

**Reproductive
Choice
and
Family
Planning
for Persons
Living
with HIV/AIDS**



**Parallel Paths
Caminos Paralelos**

**Jennifer Marshall
Assistant Director**

jmarshall@mcrh-tn.org
901-791-9384

CHOICES.
Memphis Center for Reproductive Health

Adapted from presentations
by:

Nina K. Sublette, PhD, ACRN,
AACRN, FNP
UT Medical Group



Susan Richardson, CFNP
Southeast AIDS Training
Center



Why Parallel Paths?

- Individuals have sexual and reproductive health needs related to HIV testing and prevention.
 - Routine HIV Testing
 - Prevention Counseling
 - Linkages to HIV Care if Infected
- Persons Living with HIV have sexual and reproductive health needs.
 - Pregnancy Prevention
 - Pregnancy Planning
 - Basic GYN Care
 - STI Testing and Treatment
 - Abortion
 - Prenatal Care



Parallel Paths
Caminos Paralelos

Today, we will discuss...

- Pregnancy Prevention for Women Living with HIV
 - Birth Control Options
 - Drug Interactions to Consider
- Safer Pregnancy Options for Women Living with HIV
 - Preconception Counseling
 - Options for Discordant Couples
- Perinatal Transmission
- HIV-specific OB Care in Memphis, TN
 - Infant Follow-up
- Local and National Resources

Pregnancy Prevention Options For Women Living with HIV



Parallel Paths
Caminos Paralelos

CHOICES.
Memphis Center for Reproductive Health

Pregnancy Prevention for Women Living with HIV

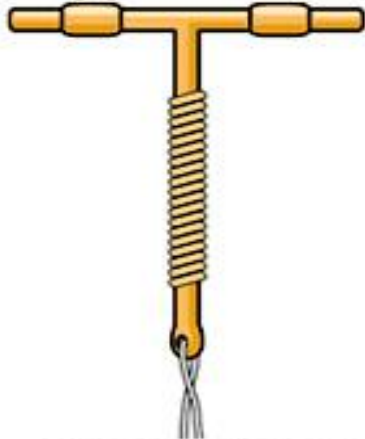
- HIV+ women should be counseled about birth control like **all women of reproductive age**
- Like **all women of reproductive age**, it depends on a multitude of factors, including:
 - **Medical history**
 - **Age**
 - **Fertility desires**
 - **Lifestyle**
 - **Drug interactions**
 - **Smoking history**

Intrauterine Devices (IUDs)

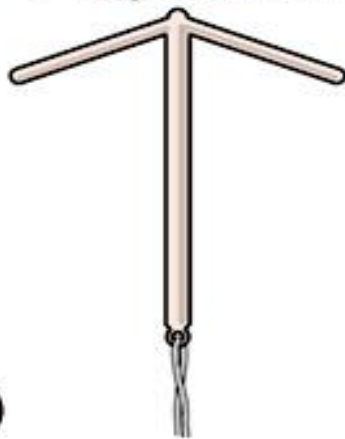
- No difference in complications between HIV+, clinically well, and HIV- women
- Women with advanced immunosuppression should not have IUD inserted due to risk of infection
- No association between IUD and HIV transmission
- Levonorgestrel-containing (*Mirena*):
 - No studies done to assess hormone blood levels when combined with ART
 - May reduce transmission because of decrease in menstrual bleeding

Types of IUDs; An IUD in Position

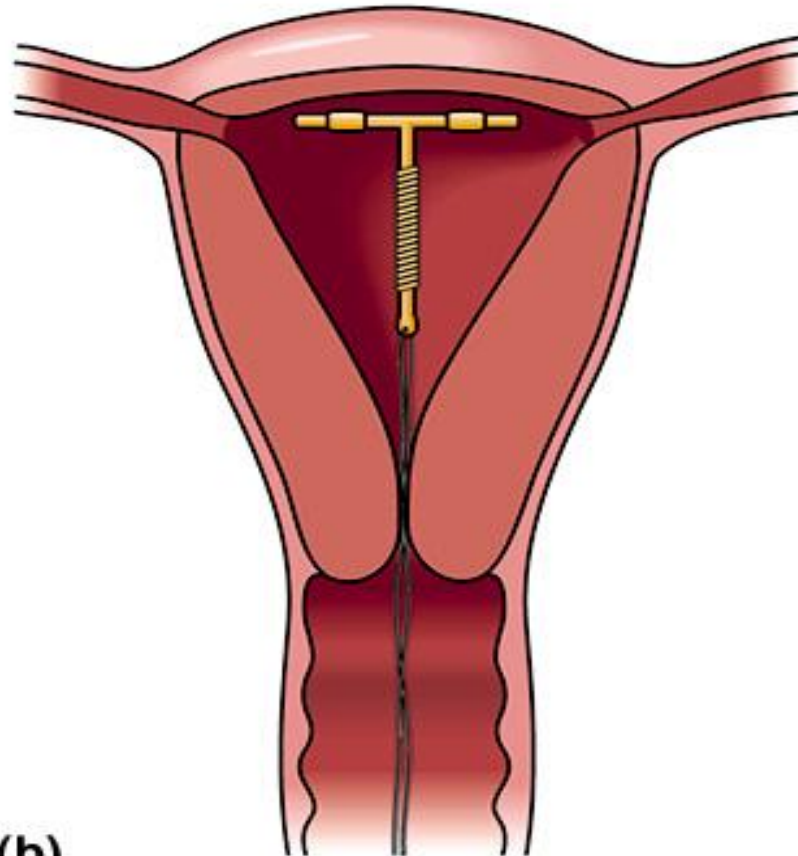
Copper T 380A



Progestasert



(a)



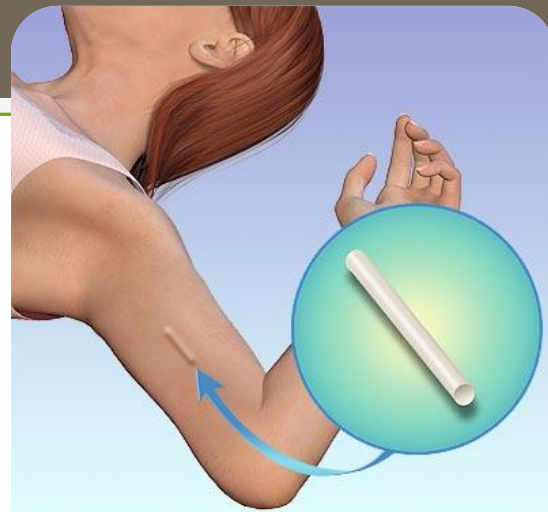
(b)

DMPA (*Depo-Provera*®)



- No known adverse interactions with:
 - Nelfinavir® (Viracept®)
 - Nevirapine® (Viramune®)
 - Efavirenz® (Sustiva®, Atripla®)
- Concerns about bone density
 - HIV disease itself and some ART may also cause decreased bone density
 - Calcium supplements are recommended

Etonorgestrel (*Implanon*®)



© Mayo Foundation for Medical Education and Research. All rights reserved.

- Theoretically,

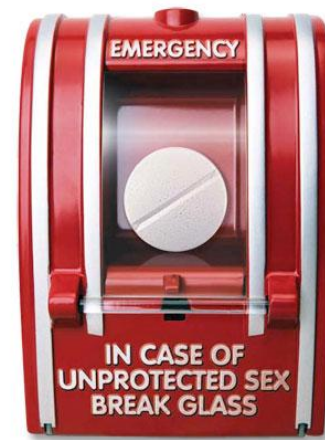
- May have decreased levels of hormone, and
- May be less effective contraception in a method with non-adjustable dose

Ortho-Evra® & NuvaRing®



- Drug interactions with ART have only been minimally studied to date

Emergency Contraception



- Levonorgestrel (*Plan B*) interactions with ART have not been studied
 - British recommendations: double-dose
- Copper IUD placement
 - Especially for women who present 4-5 days after intercourse

Drug Interactions to Consider

- Drug Interactions

- Efavirenz® is **not** recommended for use by women with childbearing potential
 - **UNLESS-** Two effective methods of contraception are used together
- Birth defects have been seen with use of Efavirenz® (*Sustiva*® and *Atripla*®)
- Fosamprenavir (*Lexiva*®) is **not** recommended for use together with hormonal contraceptive

Drug Interactions to Consider

- These meds may lower efficacy of hormonal contraception:
 - Aptivus® (tipranavir)
 - Kaletra® (lopinavir/ritonavir)
 - Norvir® (ritonavir)
 - Prezista® (darunavir/ritonavir)
 - Lexiva® (Telzir/fosamprenavir)
 - Viracept® (nelfinavir)
 - Viramune® (nevirapine)
 - Rifabutin®
 - Rifampin®

Safer Pregnancy Options for People Living with HIV



Parallel Paths
Caminos Paralelos

CHOICES.
Memphis Center for Reproductive Health

Preconception Counseling for Women Living with HIV

- Ideal for ALL women of childbearing age
- Should include discussion of the following:
 - Method of becoming pregnant
 - Maternal health
 - Reducing the risk of transmission to baby
 - Management of baby exposed to ARV
 - Management if baby is HIV+
 - Child guardian if parent becomes ill or dies
 - How and when to disclose HIV+ status to child

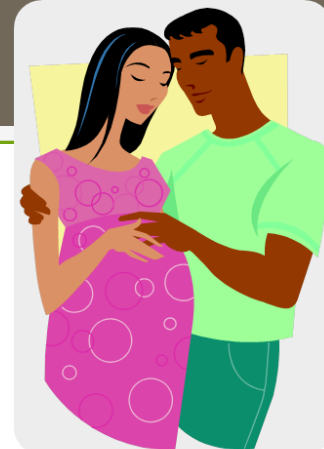


Safer Pregnancy for HIV Discordant Couples

- **HIV+ woman** & HIV- man
 - Maximal suppression of viral load
 - STD screening
 - Genital tract inflammation is associated with genital tract shedding of HIV
 - Estimate the timing of ovulation:
 - Observing cervical mucous changes
 - Basal body temperature charting
 - OTC ovulation-prediction kits
 - Artificial Insemination

Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. Sep. 14, 2011. Available at <http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>.

Safer Pregnancy for HIV Discordant Couples (cont.)



- HIV- woman & **HIV+ man**
 - Maximal suppression of viral load
 - Semen analysis
 - HIV, and possibly ART, may be associated with a higher prevalence of semen abnormalities such as low sperm count, low motility, higher rate of abnormal forms, and low semen volume
 - STD screening
 - genital tract inflammation is associated with genital tract shedding of HIV
 - PREP: pre-exposure prophylaxis
 - At this time, data is insufficient
 - Sperm washing and insemination

Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. Sep. 14, 2011. Available at <http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>.

Perinatal Transmission of HIV

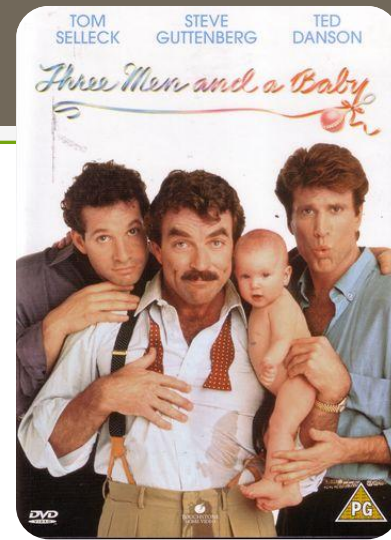


Parallel Paths
Caminos Paralelos

CHOICES.
Memphis Center for Reproductive Health

Perinatal HIV Transmission History

- Pre 1994: USA /Europe: ~ 25% (
- 1994: AZT recommendation during pregnancy
- 1995: down to 11% after implementation
- Today, risk of MTCT can be <2% with
 - Effective multi-drug antiretroviral therapy (HAART)
 - Elective C-section when appropriate
 - Exclusive formula feeding
 - Elimination of premastication



Factors Influencing Perinatal Transmission



BORN HIV FREE

- Maternal Factors
 - HIV-1 RNA levels
 - Low CD4 count
 - Other infections
 - Maternal injection drug use
 - Lack of HAART during pregnancy
- Obstetrical Factors
 - Length of ruptured membranes/ chorioamnionitis
 - Vaginal delivery
 - Invasive procedures
- Infant Factors
 - Prematurity
 - Twins, 1st born

Factors Influencing Perinatal Transmission



- ARV drugs for prevention of perinatal transmission of HIV are recommended for all pregnant women, regardless of whether they have indications for ART for their own health.

Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. Sep. 14, 2011. Available at <http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>.

Post-Partum HIV Transmission



- Breastfeeding
 - HIV transmission has occurred through breastfeeding.
 - Formula feeding encouraged for HIV+ women in US
 - *All* women considering breastfeeding should know their HIV status
- Premastication education for HIV+ women

Why Continued Perinatal Transmission in the United States?

- ◉ Women unaware of HIV status
 - Lack of universal screening
 - Up to 15% diagnosed in labor
- ◉ Lack of prenatal care
- ◉ Increasing rates of HIV infection among women of childbearing age



Prenatal HIV screening benefits mom and baby.™

Prenatal Care in Memphis for Women Living with HIV

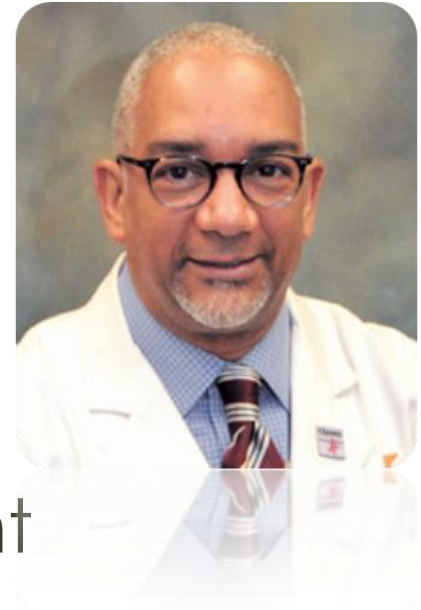
Dr. Edwin Thorpe
OB Special Care Clinic

UTMG Obstetrics and Gynecology
880 Madison Suite 3E01 (Medplex)



OBSC: Prenatal Visits

- Labs: CD4, VL (q month)
- HAART adherence
- Side effect assessment
- HIV/AIDS symptom assessment
- Fetal assessment
- Disclosure counseling, MSCHD
- Long range planning:
 - ID referral, Birth Control



OBSC: Delivery Plan

- C-Section should not be done universally:
 - Transmission already very low with HAART, low viral loads – any added benefit?
 - Complications – increased risk with HIV, particularly with advanced disease
- C-Section is most effective – plan for 38 wks
 - Viral load > 1000
 - Present late in pregnancy
 - No maternal ART
- Honor mother's choice
 - Educate, risk/benefit

OBSC Post-Partum

- 2 week and 6 week visits
- OB/GYN and family planning services
- Mental health screening and referral
- Coordination of care:
 - ID follow-up for mom and baby

Infant Follow-up

- Post exposure prophylaxis for 6 weeks
- HIV diagnostic testing
- Referral to an HIV specialist
 - LeBonheur ID Clinic
 - St Jude ID Clinic
- Long-term follow-up of HIV and ARV-exposed infants
- Support services for the family

Is my baby HIV positive?

- Babies need serial testing with DNA-PCR
- Traditional HIV testing not useful
- Diagnose usually by 4 months, continue testing until 18 months

Resources for HIV and Reproductive Choices

- Memphis Center for Reproductive Health
 - www.mcrh-tn.org
- National Perinatal HIV Consultation and Referral Hotline **1-888-448-8765**
- HIV Treatment Guidelines
 - www.aidsinfo.nih.gov
- Birth Control Fact Sheets
 - <http://www.birth-controlcomparison.info/>
- The Well Project
 - www.thewellproject.com