

# So you have HIV and you want to have a baby?

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# Objectives

- Describe methods of safe conception for serodiscordant couples: female with HIV/ male without HIV AND male with HIV/female without HIV
- List strategies for improving your current practices for preconception counseling

# Preconception counseling is not being addressed

- Data suggests that reproductive counseling does not often occur until after conception
  - Study of 181 women with HIV: Only 31% reported a personalized discussion with their provider specific to their childbearing plans.
  - Of those who had a personalized discussion, most were initiated by the client rather than the provider.

# Among your female patients with HIV, do they ask you about the possibilities of getting pregnant?

- “I think literally in four years I’ve only had one patient ask.”
- “Yes. They do all the time.”
- “Well, I can imagine that they wouldn’t, because it would mean they’re having unprotected sex, right, so...”
- “I have only had one patient recently that I can recall that talked about having a child and when she said that, she was already pregnant.”

# Among your male patients with HIV, do they ask you about the possibilities of getting pregnant?

- “I don’t know that men feel comfortable with raising that issue with me.”
- “I don’t think they felt comfortable bringing it up on their own, but when I asked them if they have ever fathered any children or have thought about it, then I think they feel more comfortable, that kind of opens up the conversation for them to be able to ask questions.”

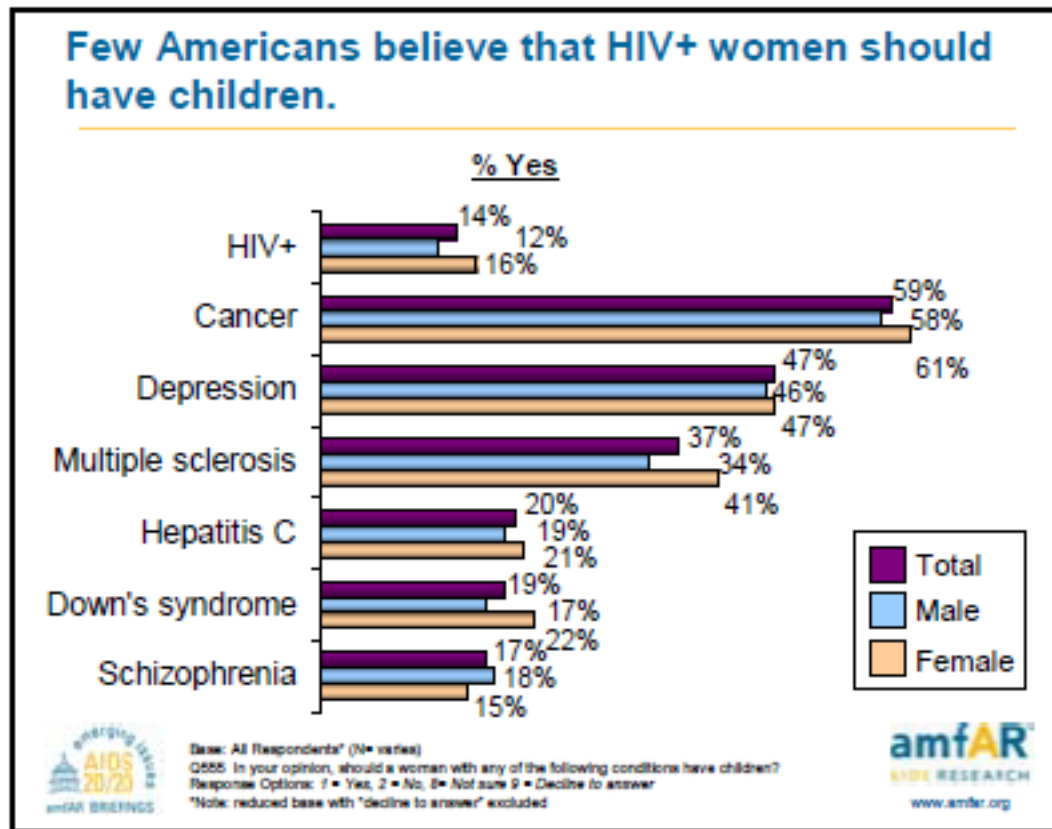
# Men who have sex with men

- “My gay couples who want to know if they can find someone to be a surrogate and be okay.”
- “Gay men who want to have kids so they want to find [someone to carry their child]...and they’re HIV positive, so they say, ‘If we do it the natural way, if we find someone, what does that mean to the surrogate mother? Is she going to contract HIV?’”

# Whose responsibility is it to ask?

- Is it up to the patient to ask the clinician about pregnancy/contraception concerns?
- Is it up to the clinician to ask the patient about pregnancy/contraception concerns?
- Even if you do not want to get into the details of preconception counseling, how do patients find out that this service is available?

# In your opinion, should a woman with any of the following conditions have children?



Foundation for AIDS Research (2008) email survey, n=4831



# Fertility desires and intentions... trends over time

- 1998: Interviews with 1421 HIV-infected men and women in the U.S.
  - 28-29% desired pregnancy in the future
- Survey of 450 HIV+ women in the UK in 2011
  - 75% stated they wanted more children

*Chen J et al. Family Planning Perspectives. 2001;33(4):144-152*

*Cliffe S et al. AIDS Care. 2011 Sep;23(9):1093-101*

# LOGISTICS for the serodiscordant couple who desire pregnancy

- Woman with HIV/ man without HIV
- Man with HIV/woman without HIV

# Basic concepts

- Treatment (of the HIV-infected partner) as prevention HPTN 052: 96% reduction in HIV transmission
- Pre-exposure prophylaxis (PrEP) for HIV-uninfected partner: daily oral tenofovir/emtricitabine (TDF/FTC)

*Cohen, M. et al. (2011). NEJM 365: 493-505*

*Baeten, J. et al (2012). NEJM: 367:399-410*

# PrEP initiation

- Assess risk factors
- Baseline HIV testing
- Renal function (estimated creatinine clearance  $\geq 60$  ml/min)
- Hep B serology (Hep BsAb and Hep BsAg)  
(if patients with active HBV infection stop taking these medications, liver function must be closely monitored because reactivated HBV infection can result in hepatic damage)
- Immunize against Hep B if not immune
- Be aware that maximum intracellular concentrations with oral dosing is reached in rectal tissue at 7 days and cervicovaginal tissue at approximately 20 days.

# PrEP monitoring and follow-up

**Consider visit at 1 month to assess side effects/adherence**

**At least every 3 months**

- Repeat HIV testing and assess for signs or symptoms of acute infection to document that patients are still HIV negative
- Repeat pregnancy testing for women who may become pregnant
- Provide a prescription or refill authorization of daily TDF/FTC for no more than 90 days (until the next HIV test)
- Assess side effects, adherence, and HIV acquisition risk behaviors
- Provide support for medication adherence and risk-reduction behaviors
- Respond to new questions and provide any new information about PrEP use

**At least every 6 months**

- Check renal function, GC/chlamydia, and RPR

# Serodiscordant couples

- If the woman is HIV+ and the man is HIV-
  - Viral suppression (ideally for at least 6 months) to protect partner AND prevent transmission to baby
  - Ovulation predictor kits
  - Home insemination (“turkey baster method”)

# Ovulation predictor kits



These test kits replace the old basal body temperature charts

# When the time is right, the choices are:

- **Home insemination with partner's semen**

The “turkey baster” method

\*A needle-less syringe works fine





# Home insemination

- During the 24 hours after the LH surge has occurred as documented by the ovulation predictor kit, ejaculate into a cup or into a condom without a spermicide
- Suction semen into a syringe
- Place syringe in vagina and deposit semen
- Remain lying down for 20 minutes
- Return to having protected sex with condoms

# Alternatives

- Insemination in a doctor's office with partner's semen
- Penile/vaginal intercourse only during the 24 hours after the LH surge and using condoms the rest of the month. Placing the woman on ARVs prior to attempted conception will further protect her partner
- Pre-exposure prophylaxis for male (PrEP)? If yes, how many doses?

[www.hiveonline.org](http://www.hiveonline.org)

*Baeten, J. et al (2012). NEJM: 367:399-410*

*<http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>*

# Serodiscordance

- If the man is HIV+ and the woman is HIV-, consider:
  - Maximal viral suppression of the male
  - Ovulation predictor kit/timed intercourse
  - Pre-exposure prophylaxis (PrEP) for female
  - Assisted reproductive technology (donor insemination, sperm washing of infected male's semen)

# Risk of transmission to partner

- Barreiro
  - 62 serodiscordant couples (40 HIV+ men and 22 HIV+ women)
  - HIV+ partner on ART and VL < 500 for 6 months
  - No transmission of HIV to partner

*Barreiro et al. (2006). AIDS 43(3):324-326.*

*Barreiro et al. (2007). Human Reproduction 22 (9), 2353-2358.*

# What if both partners are HIV-positive?

- When a couple is not attempting conception, we recommend condoms to avoid superinfection and sharing of antiretroviral resistant virus
- If pregnancy desired: Ovulation predictor kit, maintaining an undetectable viral load, and once monthly unprotected sex is a reasonable approach

And , for the HIV uninfected female partner, once pregnant:

- HIV testing at first visit and in third trimester
- Rapid testing in labor if third trimester test was not done
- Consider continuing PrEP during pregnancy and breastfeeding if not consistently using condoms



### Pregnancy and You – Making Decisions

Date: \_\_\_\_\_

With effective HIV treatment, women and men living with HIV infection can enjoy a long and healthy life and can look forward to a future that may include planning a family. Choosing whether or not to have a child can be very exciting but is also sometimes difficult or confusing for people with HIV. It is important to have a good relationship with a health care provider who can talk with you about issues related to your health and the health of your partner, contraception, preparing for a healthy pregnancy and preventing transmission of HIV to a partner or infant.

This survey is designed to help you and your provider talk about these issues during your visits. Giving us this information helps us to discuss topics that are most important for you each time we see you.

Name: \_\_\_\_\_ Your current age: \_\_\_\_\_

1. Have you ever been pregnant?  YES  NO
2. If YES, how many times? \_\_\_\_\_ How many children do you have? \_\_\_\_\_
3. Are you interested in getting pregnant?  YES  NO
4. If YES, when do you wish to conceive?
  - Currently  6 months – 1 year  1 – 2 years  > 2 years
5. Have you had sex with a man in the last 6 months?  YES  NO
6. Do you use condoms every time you have sex with a man?  YES  NO
7. Are you currently using birth control other than condoms?  YES  NO
  - A. What type?
    - None  Birth control Pill  IUD  Injection (Depo-Provera)
    - Patch / Vaginal Ring  Implant under the skin (Implanon)
    - Sterilization (Tubes Tied)  Unsure  Other: \_\_\_\_\_
  - B. Are you trying to get pregnant?  YES  NO
8. Would you or your partner like more information about planning for pregnancy??  YES  NO

Anderson, J Preconception care and HIV tool.  
Johns Hopkins Women's HIV Program, Baltimore, MD.



### Provider Checklist Addressing Fertility Issues in the Context of HIV

This tool is designed to help you better address both fertility issues – desire to conceive and desire to prevent pregnancy in your patients.

1. Patient is post-menopausal or S/P hysterectomy
    - A. Yes – end of tool
    - B. No – go to question 2
  2. Patient wishes to have more children?
    - A. Yes – go to question 3
    - B. No – go to question 5
  3. Does patient wish to conceive within the next year?
    - A. Yes – go to question 4
    - B. No – go to question 5
  4. Patient would like to conceive within the next year.
    - A. Review medication list with patient for drugs that are contraindicated in women trying to conceive (i.e. efavirenz, statins, ribavirin, tetracycline/ doxycycline). Others should be used only if no other safer effective options are available.
 

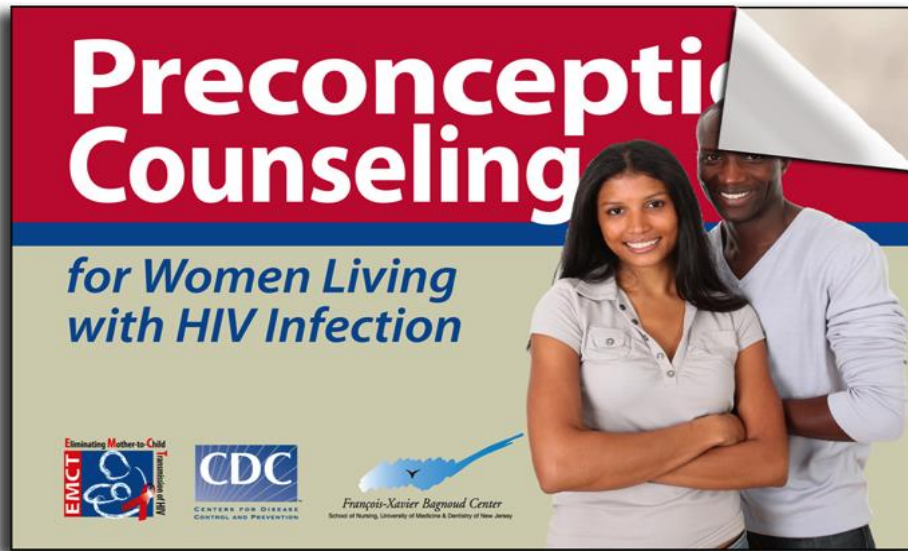
**AND**
    - B. Offer and encourage referral for preconception counseling and evaluation.
  5. Patient wishes to prevent pregnancy.
    - A. Patient has completed childbearing – refer to a gynecologist to discuss long term or permanent contraceptive options.
 

**OR**
    - B. Wants more children, but not within the next year – review non-permanent contraceptive options and strongly recommend referral for preconception counseling.
- Key Considerations:**
1. Patient has a problem with irregular menses or amenorrhea – if yes, perform a pregnancy test and refer for a gynecologic evaluation
  2. Menopause: Can be difficult to diagnose.
    - ▶ If the woman is > 50 years of age with no vaginal bleeding for over one year, she is post-menopausal.
    - ▶ If uncertain, refer for a gynecologic evaluation.
  3. Formal preconception counseling and evaluation is strongly recommended if the patient:
    - A. Is in a serodiscordant relationship
    - B. Has significant medical co-morbidities
    - C. Has problems with substance abuse
    - D. There are concerns with the patient's current medication

The National Perinatal HIV Hotline (1-888-448-8765) provides 24/7, free, confidential, expert consultation. [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)

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# Integrating preconception and HIV care



- Guides to preconception counseling
- for the HIV care provider
- for clients





# Support Tools: EPIC Template

- Are you interested in having a child?
- When do you wish to conceive?
  - Currently 6 mos-1yr, 1-2 years; >2years
- Are you currently using condoms?
- Are you currently using a contraceptive other than condoms?
  - If yes, what method:
  - If no, are you seeking pregnancy:
- Would you like information on planning a safe pregnancy that may reduce the risk of HIV transmission to your partner and your baby?

# Summary of safer conception

- Treatment as prevention (TasP)
- Pre-exposure prophylaxis (PrEP)
- Timed conception
  - With home insemination/assisted reproductive technology (safest)
  - Without home insemination/assisted reproductive technology (safer)

# Practical resources

- Preconception counseling toolkit: client and provider information including brief questionnaire for women with HIV about their pregnancy desires  
<http://www.womenandhiv.org/francois-xavier>
- **HIV/AIDS Management Warmline** [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu)  
**(800) 933-3413** Monday – Friday, 9 a.m. – 8 p.m. EST
- <http://www.hiveonline.org/>
- Men with HIV and options for conception including surrogacy <https://gayswithkids.com/positively-dads>

# Thank you

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