related reasons for or against a vaginal delivery, including your views and preferences.

After your baby is born

Your doctor will review your HIV treatment after your baby is born and discuss options with you, if you switched medication during pregnancy.

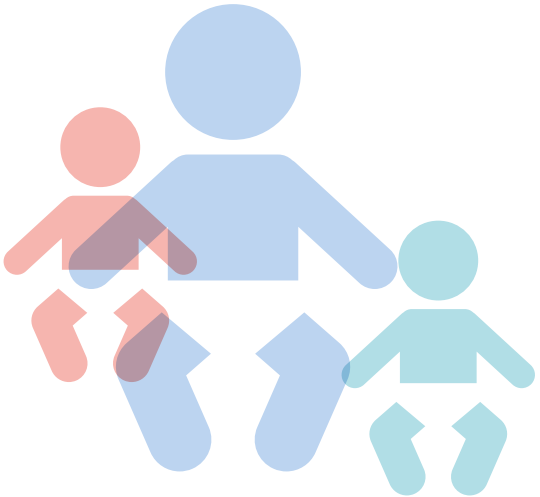
You may find it harder to take medication after having a baby. Your HIV clinic will be able to offer support, so discuss this with them.

Infant PEP

For the best chance of preventing HIV, your baby will need to take HIV treatment for between two and four weeks.

The precise amount of time and medication will depend on your viral load when you were 36 weeks pregnant.

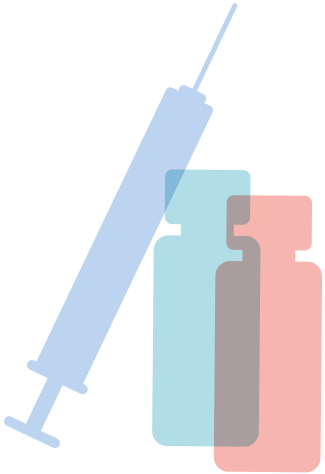
The medication is sometimes called infant post-exposure prophylaxis (infant PEP). Your baby must have this medication within four hours of birth.



Vaccinations

Your baby should receive the same immunisations (vaccinations) that are recommended for all babies born in the UK.

Immunisations are especially important for the children of women with HIV. The NHS website has more information about childhood vaccinations at **www.nhs.uk/conditions/vaccinations**



Testing

Your baby will be tested for HIV several times in their first two years.

If you aren't breastfeeding, there will usually be three tests (at one-month, three-months and 18-months old) and then a final test around your baby's second birthday.

If you breastfeed, your baby will be tested every month while you are breastfeeding and for another two months after you stop breastfeeding. There will be a final test around your baby's second birthday.

If your baby is diagnosed with HIV, your baby will be referred to a specialist clinic for children with HIV, so they can receive the care they need.

Testing your family

If you have found out you have HIV during pregnancy and you already have children, it is important that they are tested for HIV.

Staff at your HIV clinic will discuss this with you.

Your HIV clinic can also support you to tell your partner and discuss how they can get tested for HIV.

Feeding your baby

U=U does not apply to breastfeeding. There is a small chance of HIV being passed on if you breastfeed, even if you are undetectable.

Bottle feeding (formula feeding) is recommended in the UK partly because safe clean water, bottle sterilising equipment and appropriate formula milk are widely available. In other parts of the world, this may not be the case.

However, if your viral load is undetectable and you agree to additional tests for you and your baby, you should be supported to breastfeed if you choose to do so. Talk to your HIV clinic before you start breastfeeding.

Formula usually comes as dry powder (to mix with water) or ready-to-feed liquid formula (which is more expensive). Your HIV clinic or support charities may be able to offer financial support.

If you bottle feed, your healthcare team should offer you a tablet that stops milk being produced after your baby is born.

Feeding time can still be an occasion for bonding with your baby. Holding your baby 'skin to skin', with no clothes between you, while you are feeding, can help you feel close to your baby.

If friends, relatives or healthcare workers ask you about why you are not breastfeeding, you should not feel that you have to explain. However, if you would like to talk about this, without sharing your HIV status, there are many reasons why HIV-negative women do not breastfeed, including:

- breast milk not 'coming down'
- the baby not being able to suck properly
- having painful nipples and/or breasts (including inflammation of the breast, a condition called mastitis), or blocked milk ducts
- taking antibiotics for an infection
- for personal reasons (for example, it allows a partner to share night-time feeding duties).

"There is a small chance of HIV being passed on if you breastfeed, even if you are undetectable."

Your HIV team should understand that not breastfeeding may be a difficult decision. A Mentor Mother (see page 52) can support you with this and talk to your healthcare providers.

Your medical team should give you advice on both options: bottle feeding or breastfeeding. You should still be supported to breastfeed by your HIV clinic, if you are undetectable and follow medical advice. You should feel that you can discuss this with your team without any fear of being judged. It is important that you discuss any concerns as soon as possible (even during your pregnancy).

The less time you breastfeed, the less risk there is of passing HIV on. A large breastfeeding study was done in African countries and India with mothers taking HIV treatment.

The study estimated the risk of transmission at 0.3% (after six months of breastfeeding) and 0.6% (after 12 months of breastfeeding).

You should stop breastfeeding if:

- your HIV becomes detectable
- you or your baby have tummy problems
- your breasts and/or nipples show signs of infection (cracked, sore or bleeding nipples).

It may help to have some breast milk frozen, in case any of the above does occur. That way you can continue to give your baby breast milk without increasing the risk and can return to breastfeeding once you and your baby are both well again.

Another option is donated milk from Hearts Milk Bank. They can support mothers living with HIV, including for a temporary period.

While you are breastfeeding it is important that you do not give your baby solid food (this is known as mixed feeding), as this increases the chance of HIV being passed on compared with breastfeeding alone.

BHIVA recommends breastfeeding for six months at most. When it's time to stop breastfeeding, it is important that you stop altogether before giving your baby other food or liquids. Weaning (gradually stopping breastfeeding) is not recommended for babies born to mothers living with HIV. Your HIV clinic, a midwife and a Mentor Mother can support you with this.

Your emotional wellbeing after you have your baby

After giving birth, you are likely to feel many different emotions. The change in your hormone levels, your body recovering and change in your routine can be a big shock.

It is common that women feel mildly depressed during the first week after childbirth. This is often called the 'baby blues'. Symptoms can include feeling emotional, bursting into tears for no apparent reason, feeling irritable or touchy, low mood, anxiety and restlessness.

These symptoms are normal and usually only last for a few days.

"It is common that women feel mildly depressed during the first week after childbirth."

Postnatal depression is a much deeper and longer-term depression than the baby blues. It affects one in ten women. It often starts two to eight weeks after the birth, though sometimes it can happen up to a year after the baby is born.

You will be given an assessment for postnatal depression shortly after your baby is born and a few months afterwards.

Postnatal depression affects women in different ways. You may feel:

- down, upset or tearful
- restless, agitated or irritable
- guilty, worthless and down on yourself
- empty and numb
- isolated and unable to relate to other people
- finding no pleasure in life or things you usually enjoy
- a sense of unreality
- no self-confidence or self-esteem
- hopeless and despairing
- hostile or indifferent to your partner
- hostile or indifferent to your baby
- suicidal.

Experiencing postnatal depression does not mean you won't be a loving, supportive and caring parent, but motherhood may feel more of a challenge.

"...postnatal depression does not mean you won't be a loving, supportive and caring parent"

If you think you have postnatal depression, there is a lot of support available. Reach out to your health visitor or GP. If you don't feel up to making an appointment, ask your loved ones to do it on your behalf. If you have been diagnosed recently, talking about HIV with people you trust can reduce levels of postnatal depression.

Pregnancy loss

Miscarriage and stillbirth is more common among women with HIV than in HIV-negative women, although the reasons are unclear.

Losing a baby during pregnancy is a major loss for parents. Support is available from organisations such as The Miscarriage Association, SANDS, and Tommy's, as well as 4M Mentor Mothers.

A long life with HIV

A third of women with HIV in the UK are aged 50 or over. If you were diagnosed a long time ago, reaching middle and older age may not have been something you thought possible. Ageing can bring a mixture of emotions and new experiences, but the outlook has never been better.

Studies show that HIV treatment works well for older people. However, people with HIV have higher rates of the following conditions than other people of the same age: heart disease, diabetes, kidney disease, liver disease, bone problems and some cancers. The reasons aren't quite clear.

Part of the explanation may be that some of the earlier anti-HIV drugs occasionally had harmful effects.

Also, while taking HIV treatment strengthens the immune system and prevents many HIV-related illnesses, it may not fully reverse all damage to the immune system. HIV may continue to cause ongoing, low-level inflammation and immune activation. These unhelpful responses of the immune system to HIV are likely to contribute to a wide range of health problems.

Things that are not directly linked with HIV can also raise the risk of health problems in people with HIV. Those most affected by HIV are often from other marginalised groups. This can impact their access to health care and how they experience the world, which could lead to more stress.

"Regular monitoring also means that conditions may be spotted sooner "

More regular monitoring also means that conditions may be spotted sooner by health care providers in people with HIV than in HIV-negative people.

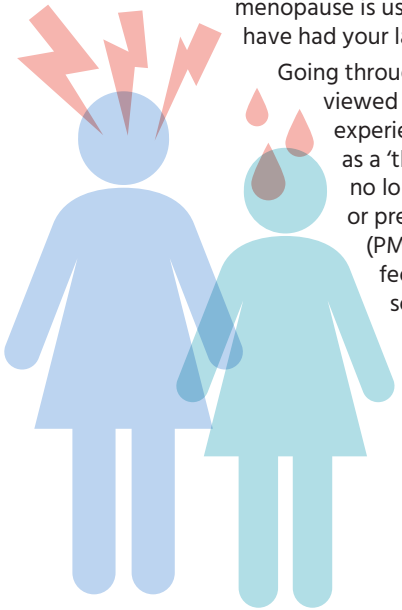
As you get older, the focus of your health care will widen to pay attention to different health issues. You may need to take additional medication (read page 15 about drug interactions).

You can find out more about getting older in NAM's booklet *A long life with HIV*.

Menopause

Menopause is a natural part of ageing. Symptoms usually start between the ages of 45 and 55 due to changes in sex hormones, but sometimes start earlier.

Periods become less frequent or irregular for a few months or years, before they stop altogether. The time of change leading up to your last menstrual period is called the 'perimenopause'. The term menopause is used 12 months after you have had your last period.



Going through this transition is viewed differently by those who experience it. Some view it as a 'third age' and celebrate no longer having periods or premenstrual syndrome (PMS). Others find it difficult, feeling a sense of loss of self or of femininity.

What are menopausal symptoms?

Beyond changes to periods, there are different symptoms linked to the menopause:

Bodily symptoms (also known as somatic symptoms): hot flushes (short, sudden feelings of heat, usually in the face, neck and chest, which can make you sweaty); headaches; fatigue; muscle and joint pain; palpitations or heart discomfort; night sweats (hot flushes that occur at night); difficulty sleeping.

Vaginal problems (also known as urogenital symptoms): vaginal dryness and pain; itching or discomfort during sex (experienced more in people with HIV); urinary tract infections.

Psychological symptoms: mood changes such as low mood or anxiety; reduced interest in sex (low libido); problems with memory and concentration (brain fog); irritability; exhaustion.

Symptoms may impact work, your social life and your relationships. It's important to discuss your symptoms with your HIV clinic, especially if they are impacting you day-to-day. This should not be an isolating or lonely period in your life.

The symptoms may be difficult to deal with, but do not last forever and can be managed.

How is it managed?

Hormone replacement therapy (HRT) relieves troubling menopausal symptoms. It replaces the hormones that are lost during menopause. It can be taken as a tablet, patches or gel. You take it for as long as you need it. Women without a womb can take oestrogen only. Women with a womb must take oestrogen with progestogen to protect the womb lining.

HRT comes with both benefits and risks which your GP and HIV clinic should discuss with you. It is extremely effective at reducing menopausal symptoms. It also has benefits in terms of muscle strength, bone health and diabetes. While one type of HRT (oestrogen only) can reduce the risk of heart disease and breast cancer, the other type (oestrogen and progestogen) has been associated with an increase in the risk of breast cancer, and a very small increase in the risk of heart disease when started in women aged over 60. Recent research in the general population has shown that HRT is not associated with an increased risk of death.

Are there non-medical ways to manage symptoms?

Cognitive behaviour therapy (CBT) and peer support can help to manage the psychological symptoms.

Lifestyle changes can also help. Regular exercise, stopping smoking and reducing your intake of caffeinated drinks and alcohol can all help reduce symptoms.

Does the menopause affect sex?

Vaginal dryness is common in menopausal women and it often causes discomfort during sex, but it can be relieved. A vaginal oestrogen cream or pessary (a device that goes into the vagina) raises local hormone levels and relieves vaginal dryness. Lubricants, foreplay and masturbation can also help.

Testosterone supplements can help to restore sex drive.

"Some anti-HIV medications have an impact on the effectiveness of HRT."

During perimenopause you could still become pregnant, so consider contraceptive methods if you do not want to get pregnant.

Are things different for women living with HIV?

Studies suggest that women with HIV experience more severe symptoms than women without HIV. It is not clear if they experience symptoms at an earlier age though. Some US studies suggest that Black women in the general population experience more severe menopausal symptoms and that these start earlier (around two years than other women).

Some anti-HIV medications have an impact on the effectiveness of HRT, so speak to your HIV clinic to see if the HRT dose needs to be adjusted. HRT does not impact the effectiveness of anti-HIV medication.

What's the link with other conditions?

Women lose about 10% of their bone mass during the menopause process, increasing the risk of osteoporosis and fractures. After the menopause, women may be more vulnerable to cardiovascular disease.

More information about the menopause is available at **www.aidsmap.com** and the Sophia Forum website.

Osteoporosis

Osteoporosis is the thinning of the bones through loss of bone mineral density. This means that some bones have lost some of their strength and that you are at greater risk of a broken bone (fracture) after a minor trip or fall.

How can you lower the risk?

Any weight-bearing exercise and activities that promote balance and good posture are beneficial, but walking, running, dancing and weightlifting are particularly helpful.

A healthy diet, with plenty of vitamin D and calcium is beneficial. Oily fish, liver, fortified spreads and cereals, and egg yolks are a good source of vitamin D (as is sunlight). Calcium can be found in milk and dairy products, leafy green vegetables, beans, nuts, sesame seeds and many types of fish (e.g. salmon and sardines). You could talk to a dietitian to see if you can adapt your diet to increase the calcium and vitamin D it provides. Some women take supplement tablets; it is a good idea to talk to someone at your HIV clinic, or your GP before starting them as some impact HIV drugs. There's more information in NAM's *Nutrition* booklet.

Stopping smoking and reducing alcohol intake can reduce your risk of osteoporosis.

There are also some treatments available to improve bone density. Your HIV clinic can give you more advice on changes to your HIV treatment and lifestyle that may help.

Are things different for women living with HIV?

People with HIV tend to have lower-than-normal bone mineral density. It's not entirely clear why this is, but it seems likely that it is caused by differences in lifestyle, by HIV itself and by the effects of treatment (certain anti-HIV drugs may cause bone loss). There's some evidence that women with HIV who also have hepatitis B or C have an increased risk of reduced bone mineral density.

How is bone density measured?

The FRAX (Fracture Risk Assessment) Tool helps to identify people who may be at risk of developing osteoporosis. If you are over 50 years old, your doctor should assess your risk every three years. Depending on the result, you might be offered a bone density scan. If you are menopausal and worried about your bone health, you could ask for a risk assessment if you haven't been offered one already.

What's the link with other conditions?

Low bone mineral density is especially common for women who have gone through the menopause.

Heart disease

Cardiovascular disease is a term for conditions that affect the heart or blood vessels, including high blood pressure, angina, stroke, heart attack and heart failure. Worldwide, cardiovascular disease is the leading cause of death among women. The risk of having cardiovascular disease increases for everyone as they get older.

How can you lower the risk?

Lifestyle changes, such as diet, exercise and stopping smoking can help reduce the chances of developing cardiovascular disease. If not, your doctor may prescribe medication.

Are things different for women living with HIV?

People with HIV are a little more likely to develop heart disease than other people. Some studies have shown that long-term exposure to older anti-HIV medications can increase risk.

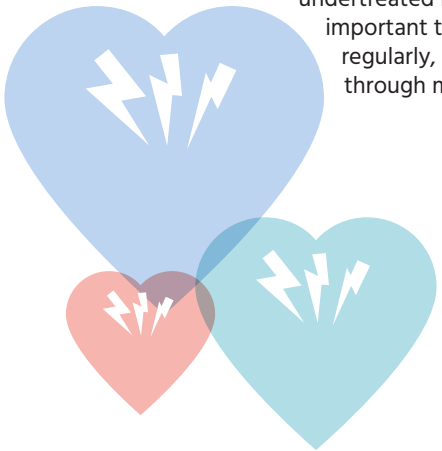
Typically, heart attacks are underdiagnosed in women, regardless of HIV status. This is because the specific symptoms are not so well known.

What are the typical symptoms of heart attack in women?

Women are more likely to have heart attack symptoms that aren't related to chest pain. These additional symptoms include shortness of breath, lightheadedness, sweating, unusual fatigue, feeling sick/vomiting and back or jaw pain. Chest pains and discomfort are common symptoms regardless of gender.

What's the link with other conditions?

Having high blood pressure greatly increases your risk of having a heart attack or stroke. High blood pressure can make kidney disease worse. Also, people who have diabetes or kidney disease are at greater risk of having high blood pressure. High blood pressure and high cholesterol are often undertreated in women so it is important that these are checked regularly, especially as you go through menopause.



Summary

Women with HIV are living long and healthy lives. An HIV diagnosis shouldn't stop you from living the life you desire.

It is important to remember you:

- can live well after an HIV diagnosis
- can access HIV treatment for free
- can have a family while living with HIV
- can have fulfilling relationships.

There are particular health and emotional aspects that you may need to consider as a woman living with HIV. Getting support from other women living with HIV and your HIV clinic can help you to look after yourself.

HIV helplines

THT Direct	**0808 802 1221** Open Monday to Friday, 10am-6pm. Support, advice and information from the Terrence Higgins Trust.
HIV i-Base	**0808 800 6013** Open Monday to Wednesday, 12pm-4pm. For advice on any aspect of HIV treatment.
Positively UK	**020 7713 0444** Open Monday to Friday, 10am-4pm. Contact Positively UK about any aspect of your diagnosis, care and living with HIV.

More from NAM

NAM's website is full of useful information resources and the latest news on HIV and related topics: **www.aidsmap.com**

Subscribe to our bulletins and news feeds, and connect with us on social media: **www.aidsmap.com/about-us/connect-us**

All of NAM's booklets and resources for members of our Patient Information Scheme are on the clinic portal: **clinic.nam.org.uk**

The basics

NAM's series of easy-to-read and illustrated leaflets on key HIV issues is available through our Patient Information Scheme. Ask for the leaflets at your clinic or for access to the clinic portal so you can view them online and download them.

NAM's booklets

NAM's booklets are available from HIV clinics which are members of our Patient Information Scheme. Ask for our booklets at your clinic.

Other booklets in the series:

- A long life with HIV
- Anti-HIV drugs
- CD4, viral load & other tests
- HIV & hepatitis
- HIV, mental health & emotional wellbeing
- HIV & sex
- HIV, stigma & discrimination
- Nutrition
- Side effects
- Taking your HIV treatment
- Your next steps

NAM values all feedback which helps us to improve our resources. If you have any comments or feedback about any of our resources, please email us at info@nam.org.uk.

The information in this booklet isn't intended to replace discussion with your doctor about your treatment and care, but it may help you to think about any questions you'd like to ask your healthcare team.

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About NAM
NAM is a charity that works to change lives by sharing information about HIV & AIDS. We believe that independent, clear, accurate information is vital to those living with HIV.

Donate

Please help us
If you would like to support our work and help us to continue to provide resources like this one, please donate today at **www.aidsmap.com/donate** or call us on **020 3727 0123.**

Contact NAM to find out more about the scientific research and information used to produce this booklet.

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