
SOUTHERN AFRICAN HIV
CLINICIANS SOCIETY


CONFERENCE
2018
24 - 27 OCTOBER

Skills Building: Guidelines

Guidelines to support HIV-affected individuals and couples to achieve pregnancy safely: Update 2018

Dr Natasha Davies
Anova Health Institute
Saturday, 26 October 2018
Southern African HIV Clinicians' Society Conference

Background

- ≥ 50% of people living with HIV (PLHIV) desire children
  - PLHIV have reproductive rights
  - Sexual and reproductive health services should be available to all
  - Transmissions in serodifferent couples remain SSA epidemic driver
  - Unplanned pregnancy remains common amongst women on ART

- Dolutegravir safety concerns highlight need for integrated fertility intentions screening for all women of childbearing potential accessing ART

- Safer conception supports 90/90/90, EMTCT and HIV prevention efforts

What is Safer Conception?

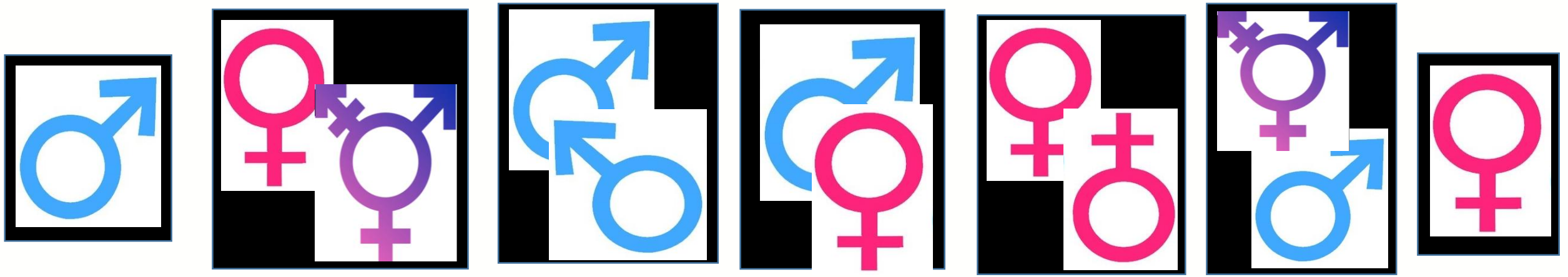
- Using risk reduction strategies to minimise
  - Horizontal
  - Vertical

  } HIV transmission risks during pregnancy attempts

- Opportunity to optimise male and female prepregnancy health

Scope

- This guideline supports
  - Routine fertility intentions screening
  - Safer conception service provision for presumed fertile HIV-affected couples
  - Prepregnancy counselling and basic prepregnancy assessment
  - Delivery of low cost, low tech services in low resource settings
  - Effective contraception provision for those not currently desiring a child
- Covers all **HIV-affected** individuals and couples:



Key Game Changers since 2011

- UTT/TasP
  - U=U
  - Reduced need for other safer conception strategies
  - Assisted reproductive technologies no longer required for fertile couples
- PrEP
- ART safety information (EFV/DTG)
- Expanded contraceptive method mix

Terminology

~~Serodiscordant~~ → Serodifferent

~~Unprotected sex~~ → Condomless sex

~~Heterosexual Couples~~ → **Inclusive of all individuals and couples**

HIV affected = seroconcordant, serodifferent or serounknown

Establishing Fertility Intentions

Are you (and your partner) thinking about having a baby any time soon?

Ask everyone: women **and men**

Ask routinely

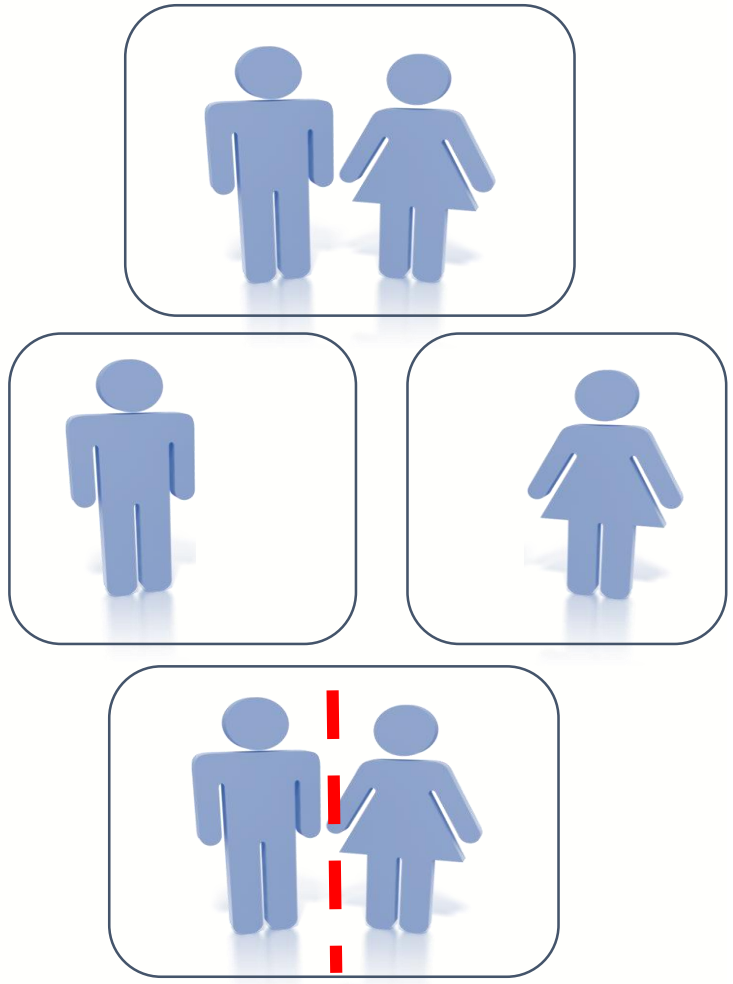
Ask again….and again….and again

Normalise

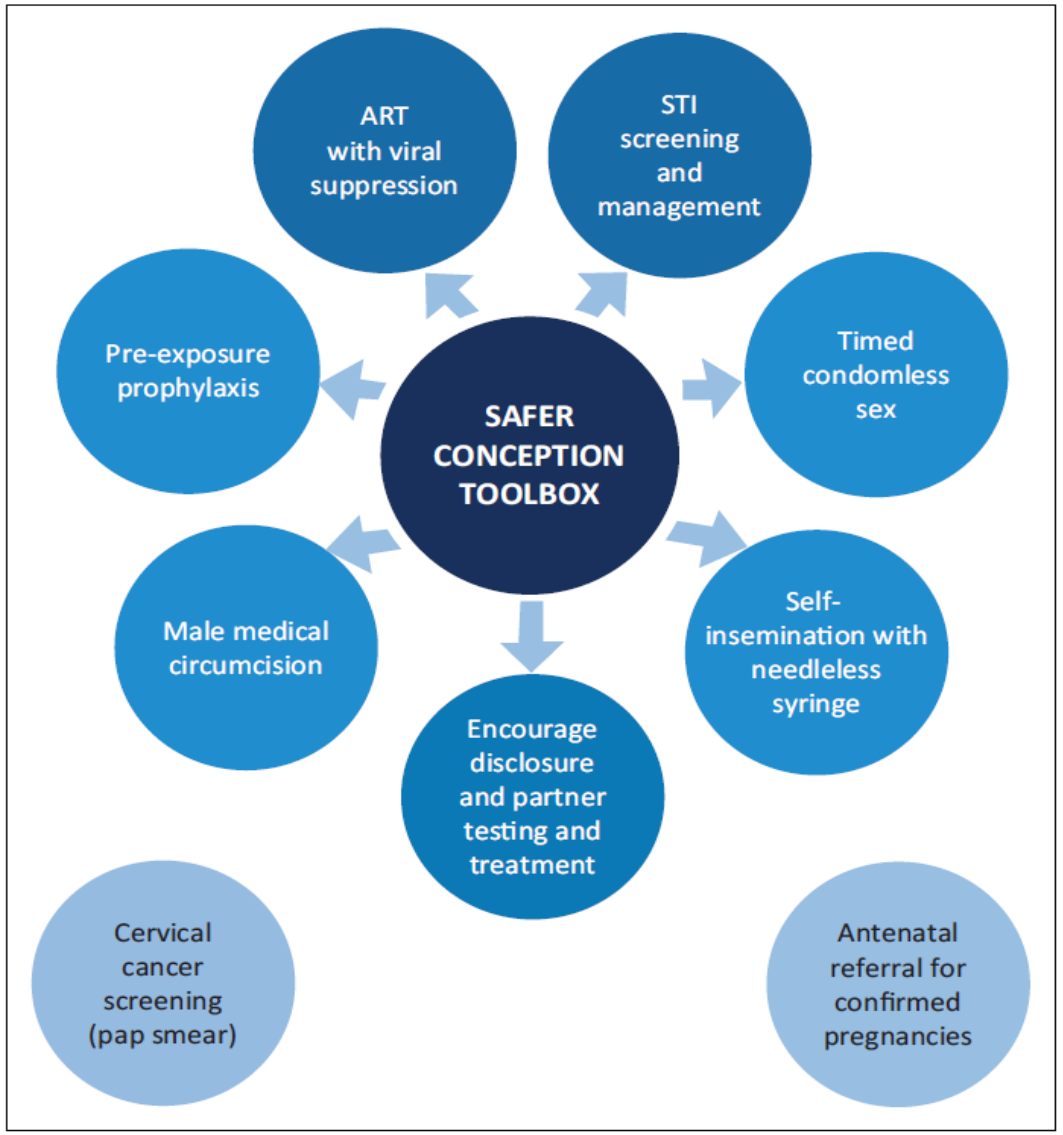
Working with Couples

- **Ideally engage both partners**
  - Not always possible
  - Never exclude an individual if partner won't/can't come
    - individuals can benefit from comprehensive care too

- **Undisclosed individuals:**
  - Support but never force disclosure
  - Be alert if only partially disclosed



When an individual or couple wants a child



ART, antiretroviral therapy; STI, sexually transmitted infections.

FIGURE 2: Prepregnancy counselling: Prevention options.

Strategy choice depends on:

- HIV dynamic
- Context
- Resource availability
- Clinical factors
- **Client preferences**

U=U: foundation stone

Start ART ASAP

On ART ≥ 6 months

If available:
Confirm lab VL < 200
6 monthly

Sustained optimal adherence

Intervene if VL **NOT** <200
Defer pregnancy attempts

Add other strategies if low level viraemia and/or couple can't wait for U=U

Where U=U is not attainable

Why not U=U?

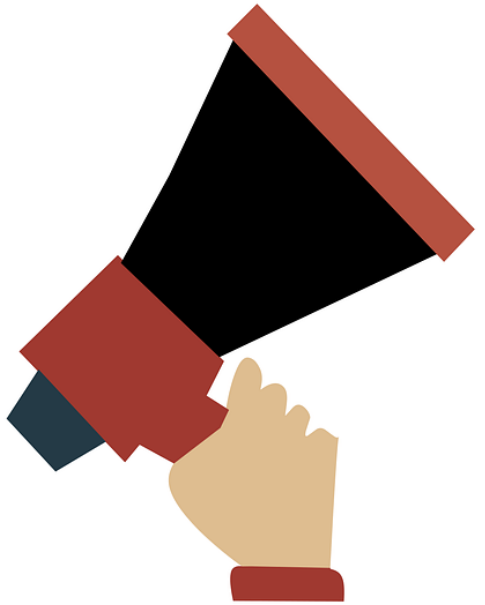
- Laboratory viral load unavailable
- Drug supply issues
- Adherence gaps
- Not everyone knows their status or engages in ART care

If you cannot apply U=U with confidence offer other safer conception strategies as adjuncts to minimise HIV risks

Dolutegravir Safety and Conception

- **Woman have the right to choose:** Check fertility intentions then inform and advise
- **Current pregnancy desire**: avoid DTG
- **No current desire** (on reliable contraception or not of child-bearing potential): use DTG
- **Already on DTG and wants child**: VL <200, switch to EFV
- **Already pregnant on DTG**: only switch if <8 weeks gestation

Keep up to date with new information



Pharmacovigilance: report any adverse outcomes

PrEP

Recommended if

- Requested by HIV- partner
- HIV+ partner not on ART
- Bridging (HIV+ partner on ART for < 6 months)
- Adherence concerns
- Unknown status partner
- Anxiety causing sexual dysfunction
- HIV- woman pregnant and remains at substantial HIV risk

Consider if

- Viral load unavailable
- Drug supply or healthcare access issues

- **Not necessary:** HIV+ partner VL < 200, on ART > 6m, adherent
- **Caution:** HIV+ partner not virally suppressed and possible 1st line resistance
- Provide PrEP according to existing guidelines, minimum 20 day lead in period

STIs

Negative impacts:

- HIV transmission risks
- Fertility/infertility
- Pregnancy outcomes

- **Screen all partners who engage**
  - Syndromic screening questionnaire
  - Clinical examination (at least once)
  - Laboratory/point of care tests where available e.g. syphilis, hepatitis, torch
- **Contact tracing essential**
  - Both partners must complete treatment before attempting pregnancy
- **Remember syndromic screening misses asymptomatic cases**
- **New STIs during pregnancy common**
  - encourage return to consistent condom use once pregnancy confirmed, even if U=U

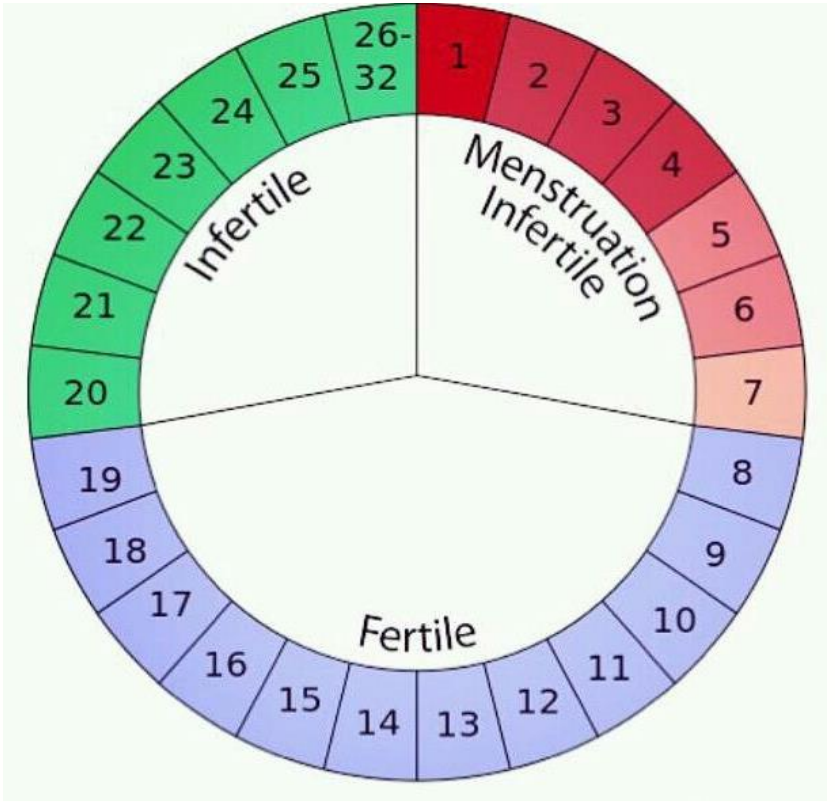
Other Pre-pregnancy Screening

- **Cervical cancer screening**
- Obstetric history
- General health review
  - **Manage comorbidities**
  - Medication review
- Folic acid supplementation
- Advanced maternal age counselling
- Baseline antenatal care bloods
- CD4 < 200 and not improving: appropriate OI prophylaxis

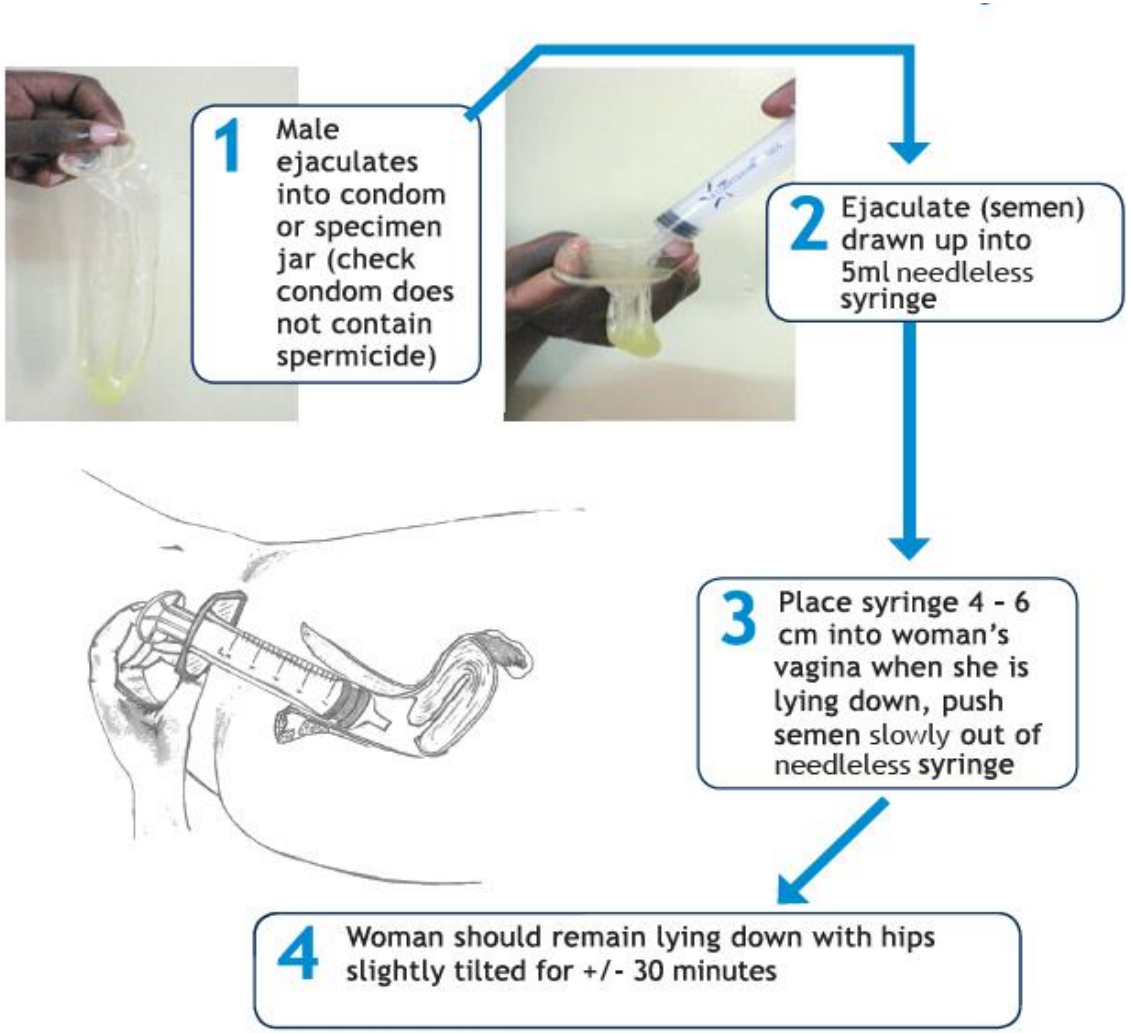
Timed Condomless Sex

- **If U=U: avoid 'meddlesome' advice**
- If not U=U (and cannot wait): timing recommended
  - Limiting attempts to peak fertility reduces HIV risk exposures
- Timing methods:
  - Cell phone apps (Cyclebeads™, Dot™)
  - Paper calendar
  - Cervical mucus monitoring
  - Ovulation predictor test kits

Correct timing is not easy



Self-insemination



- If male HIV- = optional strategy
- Not necessary if
  - HIV+ partner is U=U
  - HIV- male is on PrEP
- Useful for highly anxious couples
- Always discuss as an option
- Easily taught by providers
- Done at home
- Combine with peak fertility timing

No current desire for a child

- **No child desired: provided reliable contraception**
  - if already on contraception check fertility desires routinely: plans change
  - consider method choice: return to fertility relevant if wants children later (long acting hormonal injections)
- **Offer wide method choice**
  - women should be able to choose preferred method
  - Address myths about contraception as cause of infertility
- **Male partner involvement**
  - not required but can be beneficial

- **Short term contraception**
  - important option where clinical situation indicates need to defer pregnancy until circumstances optimised

Additional Considerations

- **Pregnancy confirmed**
  - Link both partners to appropriate care
  - Early linkage to antenatal care for ongoing PMTCT interventions

- **Miscarriage**
  - 25% of pregnancies
  - Manage/counsel appropriately

- **Infertility**
  - Access to assessment and management limited
  - Prolonged trying for pregnancy associated with risks
  - Discuss options
    - Adoption/fostering
    - Surrogacy
    - Assisted reproductive techniques

Thank you