Supporting Reproductive Needs & Desires of People Living with HIV

Illinois Department of Public Health 2016 STD/HIV Conference
Disclosures

Pamela Tassin and Sara Semelka have nothing to disclose.
Workshop Agenda

• Welcome/Workshop Agenda
• MHPPPI Overview
• Workshop Objectives
• Revolution in HIV Prevention
• Reproductive Health Care Needs & Desires
• Assessing Reproductive Desires of PLHIV
• PrEP, PEP, and Pregnancy
• Resources
Midwest HIV Prevention & Pregnancy Planning Initiative (MHPPPI)

- Goal: Improve the sexual and reproductive health care of women living with/impacted by HIV
- Provider and consumer education
- Lead organization: AIDS Foundation of Chicago
- Partners: EverThrive Illinois, Midwest AIDS Training and Education Center, Pediatric AIDS Chicago Prevention Initiative, Planned Parenthood of Illinois
- Priority states: IL, IN, IA, MI, MN, MO, OH, WI
- Funded by the U.S. Department of Health and Human Services
Today’s Workshop Objectives

By the end of today’s training you will:
1. Be able to effectively engage clients in conversations about sexual practices that support their ability to have healthy sex lives
2. Integrate the latest information about PrEP into client counseling and care
3. Be able to initiate affirming conversations with PLHIV about fertility desires
4. Facilitate client access to prevention options, by effectively connecting clients to resources, supports, and assistance
Tell Us…

• What’s the first thing that comes to your mind when you hear pregnancy and HIV?
• What are examples of things you have heard others say regarding people living with HIV becoming pregnant and/or choosing to have children?
Revolutionary Time in HIV Prevention

• “Condomless” ≠ “unprotected” (CDC 2014)
• Anti-retroviral treatments – PEP, PrEP
• PEP treatment as a bridge from potential exposures to prevention regimen
• PrEP is more than 90% effective when taken daily as directed
Undetectable = Uninfectious

• There is now evidence-based confirmation that the risk of HIV transmission from a person living with HIV (PLHIV), who is on Antiretroviral Therapy (ART) and has achieved an undetectable viral load in their blood for at least 6 months is negligible to non-existent.

--Equal Access to the HIV Prevention Revolution, PAC, 2016
HIV and Family Planning

• 75% of PLHIV (women & men) are of reproductive age
• 252,000 U.S. male-female serodifferent couples (Neshiem et al. 2015)
• 50% of WLHIV learn serostatus during pregnancy
Reproductive Health Care Needs and Desires of People Living with HIV
Reproductive Rights

“The basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.”

--World Health Organization
PLHIV’s Reproductive Health Needs and Desires

• Access to high-quality health care through lifespan—childbearing years and beyond
• Recognition and respect as sexual beings
• Understanding of safer conception possibilities, options, and strategies (Kessler et al. 2010)
• Provider-initiated conversations with clinicians
Percent of women reporting safer conception method they would use.

- Women willingly accept level of risk to conceive a child with their HIV-positive male partners
- All women in this study were willing to use safer conception services in order to achieve pregnancy and lower their HIV risk

Safe and Healthy Pregnancy is Possible

• Care, treatment, and support of WLHIV enable healthy moms and babies
• 8,500 WLHIV give birth each year
• Advances in HIV prevention expand possibilities
• Many PLHIV remain unaware of ability to deliver HIV-negative baby
Clinical Guidelines on PLHIV and Fertility

“No ethical reasons” to withhold infertility treatment from HIV-affected couple
-ASRM Committee Opinion, 2015

TDF/FTC commonly used; practice vigilance for new HIV infections in lactating women
-ACOG, Committee Opinion 2014

HIV/Sexually transmitted diseases as a “core” component of family planning services
-CDC MMWR, 2014

Pregnancy and breastfeeding are not contraindicates to PrEP
-CDC Perinatal Guidelines, 2015

Discuss risks/benefits/alternatives of PrEP with pregnant & breastfeeding women
-WHO, 2015
What barriers to reproductive health care do PLHIV face?
Few Americans believe that HIV+ women should have children.

<table>
<thead>
<tr>
<th>Condition</th>
<th>% Yes</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV+</td>
<td>14%</td>
<td>16%</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>Cancer</td>
<td>59%</td>
<td>58%</td>
<td></td>
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<tr>
<td>Depression</td>
<td>47%</td>
<td>61%</td>
<td></td>
<td>46%</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>37%</td>
<td>34%</td>
<td></td>
<td>47%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>20%</td>
<td>19%</td>
<td></td>
<td>19%</td>
</tr>
<tr>
<td>Down's syndrome</td>
<td>17%</td>
<td>19%</td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>17%</td>
<td>18%</td>
<td></td>
<td>15%</td>
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Base: All Respondents* (HIV+ varies)
Q655: In your opinion, should a woman with any of the following conditions have children?
Response Options: 1 = Yes, 2 = No, 3 = Not sure 4 = Decline to answer
*Not reduced base with “decline to answer” excluded

www.amfAR.org

MHPI
“Stigma appears to be one important factor contributing to the missed opportunities to strategically and safely plan pregnancies with patients and thus preventing full application of the science and knowledge available to prevent new infections while maximizing autonomy and respect for human rights.”

(Steiner et al. 2013)
### Structural Barriers to Sexual/Reproductive Health Care for PLHIV

<table>
<thead>
<tr>
<th>Sociocultural Norms</th>
<th>Economics</th>
<th>Policies</th>
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<tbody>
<tr>
<td>• Assumptions about who wants/should have children</td>
<td>• Majority of PLHIV are at or below the poverty line</td>
<td>• SRH attacked at state &amp; federal levels</td>
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<tr>
<td>• Men’s reproductive desires not considered or assessed</td>
<td>• ADAP formularies exclude contraception</td>
<td>• HIV criminalization laws in 33 states, including IA, IL, IN, KS, MI, MO, OH, &amp; WI</td>
</tr>
<tr>
<td>• Men not engaged in preconception conversations or care</td>
<td>• No Medicaid expansion in 20 states, including WI KS, &amp; MO</td>
<td>• 18% of WLHIV reported being asked to sign a document about “HIV criminalization laws related to nondisclosure, transmission, and/or pregnancy”</td>
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</table>
Provider-Client Communication
Quick Poll

• Who talks with their clients about their pregnancy desires?

• Which clients do you talk to?
  • All clients, regardless of gender identity
  • Female clients only
  • Male clients
  • Clients that bring up the topic
  • Some, but not as many as I could
  • I do not talk to my clients about pregnancy desires
Critical Conversations are Lacking

- Sexual health conversations not occurring with many WLHIV
  \(\text{(Positive Women’s Network-USA 2013)}\)
- Few providers initiate pregnancy desires conversation w/ WLHIV
- Less than 50% WLHIV desiring a baby **AND** a conversation had that discussion
- Younger women asked more often than older women
  \(\text{(Kessler et al. 2010)}\)
- Role of suppressed viral load in prevention not widely conveyed
  \(\text{(Positive Women’s Network-USA 2013)}\)
Video and Discussion

It brings a little bit of hope.
Why Provider-Initiated Conversations Matter

- Acknowledge people’s sexual experiences and wishes for
  - Sexual pleasure and protection
  - Having children, spacing, and/or limiting children
- Foster client-centered care
- Reduce stigma, anxiety, and fear
- Inform and affirm fertility possibilities
- Enable inclusion of partner in the family planning process
- Assess and explore pregnancy ambivalence
Assessing and Supporting Reproductive Desires of PLHIV
Preconception Counseling Topics for PLHIV

- HIV disclosure
- Partner status, testing, readiness
- Contraception options
- Current treatment regimen
- Risks and benefits of HIV drugs
- Viral load levels; medication adherence
- HIV impact on pregnancy; pregnancy impact on HIV
- Perinatal and partner transmission prevention strategies
- Pregnancy spacing

Resources available at [www.womenandhiv.org/francois-Xavier](http://www.womenandhiv.org/francois-Xavier).
Preconception Counseling and Care Algorithm

- François-Xavier Bagnoud Center
- Counseling & Care Tool
One Key Question

• Promotes discussion of:
  • Reproductive plan or pregnancy desires
  • Current sexual practices
  • Safer conception strategies
  • Pre-conception care
  • Contraception needs/options
  • Adoption, surrogacy, etc.
  • HIV-status of partner
Talking with Clients Who Don’t Desire Pregnancy

• Explain that pregnancy risk is 85% over a year when no contraception is used
• Discuss the variety of methods available
• Offer guidance reflective of data available on ARV and contraception interactions
• Remember “No” now doesn’t mean “not ever”
Talking with Clients Who are Unsure

• For PLHIV: identify knowledge base or concerns
• Discuss safer conception strategies
• Ask follow-up questions:
  • Do you know that PLHIV can have HIV-negative healthy babies?
  • Do you intend/want to have children in the future?
  • Do you feel now is not the right time to become pregnant?
  • Do you have the resources you need?
  • What resources do you need? Do you need help accessing them?
Talking with Clients Considering Pregnancy

• PLHIV can have healthy HIV-negative babies, when:
  • In care
  • Following proper medical plan
  • Have undetectable viral load

• Pregnancy planning is the first step in decreasing perinatal transmission

• Provide education

• Reduce anxiety
Preparing for Healthy Pregnancy

• Discuss positive partner's viral load and treatment plan
• Discuss PrEP's safety during pregnancy
• Discuss preconception plan with partner
• Test and treat STIs
Safer Conception Strategies

• TaSP
• Artificial/self insemination
• Timed intercourse
• Assisted reproductive technologies
• Adoption and surrogacy
• PrEP/PrEP-ception
**PrEP-Ception**

- Enable family building for sero-different couples
- HIV-negative partner takes PrEP through duration of conception attempts
- Start daily oral doses 1 month before conception attempt
- Continue daily AT LEAST until 1 month after last conception attempt
  - Can continue PrEP use through pregnancy
- CDC clinical factsheet
PrEP-Ception

• CDC guidance recommends discussion with couples about:
  • Potential risks of the medication itself
  • Adherence to daily doses
  • Continuing condom use after conception to reduce STI and HIV risk
  • Signs of acute HIV infection
  • Urgent need for HIV testing if HIV infection is suspected
  • Discuss pros and cons of staying on PrEP after conception
PEP and Pregnancy

- Option if potential HIV exposure occurs during pregnancy
- Considerations for PEP initiation same whether pregnant or not
  - HIV-negative
  - Started within 72 hours
  - Complete 28 day regimen
- Data indicates ARVs during pregnancy don’t increase birth defects
- Enroll your clients in ARV Pregnancy Registry [www.apregistry.com](http://www.apregistry.com)
- Discuss possibility of transitioning to PrEP
- PEPLine - 888-448-4911
We’ve been seeing if we are ready. Are there any risks involved?
Hormonal Contraception and WLHIV
Hormonal Contraception and WLHIV

• Most hormonal contraception is safe, recommended
• Some ARVs may interact with contraception
• CDC's Medical Eligibility Criteria for Contraception Use 2016 www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm
• Interaction concerns SHOULD NOT preclude prescribing client-preferred hormonal contraception
Long-Acting Reversible Contraception (LARCs)

• Safe and effective
• Unknown by many women
• Copper IUD highly recommended WLHIV
  • No evidence of interacting with ARVs
  • No evidence of genital tract shedding HIV
• IUDs recommended for young women
  • American Association of Pediatrics
• High satisfaction highly under-utilized!
• Copper IUC is the most effective EC option
HIV Risk and DMPA

• Recent observational data analysis indicate possible link between DMPA and HIV among African women (Polis et al, 2016.)
• New analysis heightens previous concern
• WHO expected to release new report on issue
• Currently, CDC and WHO don’t recommend any restrictions
• HOWEVER, CDC recommends telling HIV-vulnerable women:
  • That the shot may or may not increase risk
  • Use male or female condoms
The Bottom Line on Contraception

• Offer range of options
• Talk through what is known and unknown
• Educate about importance of contraception for pregnancy prevention and spacing
• Discuss immediate insertion of LARC post abortion, miscarriage, and delivery
• Underscore dual protection (male and female condoms) w/DMPA
• Let women decide what is right for them
Resources
## Paying for PrEP
**ICD-10 Z20.6**

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<thead>
<tr>
<th>Private Insurance</th>
<th>Medicaid</th>
<th>Gilead Medication Assistance Program</th>
<th>Patient Advocate Foundation (PAF)</th>
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</thead>
</table>
| • FDA approval enables coverage.  
• Prior authorizations sometimes required. | • Truvada on Medicaid formulary. | • Truvada for PrEP provided at no cost for qualifying individuals.  
• Person must be HIV negative U.S. resident, 500% of FPL, uninsured/no drug coverage.  
• Co-pay card program.  
• Maximum $3,600/yr. | • Patient Access Network (PAN) Foundation’s HIV Treatment & Prevention fund is currently fully allocated. As of 9/6/16, Patient Advocate Foundation (PAF) HIV, AIDS and Prevention Fund ("Co-Pay Relief") is accepting applications, max. $7,500/yr. |
National Resources

- HIVE  
  www.hiveonline.org

- PrEP4Love  
  www.prep4love.com

- Clinic Consultation Center  
  http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/

- 2014 Guide for HIV/AIDS Clinical Care  
  http://aidsetc.org/guide/nonoccupational-postexposure-prophylaxis

- PEP ARV Pregnancy Registry  
  www.apregistry.com

- NASTAD patient assistance factsheet  
Illinois Resources

• PrEP
  • PrEP4Love - http://prep4love.com

• Perinatal Prevention
  • Illinois Perinatal HIV Hotline
    • http://hivpregnancyhotline.org
    • 800-439-4079
  • PACPI: Perinatal AIDS Chicago Prevention Initiative
    • http://www.pregnantandpositive.org/
MHPPPI Resources

• www.MHPPPI.org
• Videos
• State resources
• Clinical guidelines
• Brochures
• Postcards
• Training slides
MHPPPI Resources

- Brochures
- Postcards
- Email ptassin@aidschicago.org to order resources
- MHPPPI team
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