



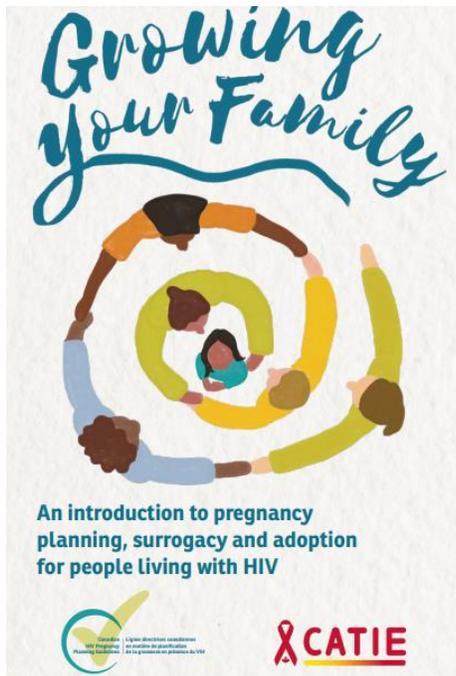
# NORTHREACH

**May 2020**

**Aware Newsletter**

Hello and welcome to May's edition of Northreach's Aware Newsletter! This newsletter aims to inform and educate on current HIV research and information. This month we will be talking about getting pregnant while living with HIV.

CATIE, the Canadian AIDS Treatment Information Exchange, has put a new resource out in addition to their extensive library including information on HIV, hepatitis, harm reduction, safer drug use, and safer sex. Their resource library can be found at <https://orders.catie.ca/>. The new resource is "Growing Your Family: An Introduction to Pregnancy Planning, Surrogacy, and Adoption for People Living With HIV".



This resource can be viewed online at

<https://www.catie.ca/sites/default/files/growing-family-en.pdf>

Another reason why we wanted to highlight this new resource is because of the acknowledgement of the variety of people living with HIV. Inclusivity is important as everyone has a right to healthcare and correct information. This resource aims to include people of all genders and sexual orientations. It goes over information for individuals wanting to start or grow their family whether that is through means of pregnancy, surrogacy, or adoption. This resource does not contain extensive information, and more guidance should be sought out by a medical professional if needed.



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In April's newsletter we talked about U = U, or **Undetectable = Untransmittable**. If a person living with HIV consistently takes their HIV medication (antiretrovirals) and keeps the level of the virus (viral load) low, or at the undetectable level, they will not transmit the HIV virus onto a sexual partner. The U = U equation is the same when applied to a couple trying to conceive; if one partner is living with HIV, and has their viral load at the undetectable level, they will not transmit HIV onto their baby.

Sperm is one of the five bodily fluids that can transmit HIV. Therefore, when engaging in sexual intercourse where pregnancy is the goal (i.e., when it is not possible to use a barrier [condom] or birth control) it is important that if living with HIV, that individual maintains an undetectable viral load, so as not to transmit the virus to their partner. The transmission of HIV due to sperm is not from sperm to fetus, but partner to partner. In turn, if there is transmission of HIV from partner to partner, further transmission of partner to fetus can occur.

In preparation for pregnancy, it is recommended to be on HIV treatment for at least three months and have at least two undetectable viral load tests with one month in between those two tests. Ideally, the viral load should be at an undetectable level for six months before getting pregnant. While it is best to maintain HIV medication schedules *before* attempting to procreate, it is recognized that not everyone has the opportunity for family planning. Studies have been done to see what antiretrovirals are considered the safest and most effective, even when starting the medication later in pregnancy.



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*So, sperm is a bodily fluid that can transmit HIV, what are the other fluids?*

- Sperm, including pre-ejaculate or pre-cum
- Blood
- Vaginal Fluid
- Rectal Fluid
- Breastmilk

## YOU **CAN'T** GET HIV FROM...

**AVERT.org**



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Newsletter formation sourced from:

<https://www.catie.ca/en/fact-sheets/transmission/hiv-viral-load-hiv-treatment-and-sexual-hiv-transmission>

<https://www.catie.ca/en/pif/fall-2011/exposure-infection-biology-hiv-transmission>

<https://www.catie.ca/sites/default/files/growing-family-en.pdf>

<https://www.thebodypro.com/article/study-finds-dolutegravir-safest-hiv-treatment-pregnancy>

<https://www.avert.org/hiv-transmission-prevention/myths>



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