

**Pregnancy and You – Making Decisions**

**Date:** \_\_\_\_\_

With effective HIV treatment, women and men living with HIV infection can enjoy a long and healthy life and can look forward to a future that may include planning a family. Choosing whether or not to have a child can be very exciting but is also sometimes difficult or confusing when a person is also coping with HIV infection. It is important to have a good relationship with a health care provider who can talk with you about issues related to your health and the health of your partner, preventing pregnancy if you are not ready for a baby, preparing for a healthy pregnancy when you are ready, and preventing transmission of HIV to a partner or infant.

This survey is designed to help you and your provider talk about these issues during your visits. Giving us this information helps us to discuss topics that are most important for you each time we see you.

**Name:** \_\_\_\_\_ **Your current age:** \_\_\_\_\_

1. Have you ever been pregnant?  **YES**  **NO**
2. If **YES**, how many times? \_\_\_\_\_ How many children do you have? \_\_\_\_\_
3. Are you interested in getting pregnant?  **YES**  **NO**
4. If **YES**, when do you wish to conceive?
  - Currently  6 months – 1 year  1 – 2 years  > 2 years
5. Have you had sex with a man in the last 6 months?  **YES**  **NO**
6. Do you use condoms every time you have sex with a man?  **YES**  **NO**
7. Are you currently using birth control other than condoms?  **YES**  **NO**
  - A. What type?
    - None  Birth control Pill  IUD  Injection (Depo-Provera)
    - Patch / Vaginal Ring  Implant under the skin (Implanon)
    - Sterilization (Tubes Tied)  Unsure  Other: \_\_\_\_\_
  - B. Are you trying to get pregnant?  **YES**  **NO**
8. Would you or your partner like more information about planning for pregnancy??
  - YES**  **NO**

## Provider Checklist

### Addressing Fertility Issues in the Context of HIV

This tool is designed to help you better address both fertility issues – desire to conceive and desire to prevent pregnancy in your patients.

**1. Patient is post-menopausal or S/P hysterectomy**

- A. Yes – end of tool
- B. No – go to question 2

**2. Patient wishes to have more children?**

- A. Yes – go to question 3
- B. No – go to question 5

**3. Does patient wish to conceive within the next year?**

- A. Yes – go to question 4
- B. No – go to question 5

**4. Patient would like to conceive within the next year.**

- A. Review medication list with patient for drugs that are contraindicated in women trying to conceive (i.e. efavirenz, statins, ribavirin, tetracycline/ doxycycline). Others should be used only if no other safer effective options are available.

**AND**

- B. Offer and encourage referral for preconception counseling and evaluation.

**5. Patient wishes to prevent pregnancy.**

- A. Patient has completed childbearing – refer to a gynecologist to discuss long term or permanent contraceptive options.

**OR**

- B. Wants more children, but not within the next year – review non-permanent contraceptive options and strongly recommend referral for preconception counseling.

**Key Considerations:**

1. Patient has a problem with irregular menses or amenorrhea – if yes, perform a pregnancy test and refer for a gynecologic evaluation
2. Menopause: Can be difficult to diagnose.
  - ▶ If the woman is > 50 years of age with no vaginal bleeding for over one year, she is post-menopausal.
  - ▶ If uncertain, refer for a gynecologic evaluation.
3. Formal preconception counseling and evaluation is strongly recommended if the patient:
  - A. Is in a serodiscordant relationship
  - B. Has significant medical co-morbidities
  - C. Has problems with substance abuse

**The National Perinatal HIV Hotline** (1-888-448-8765) provides 24/7, free, confidential, expert consultation. [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)