With the majority of HIV-positive women in the U.S. of reproductive age, addressing their family planning concerns with evidence-based, HIV-specific advice and recommendations is more critical than ever. In choosing contraception, HIV-positive women need to consider both their short-term and long-term pregnancy intentions as well as their need to prevent heterosexual HIV transmission risks, including spreading their virus to partners or to their infants through pregnancy, as well as getting re-infected with a potentially more virulent or resistant strain of virus themselves. This study aimed to collect pilot data to inform a larger study on predictors of contraceptive use HIV-infected women and their relationship to pregnancy intentions and HIV disclosure.

Participants were recruited from three medical care sites associated with an urban university. Eligibility criteria included: HIV-infected women aged 18-45 who have had sexual intercourse with a man in the last 12 months, with the ability to get pregnant (no hysterectomy or sterilization). Consented participants were administered a survey that obtained demographics, medical history, contraceptive use, HIV status of sexual partner(s), disclosure of participant’s HIV status to sexual partner(s), sexual risk behaviors, current use of ART, pregnancy history, and feelings related to risk of HIV transmission.

Fifty women were entered the study, 19 (38%) of whom had a baby in the previous 12 months. The majority of participants (88%) reported that they were currently using some method of contraception to prevent pregnancy. Nearly three-quarters had disclosed their HIV status to their current partner.

All women who had a baby in the past year reported currently using some method of contraception to prevent pregnancy, compared to women who did not have a baby in the past year \( (p = .046) \), although they were less likely to have used male/female condoms in the past six months to prevent pregnancy \( (p = 0.038) \). Women whose partners were supportive of using contraception other than condoms to prevent pregnancy were very likely to use a dual-method (condoms plus hormonal method) \( (p = 0.019) \). Women whose partners desired children in future were more likely to report that they also wanted children in the future \( (p = 0.001) \). Women who lived in their own home were more likely to have used condoms for pregnancy prevention in the previous six months \( (p = 0.003) \).

Condom use did not have a significant association with age, marital status, race, insurance, religion, or employment. Condom use was also not significantly associated with participant’s viral load, whether they were currently on antiretroviral therapy (ART), or their sexual partner’s HIV status.

Small sample size, homogeneous participants, and the consistency of the medical care within the clinics at this university contribute to this study’s limitations. Nonetheless, this pilot study produced some results that deserve closer study. The significant effect of partner preference on using dual contraception methods could be studied in a larger population, Couples-based family planning education and counseling interventions – including preconception and pregnancy planning – should be considered for this population. The importance of using condoms to prevent HIV transmission after childbirth may need to be emphasized more during postpartum family planning counseling.