



# WOMEN & FAMILIES NETWORK

## Welcome to the third issue of the Women and Families Network Newsletter.

This issue is a special edition focusing on pregnancy and HIV. One of the most important concerns for many men and women living with HIV is the question: "Will I still be able to have children?" Increasingly, the answer is "Yes," provided that you have access to medical care and treatment.

Certainly, HIV has become a more manageable condition. For many, their lives are healthier, longer and fuller. Parenting is a real option. But, making the choice to have children, as with everything about HIV, is not necessarily easy nor is it free of controversy.

Some of the most significant advances in HIV care through the past decade have focused on HIV and pregnancy. While not eliminated, much of the risk associated with transmission through pregnancy has been reduced. Major gains have been made in preventing transmission from mother to baby during pregnancy. Reducing risk during conception has also generated interest. However, the science is less clear in this area. That said, there have been important developments worth knowing about and certainly pointing to a need for more research as well as conversation between patients and their care providers.

## WHAT'S INSIDE

- If you are an HIV-positive woman and are pregnant, you probably have questions about passing the virus onto your child or about the long term effects on you or your baby of HIV meds taken during pregnancy. We preview these and other issues in an article on page 2, and have included a PDF link to an excellent piece by Project Inform on pregnancy and HIV.
- Knowing if you even need HIV specialty care is important. It doesn't matter what treatments are available for a mother and her baby if a woman does not know her HIV status. We talk about how HIV testing is generally handled in Minnesota on page 3.
- Having an informed provider is a very important part of managing HIV and pregnancy. On page 3, we give you a sense of some of the things to consider when setting up medical care. We have also collected names of Minnesota clinicians experienced in HIV. Both pregnant women with HIV and care providers will want to check out the story on page 3 to learn about the new Minnesota HIV Perinatal Nurse Coordinator who is available as a statewide resource.
- Many have questions about how to get pregnant in the first place while also reducing the risk for transmission between partners. On page 4 we introduce you to options for reducing risk such as sperm washing, at-home insemination, and timed intercourse. These procedures are not uniformly endorsed, but they are worth talking about, with each other and with your providers and we keep the conversation moving with a commentary on page 5.
- If you are interested in clinical trials, check out page 5 where we have profiled a new trial on the effects of taking protease inhibitors during pregnancy. We also have the listing of other ongoing trials on page 6.
- And last but not least make sure to check out the resource list on page 7. There is also a list of Web sites full of information on every aspect of reproduction and HIV for both men and women.

The mission of the **Women and Families Network** is to address the needs of women and families affected by HIV through collaboration, advocacy, training and resource sharing.

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The Women and Families Network Newsletter is distributed as a free community service. To subscribe please contact: Sarah Senseman at (651) 602-7570 or [ssenseman@westsidechs.org](mailto:ssenseman@westsidechs.org)

# HIV and Pregnancy

## Protecting Your Health and the Health of Your Baby

It is a common assumption by many who know little about HIV that the virus is automatically transferred from an HIV infected mom to her newborn through pregnancy. No so.

Does it happen? Yes. A woman not receiving medical treatment and care has a 25% chance of transmitting the virus to her child. This rate could be reduced to less than 2% with the following procedures: administration of antiretroviral therapy during pregnancy, labor, delivery and to the newborn; Caesarian section as needed; and no breast feeding.

One of the most complex aspects of managing HIV risk during pregnancy is making choices about using HIV drugs. Studies have shown that giving HIV drug treatments to a women during pregnancy, their use during delivery, and also providing treatment to the newborn for a period of time after birth have a huge impact on reducing the risk of HIV transmission. However, a number of individualized factors can influence decisions about when to start drugs, when to stop drugs, and what drugs to use. This why it is so important for a woman to have a doctor who really knows HIV and HIV drug treatments involved with helping to manage her pregnancy. It's also why women should do their best to be "in the know," too.

Using HIV drugs during pregnancy to prevent transmission from mom to baby has been encouraged as a practice for over ten years. Still, that has not been long enough to complete definitive research on likely long-term effects on children. The general sense is that the treatment is good for both mom and the baby and does not carry long-term side effects. We don't know that for sure. However, what research is clear about is that treatment during pregnancy and delivery does significantly reduce likely transmission of HIV.

In addition to what to do about HIV drug treatment, women and their doctors need to talk about when to start treatment and things like managing the side effects of the drugs during difficult periods of pregnancy such as "morning-sickness." There are also questions about how to approach delivery, particularly regarding "C-section" deliveries. These topics and others are addressed in the Project Inform insert included with this newsletter. They are also topics women should bring up with their doctors.

Generally speaking, the best general rule of thumb for women living with HIV who are pregnant is to know that what you do to improve your health, is probably the best thing you can do to ensure good health for your baby, as well.

Check out our brand new Web site at  
<http://www.wfnetwork.org>

While you are on the Internet, take a moment to sign up for our listserve at: <http://lists.wfnetwork.org/listinfo/wfnews>

## Testing Routines for Pregnant Women

One child was reported to have been infected with HIV through pregnancy in Minnesota during 2002. That same year, 23 HIV-positive women were known to deliver babies in Minnesota. While we know we can do better, there have been years in which no children have been born with HIV in the state. What this information tells us is, if we do the right things in terms of HIV prevention and providing health care access for women, we can effectively manage this one part of the HIV epidemic in Minnesota.

Making sure women with HIV have access to specialty health care is a key part of preventing newborn infections. So is helping women who are pregnant know their HIV status and what they can do to promote their health and that of their baby is also important.

In Minnesota, most health care providers routinely offer HIV screening for pregnant women. A patient is probably given a list of various tests the doctor wants to run, including a test for the HIV antibody. It is an approach to HIV screening that maximizes the number of women who are tested. And that's helpful. Though, it also has some drawbacks.

For example, women may not be given much information about the implications of screening for HIV. Their doctor may just not have the time for much education to make sure a woman is well-informed before consenting to the test, or in some cases, the provider may simply not know much about HIV and pregnancy. In the later cases, the sense of shock and crisis that can come with a positive result is shared by everyone; patient and provider.

It's smart for pregnant women to ask for information and to ask questions before consenting to an HIV test. She can "opt out" of taking the test until she gets what she needs. Asking for the information is a good way to determine if a doctor knows what he or she needs to know to care for you and your baby if HIV becomes a concern.

## A Team Member for All of Minnesota; The Perinatal HIV Nurse Coordinator

Now there is someone to turn to. If you are a doctor dealing with HIV and pregnancy for the first time. If you are woman with HIV and you are pregnant or considering pregnancy – there's Peggy.

One of the primary goals of the Women and Families Network has been to continue to find ways to improve the quality of care for HIV-positive women in our state. Recently, Peggy Thornton, an AIDS Certified Registered Nurse, has been hired as the Perinatal HIV Nurse Coordinator and is serving as a statewide resource on perinatal HIV issues. Peggy comes to this position with 19 years of experience as a nurse, 11 of which have been focused on the care of people living with HIV. This position is funded through the Ryan White Title IV grant and is housed in the Pediatric Infectious Disease Services Department at Children's Hospitals and Clinics, St. Paul Campus.

The overall goal of the position is to ensure that HIV-positive pregnant women in Minnesota are receiving care according to USPHS (US Public Health Services) guidelines. The strategy for meeting this goal is two fold:

First, create and distribute user-friendly tools that reflect the USPHS recommendations for the care of HIV-infected pregnant women to OB providers, and offer support and education to these clinical groups. This is a collaborative process, and will include the input from several HIV specialists in the Minneapolis/St. Paul area as well as the counsel of OB clinicians and the MN Department of Health. As materials are created, a process will be put in place to distribute them and make them available via the Web site. (Through the Women and Families Network site, as well as the Minnesota Department of Health Web site). Education on perinatal HIV will also be provided to clinical and/or community groups as requested.

Second, provide education and support directly to HIV-positive pregnant women as a nurse case manager, or work closely with their current case manager, as necessary. This service is available to all HIV-infected pregnant women in the state. A system will be established which will help to ensure that women receive care during and after their pregnancy, and their children receive ongoing HIV-related care after birth.

It is the hope that word will spread about this position/service through the Women and Families Network, as well as clinics, Web postings, educational programs/conferences, and newsletters such as this.

*To contact Peggy Thornton please call 651-220-6444, or email: [peggy.thornton@childrenshc.org](mailto:peggy.thornton@childrenshc.org)*

## Looking for the Right Team

Recently, a woman with HIV in Greater Minnesota delivered a baby. She had an HIV doc. She had an obstetrician. She had an HIV case manager. She also had some problems. The HIV doctor didn't work in the same clinic as her obstetrician so they were not in easy communication with her. Not surprisingly, since there are relatively few HIV -positive women delivering babies each year in Minnesota, the obstetrician did not have much information and certainly very little experience about HIV-related care during pregnancy. Fortunately, the HIV case manager did know a thing or two about HIV and pregnancy. She was able to help get the doctors into communication with each other. She could also help her client ask important questions, such as inquiring whether or not the hospital where she would be delivering had the necessary drugs on hand.

Women have a lot of choices and decisions to deal with when it comes to HIV and pregnancy. They are decisions they need to make. However, having the right mix of health care providers who know HIV, a social worker who knows HIV, how to get things done and who is trusted, and, oh yes, at least a few friends and family members who can be good listeners and helpers are all part of what it takes to produce a healthy mom and baby.

# Washing Sperm? Turkey Basters? Timing?

## Options for Reducing HIV Transmission Risk During Pregnancy

The choice of parenting is a real one for people living with HIV. The reality of life with HIV being a long one, a healthy one, and fulfilling is there for many, many people. So, why shouldn't parenting be part of the long and fulfilling life?

From the perspective of a person living with HIV who wants to be a parent, it seems so clear-cut. What's the problem? Still, when the emotions around childbirth mix with the fears that can come with HIV, it is not always quite so easy for others, including sometimes health professionals, to accept that a person with HIV would "knowingly" pursue pregnancy.

We learn through HIV prevention that the only 100% sure way to avoid HIV infection, for example, through sex, is just to not do it. Abstinence. However, that cuts out an important part of life and life rarely offers 100% guarantees – at least not one's that work. So, often times we have to move ahead and make decisions and do things in ways that reduce risk.

There is no 100% sure way to prevent transmission between parenting partners and to a baby when HIV is in the picture. But, there are some techniques out there – some proven and some not, that at least make sense in terms of reducing risk.

Clearly, if it's important to have an HIV-informed health care provider involved with managing pregnancy and transmission between mother and newborn – a field in which there has been a lot of research, it's even more important to have a smart HIV care provider offering information, advice and medical support during conception. Among the first steps for couples wanting to have children is to talk to a knowledgeable physician about the desire to have children and have them help you identify the lowest risk method for conception. If the physician is not understanding or supportive, try contacting one of the clinicians listed on page 23.

One approach to managing HIV risk during conception is to apply a technique that has been commonly used in fertility clinics for years. It is called "sperm washing." The theory behind it is quite straightforward: collect the semen of an HIV-positive man and rinse away the parts that carry the virus. The technique takes advantage of the fact that HIV resides in seminal fluid but not in sperm. The goal of sperm washing is to separate the sperm cells from all the other cells in semen and then to wash the sperm of any residue HIV. While this lab procedure is not 100% safe, it is safer than trying to conceive through unprotected sex. Sperm washing is available in Europe and Japan however clinics in the United States have not been willing to offer this service to couples with HIV.

There are also ways for HIV-positive women to try to reduce the risk of infecting a man. While they do not require lab processing, they aren't exactly "do-it-yourselfers" either. One technique involves collecting the sperm and then using

needleless syringe or an oral medicine syringe to inject it into the vagina until it is close to the cervix. Some refer to it as the "turkey baster" approach, but that should not imply that either a turkey baster can be used or it is as easy as basting a turkey. Similarly, there is a technique that involves collecting sperm in a diaphragm, cervical cup or "Instead Cup" and then inserting the diaphragm or cup into the vagina. Each of these technique requires some specific maneuvers, and with HIV involved, a lot of talk to understand risks. The Fertility Plus Web site is a good place to start learning how these work and to prepare for a visit to the doctor's office to talk through a plan.

Another option some have considered for reducing risk is "timed intercourse." Essentially, it is about limiting unprotected sex to times when a women is ovulating, reducing risk simply by reducing the number of exposures. It is also suggested the HIV-positive partner be on HIV drug therapy to minimize viral load. While the intent of reducing risk is certainly in play, there is considerable risk in this approach since we are talking about unprotected sexual intercourse. A conversation between partners and with their health care provider is probably a very good idea before pursuing this option.

While conception and preventing HIV transmission are probably first and foremost on the minds of a couple dealing with HIV and conception, there are other health risks to consider. The risk of transmitting HIV is increased when a partner has a sexually transmitted infection. Chlamydia, gonorrhea, syphilis, recurrent Herpes Simplex Virus 2 and bacterial vaginosis are known to result in increased viral shedding in the genital tract and allow HIV to enter into the bloodstream. Partners need to know where they stand regarding infections other than HIV.

## Know When You Are Ovulating

HIV-positive or not, it is a good idea for a women to know when she is ovulating. However, for a women with HIV who is considering conception, it is a very important thing to know. Here are a ways in which a woman can determine whether or not she is ovulating.

- Commercial, over-the-counter ovulation test kits (available at most drug stores) help predict when you will ovulate. They are easy to use and are very similar to a standard pregnancy test. An average test kit costs about \$30 and has seven test sticks.
- A woman can also chart changes in her basal body temperature (body temperature at rest) and cervical mucus throughout the month to try and identify when she is most fertile. You can find more information on how to do this at the Fertilityplus Web site.

## Sources for more information about conception techniques:

- "Evading the Virus," American Radio Works, 9/1999 - [http://www.americanradioworks.org/features/evading\\_virus/how\\_works.html](http://www.americanradioworks.org/features/evading_virus/how_works.html)
- FertilityPlus is a non-profit Web site for patient information on trying to conceive. <http://www.fertilityplus.org>

## The Politics of Sperm Washing

Commentary by Ribka Berhanu

Sperm washing is standard practice in fertility clinics for a variety of infertility concerns. It is also used by men who have infectious diseases like hepatitis and HPV or other serious illnesses (cancer, hemophilia, leukemia, or severe diabetes). It is not a difficult procedure and all fertility clinics have the capacity to conduct sperm washing in their laboratories, however clinics in the United States have barred people with HIV (PWHs) from receiving the service. There are many theories as to why this is.

Clinics argue that they cannot guarantee 100% safety from the risk of infection with HIV of a negative partner. That's true, but it is also true there are extremely rare incidents of HIV-negative women who were inseminated with "washed" sperm who were infected with HIV. There is one such documented case in Japan. Thousands of women have been inseminated with washed sperm all over Europe with no documented case of seroconversion to date.

It is a mistake to focus on the very small risk of transmission that sperm washing carries. No one disputes that it is an infinitely safer option than getting pregnant through unprotected sex. It is foremost a harm reduction option for couples who might otherwise try to conceive on their own.

Another argument clinics use against extending services to HIV positive people is that they fear cross-contamination between the semen from men with HIV with samples from other patients. Excuse me, but aren't all clinics required to abide by basic standards of universal precautions that would prevent this type of contamination regardless of whether or not they serve HIV-positive people. If clinics cannot assure hygienic environments they have no business providing services to anybody, HIV-positive or not!

In 2002 the ethics committee of the American Society of Reproductive Medicine announced "Doctors practicing reproductive medicine out not deny treatment to individuals infected with HIV. Ethically as well as legally they have the same obligation to treat HIV-positive patients as patients suffering from any other chronic disease." The full report on HIV and Infertility Treatment released by the ethics committee can be found at <http://www.asrm.org/Media/Ethics/hivethics.pdf>

So what more is necessary for clinics to begin offering sperm washing to people with HIV if their own ethics committee believes they have an ethical and legal obligation to do so? It takes pressure from organized individuals who feel that this is an important issue to fight for. If this is something that concerns you, start by writing letters! Write letters to the medical directors and lab directors of the fertility clinics in Minnesota. Make sure you mention to them the ethics report of the American Society of Reproductive Medicine mentioned above. You could also try writing to local newspapers and radio stations and see if they want to pick this up as an issue. If you do decide to write letters or contact a media organization, let the Women and Families Network know. Send us a copy of your letter to [ssenseman@westsidechs.org](mailto:ssenseman@westsidechs.org) or mail it to 153 Concord St, St Paul MN 55107

# Clinical Studies in Minnesota

## ACTG A5084: Problems Associated with the Use of Anti-HIV Drugs in HIV-Infected Pregnant Women

### Purpose

The purpose of this study is to find out if HIV-infected pregnant women who take protease inhibitors (PIs) are more likely to have blood sugar problems than those who do not take PIs.

HIV-infected people generally are treated with a combination of different types of anti-HIV drugs, one of which is usually a PI. The same holds true for pregnant women, but not much is known about the use of these drugs in pregnancy. Blood sugar and liver problems caused by anti-HIV drugs in non-pregnant patients are well known but their effects in pregnancy are not. Also, certain physical changes brought about by pregnancy may affect the way drugs are handled in the body. There remains a need for further study into the use of anti-HIV drugs during pregnancy and their effect on the safety of the mother and baby.

### Inclusion / Exclusion Criteria

- Are HIV-positive.
- Are female and 18 years of age or older.
- Are between 20 and 34 weeks pregnant at study entry.
- Have taken the same anti-HIV drugs, including a PI, during the 8 weeks just before study entry. If not taking a PI or any anti-HIV drug, must not have taken a PI during the 8 weeks just before study entry. Patients must carry on this way for the entire study.

### Treatment

A5084 is an observational Study. No drugs will be dispensed through this study. Subjects receiving antiretroviral therapy will obtain their antiretroviral medication through their primary care providers.

### Duration of Study:

Duration of pregnancy with a 12-week post-partum visit. For more information contact: Bette Bordenave, RN 612-347-2297



# Clinical Studies in Minnesota

The MN AIDS Clinical Trials Unit (ACTU) has worked to bring cutting edge HIV clinical trials to Minnesota since 1987. In 1989, the MN ACTU was one of the research clinics in the United States that studied AZT (zidovudine), the first medication found to be effective against HIV. In 1993, our network participated in the clinical trial that discovered that AZT could reduce the transmission of HIV from a mother to her unborn child. We have also assisted in bringing new life-saving antiretroviral therapies to the market by doing studies that test the safety and effectiveness of novel antiretroviral compounds. Additionally, we have conducted research studies looking at preventing opportunistic infections, managing side effects of antiretroviral medications and advancing the understanding of the HIV lifecycle.

To make further medical discoveries, the MN ACTU needs the continued involvement of individuals infected with HIV. To ensure the applicability of new developments to the increasingly diverse population infected with HIV, the participation of women and people of color is extremely important. Our work cannot go on without them. Won't you consider joining or referring someone to a clinical trial so you can help find a solution to this devastating disease?

The information on this page outlines the current research protocols open for enrollment at the ACTU. For more information on these opportunities, call the MN ACTU at 612-625-1462 or visit their Web site: [www.lamp.med.umn.edu/actu](http://www.lamp.med.umn.edu/actu).

*Remember that the MNACTU will provide a \$50 stipend for each study visit for people living outside of the 7-county metropolitan area (Hennepin, Ramsey, Carver, Scott, Dakota, Anoka and Washington) to help offset their travel costs. Please contact the MN ACTU for more information.*

## Naïve Protocols/Beginning HIV Treatment

### Study 1 - A5142 Comparing 5 Initial Regimens Study:

Five different antiretroviral regimens will be tested to determine which one is best as a first therapy for people with HIV. Researchers will be looking for the regimen which best decreases the HIV viral load while causing the fewest side effects. This study is for people who will be taking HIV medications for the first time.

### Study 2 - A5138 The Cyclosporin with Initial HIV Treatment Study:

This study is for people who will be taking HIV medications for the first time. Cyclosporin will be added to an antiretroviral regimen to see if it will bring about a larger increase in CD4+ cells than taking HIV medications alone.

## Metabolic Disorders/Lipodystrophy Protocols

### Study 1 - A5082 The Lipodystrophy study:

People who have lipodystrophy (loss of fat in arms/legs with increase in fat in neck/abdomen) and have a high fasting insulin level will be randomized to Metformin (Glucophage) and/or Rosiglitazone (Avandia) to see if it improves the insulin level and fat redistribution syndrome.

### Study 2 - A5110 The Fat-wasting Study:

People with lipoatrophy (fat wasting in the arms, legs and/or face) will switch medications to remove the antiretroviral medications from their regimens (nucleoside analogues-NRTI's) that are believed to cause this condition. All other medications they are taking will remain the same. Close monitoring will be done on viral load counts throughout the study.

### Study 3 - A5148 Niacin for High Cholesterol Study:

Niacin will be tested in people taking antiretroviral medications who have high cholesterol and triglyceride levels. This medication is used safely in people who do not have HIV and we will be looking to see if it is safe and effective for those on HIV medications. Participants will follow a fat-lowering diet and complete an activity diary while on the study.

### Study 4 - A5163 The Improving Bone Density Study:

Evaluation of the effect of alendronate (Fosamax), calcium and vitamin D supplements on HIV-related decreased bone mineral density (osteopenia/osteoporosis). This medication is used safely in people who do not have HIV and we will be looking to see if it is safe and effective for those on HIV medications. Participants must not have a history of Hepatitis C infection.

## Treatment Experienced

### Study 1 - A5165 DAPD Salvage Study:

A Phase I/II study testing the new nucleoside antiretroviral medication DADP for its safety and effectiveness. The drug mycophenolate will also be studied to see if it can increase the antiviral action of DAPD. This study is for people who have taken many different HIV medications before and are not responding well to their current treatment. Payment will be made for each study visit.

### Study 2 - A5146 Therapeutic Drug Monitoring Study:

A new method of dosing HIV medications will be tested in this study. Therapeutic Drug Monitoring works to individualize the dosing of antiretroviral medications and along with resistance testing should result in getting the best medication response possible for the participants. This study is for people who have taken many antiretrovirals before, including protease inhibitors, and may not be doing well on their current medications.

## Other Protocol Opportunities

### Study 1 - A5170 The Stopping Antiretroviral Therapy Study:

An observational study for people with CD4+ cell counts above 350 who want to stop taking antiretroviral medications. The time it takes for and factors that predict disease progression will be analyzed. The safety of stopping HIV medications and the effect this has on quality of life will also be measured. Participants and their primary care physicians will decide when to restart HIV medications and researchers will continue to follow them for six-months.

### Study 2 - A5030 CMV-Valgancyclovir study:

People who have CD4+ cell count less than 100, HIV viral load greater than 400 and have been exposed to CMV at sometime in their life (most of us have) will be followed every eight weeks to see if CMV virus is growing in the bloodstream. If it is, they will be randomized to Valgancyclovir or a placebo to see if the medication prevents people from becoming sick with CMV (it can cause blindness, or problems in the stomach and bowels, etc.) Participants will be paid \$20 for each study visit.

# Resources Page on Pregnancy and Reproductive Options for People with HIV.

## Minnesota Clinicians

### Prenatal Care for Women with HIV and Pediatric HIV Care

#### Information Regarding Prenatal Care for HIV Positive Women

Virginia Lupo, MD  
OB GYN Clinic  
Hennepin County Medical Center  
701 Park Ave South  
Minneapolis, Minnesota 55415  
612-347-2750

#### Information for Care of Newborns Perinatally Exposed to HIV

Linda Thompson, MD  
Hennepin County Medical Center  
Department of Pediatrics  
MC-867B  
701 Park Ave South  
Minneapolis, Minnesota 55415

Kiran Belani, MD  
Park Nicollet Clinic –  
Pediatric Subspecialties  
910 East 26th Street  
Minneapolis, MN 55404  
612-993-9100

Laura Hoyt, MD  
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345 North Smith Ave  
St. Paul, Minnesota 55102  
651-220-6444

#### Information for HIV Care of Pregnant Women

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## Pregnancy

### The Body Pregnancy Site ([thebody.com/treat/pregnancy.html](http://thebody.com/treat/pregnancy.html))

Thebody.com is a 'one-stop shop' source of information for everything you ever wanted to know about HIV. This portion of their site is devoted to pregnancy and HIV.

## Fertility Information

### Identifying Ovulation and Doing Home Insemination

**Fertilityplus ([www.fertilityplus.org](http://www.fertilityplus.org))**  
Fertilityplus: "By patients, for patients," general information regarding trying to conceive, including explanations of commonly performed tests. Not specifically for couples affected by HIV, but does give detailed instructions for "at-home insemination," a technique useful for couples with HIV positive woman and HIV-negative male partner.

### Sperm Bank Directory ([www.spermbankdirectory.com](http://www.spermbankdirectory.com))

National directory of sperm banks for the United States. Some sperm banks provide international services.

### Human Milk Banks

Donors to milk banks are volunteers who have completed health screenings

and blood tests. Recipients are infants who have a medical need for human milk. It is dispensed only on a physician's prescription. Frozen milk can be delivered anywhere in the US via overnight air shipping. Handling fees for pasteurized milk range from \$2 to \$2.75 per ounce, which may be covered by third-party payers, and in special circumstances, by WIC or Medicaid.

### Lactation Education Resources ([www.leron-line.com/milk\\_banking.htm](http://www.leron-line.com/milk_banking.htm))

Information regarding processing and testing of donated human milk, and how to obtain it for your infant. Listing of milk banks in the US, Canada, and Mexico.

### Human Milk Banking Association of North America ([www.hmbana.com](http://www.hmbana.com))

Human Milk Banking Association of North America provides list of milk banks, information and links.

## Media

### "Evdading the Virus" ([www.americanradioworks.org/features/evading\\_virus/howworks.html](http://www.americanradioworks.org/features/evading_virus/howworks.html))

Web site and radio program on reproductive choices for couples with HIV produced by Minnesota Public Radio and American Radio Works. Several families tell their stories in words and images. (1999)

### "Seeking a Safer Path Towards Fatherhood" ([www.washingtonpost.com/wpsrv/health/men/stories/spermwash041899.htm](http://www.washingtonpost.com/wpsrv/health/men/stories/spermwash041899.htm))

Washington Post article on sperm washing (1999).

### Ethics of Sperm Washing Report on HIV and Infertility Treatment ([www.asrm.org/Media/Ethics/hivethics.pdf](http://www.asrm.org/Media/Ethics/hivethics.pdf))

Report by the Ethics Committee of the American Society of Reproductive Medicine concluding that it is unethical for infertility clinics to deny treatment to HIV positive people. (2002)