Providing PrEP to Pregnant and Breastfeeding Women

Training Course PowerPoint

December 2020

CHOICE Collaboration for HIV Prevention Options to Control the Epidemic

PEPFAR

USAID FROM THE AMERICAN PEOPLE

EpiC Meeting Targets and Maintaining Epidemic Control

RISE Reaching Impact, Saturation, and Epidemic Control

Introduction

Purpose: The purpose of this course is to help ministries of health, program managers, and trainers expand access to high-quality pre-exposure prophylaxis (PrEP) for pregnant and breastfeeding women (PBFW) using a facility-based approach for training, capacity-building, and mentorship.

Module	Duration
Module 1: Why Offer PrEP to PBFW?	1.5 hours
Module 2: Before Starting PrEP	30 minutes
Module 3: Counseling on Use of PrEP for PBFW	1 hour
Module 4: Laboratory Testing, Documentation, and Scheduling Follow-Up	1 hour
Module 5: After Starting PrEP	2 hours
Module 6: PrEP Use in Special Situations	1 hour
Module 7: Additional Health Services	30 minutes
Module 8: Intimate Partner Violence (IPV)	45 minutes
Module 9: Active Safety Surveillance	30 minutes
Module 10: Key Messages	1.5 hours

At the end of this session…

Learners will be able to state:

1. The rationale for offering PrEP to PBFW
2. Key actions to take before starting PrEP
3. Counseling messages and techniques for PBFW
4. How to address common PrEP side effects and monitor continued safety of PrEP
5. Important additional services for PBFW taking PrEP

MODULE 1: WHY OFFER PrEP TO PBFW?

The World Health Organization (WHO) Recommends PrEP!

WHO supports provision of PrEP to PBFW who are at continuing substantial risk of acquiring HIV.

"Oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF) should be offered as an additional prevention choice for pregnant women at substantial risk of HIV infection as part of combination prevention approaches."

WHO recommendations on antenatal care (ANC) for a positive pregnancy experience

World Health Organization

Background

Evidence has shown that women are at **increased risk of HIV** acquisition during pregnancy and breastfeeding.

Increased risk is due to:

- Biological factors
- Social factors
- Behavioral factors

Women who become infected during pregnancy and breastfeeding have a higher risk of transmitting HIV to their infants, compared to women who became infected with HIV before becoming pregnant.

It is important to include these populations in PrEP screening, delivery, and management.

PrEP Appears Safe for PBFW

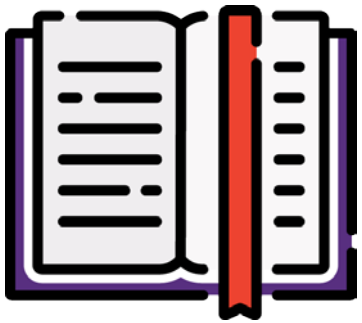
- The most common PrEP regimen is a tablet containing emtricitabine and tenofovir **(FTC/TDF):**
  - **Some countries use TDF + lamivudine (3TC) for PrEP**
- Exposure to TDF, FTC, and 3TC as treatment during pregnancy among women with HIV is safe and well-tolerated
- No worsening of pregnancy or perinatal outcomes associated with PrEP exposure
- Oral PrEP well tolerated by breastfeeding mothers and infants
- Side effects typically mild and resolved for both mothers and infants in 2 to 3 days
- The amount of the PrEP drug that passes into milk has been shown to be very low

PrEP safety among non-pregnant women is also reassuring.

Lamivudine (3TC) Is Part of Some PrEP Regimens and Has a Good Safety Record

Lamivudine (3TC) is a medication (nucleoside analog) used for HIV treatment, in combination with other antiretroviral drugs.

Studies have not shown adverse effects in infants exposed in utero:



- 3TC exposure during pregnancy was not associated with adverse outcomes in **growth, hearing, language, neurodevelopment, metabolic, hematologic/clinical chemistry,** or **blood lactate.**

- Fewer spontaneous abortions and preterm births are associated with use of lamivudine-containing regimens in the context of HIV treatment.
- Important to note that hepatitis B virus (HBV) flare may occur if 3TC is stopped in a person who has acquired HBV.

PrEP Side Effects Are Generally Mild and Brief

PrEP use has generally been shown to be safe across a range of different countries and populations, based on data gathered so far.

1 in **10** PrEP users may have mild side effects.

Most PrEP clients do not experience significant side effects.

Side effects may include:

- Mild kidney problems
- Inability to sleep
- Decreased energy
- Headache
- Upset stomach
- Passing gas
- Vomiting
- Soft or liquid stools
- Dizziness

For most users, gastrointestinal symptoms typically resolve within the first few weeks of use. People with hepatitis B who suddenly stop taking PrEP may have a worsening of hepatitis symptoms.

PrEP Is Compatible with Other Medicines

The medications used in PrEP have **no known drug interactions** with the medications most commonly prescribed during pregnancy or the postnatal period.

Medications listed on the next slide.

PrEP is Compatible with Other Medicines

Medications Include*

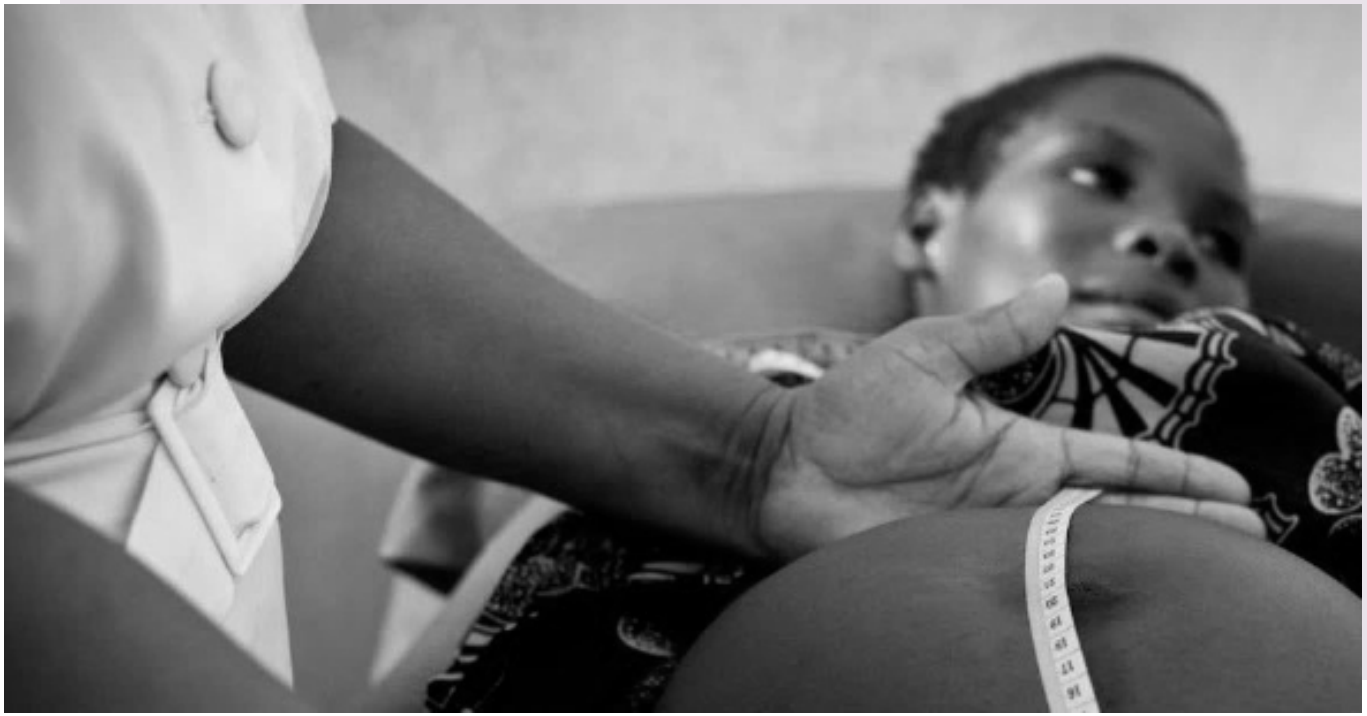
- Iron and folic acid tablets
- Multiple micronutrient supplements
- Prenatal vitamins
- Penicillin
- Antibiotics
- Tetanus toxoid or pertussis vaccination
- Sulfadoxine-pyrimethamine
- Single-dose albendazole or mebendazole
- Stool softeners
- Medications recommended in WHO's 2016 ANC Guidelines for treatment of common physiologic symptoms of pregnancy
- Family planning (FP) methods such as oral contraceptive pills, injectable progestin methods, sub-dermal implants, intrauterine devices, and barrier methods
- Medications used for fever or pain
- Malaria treatment
- Anti-diarrheal medication
- Rubella vaccine

* This list is just a sampling and does not include all possible medications.

MODULE 2: BEFORE STARTING PrEP

Who Is a Good Candidate for PrEP?

In settings of high HIV incidence, **all HIV-negative PBFW** should be considered candidates for PrEP, unless individual clinical contraindications exist.



Further guidance available in WHO Implementation tool for pre-exposure prophylaxis (PrEP) of HIV Infection Module 1.

Who is a Good Candidate for PrEP?

In settings of high HIV incidence, **all HIV-negative pregnant and**

Consider PrEP for a wide range of clients:

- Routine ANC and postnatal (PNC) clients
- Clients taking PrEP who subsequently become pregnant
- Clients who may access PrEP through facility- or community-based PrEP delivery programs
- Clients seeking pregnancy, currently pregnant, or currently breastfeeding with partner(s) who may:
  - Have unknown HIV status
  - Be living with HIV, but not on HIV treatment
  - Be living with HIV, but on treatment less than 6 months, not virally suppressed, or viral suppression status unknown

Further guidance available in WHO Implementation tool for pre-exposure prophylaxis (PrEP) of HIV Infection Module 1.

Know the Contraindications to Starting PrEP

Contraindications for PrEP use in pregnancy and breastfeeding are mostly the same for non-pregnant, non-breastfeeding clients.

- Positive test for HIV
- Signs/symptoms of acute HIV (see next slide)
- Probable recent exposure to HIV (past 3 days)
- Creatinine clearance of less than 60 ml/min
- Allergy to any medicine in the PrEP regimen
- Unable to commit to adhere to PrEP and attend scheduled visits.

For PBFW, avoid starting PrEP for those with a current suspected or confirmed diagnosis of a condition that can negatively impact liver or kidneys, such as pre-eclampsia.

In the absence of any contraindications, clients do not need a "break" from PrEP use, which may only serve to increase their risk for acquiring HIV.

It is fine for those taking PrEP before pregnancy to continue it after pregnancy is diagnosed, provided they do not have any of the contraindications above.

Signs and Symptoms of Acute HIV Infection

- Signs and symptoms of fever
- Sore throat, aches, and pains
- Lymphadenopathy (swollen glands)
- Mouth sores, headache, or rash

If the client has any of these signs or symptoms, the health care provider should consider the possibility that acute HIV is present. In such circumstances, consider deferring PrEP start for 4 weeks and having the person tested for HIV again, which will allow time for possible HIV seroconversion to be detected.

MODULE 3: COUNSELING ON USE OF PrEP FOR PBFW

Counseling and Communication Are Important Parts of Person-Centered Maternity Care

- Person-centered maternity care is maternity care that is respectful of and responsive to women's preferences, needs, and values.
- Such care includes system and provider responsiveness, patient-provider communication, interpersonal treatment, and patient engagement.
- Person-centered care influences health-seeking behavior.
- **Provision of PrEP to PBFW is more likely to be successful when person-centered services are provided.**

IOM, 2001; Afulani et al., 2017.

Discussing PrEP with PBFW

PrEP may be introduced in a variety of different community- and facility-based contexts.

In group counseling sessions for ANC or PNC clients and/or their partners

During individual ANC contacts at community or facility level

During individual PNC and FP contacts at community or facility level

In other community-based settings

Key ADDITIONAL Counseling Messages for PBFW

(beyond standard PrEP counseling messages)

1. In general, women are at higher risk for acquiring HIV when they are pregnant or breastfeeding compared to times when they are not.

2. For most women who live in areas where HIV is common, the potential benefits of PrEP for mothers outweigh potential risks. Taking PrEP is generally safer for you and your baby, compared to acquiring HIV.

3. There is no evidence that PrEP increases the chance of birth defects, miscarriage, or other complications during pregnancy, birth, or after the birth.

4. PrEP does not have any known negative interactions with the medications and supplements most commonly prescribed for women in pregnancy and during breastfeeding.

Continue key counseling messages on the next slide.

Key ADDITIONAL Counseling Messages for PBFW (Cont.)

(beyond standard PrEP counseling messages)

5. The amount of PrEP drug that may pass to the baby during pregnancy and breastfeeding is very small and has not been shown to cause any serious health problems for babies.

6. PrEP use during pregnancy and breastfeeding has not been shown to cause your baby to be too big or too small.

7. PrEP has not been shown to have any impact on your ability to become pregnant in the future.

8. Some people taking PrEP experience side effects, but they are generally mild, not dangerous, and resolve quickly.

Continue key counseling messages on the next slide.

Key ADDITIONAL Counseling Messages for PBFW (Cont.)

(beyond standard PrEP counseling messages)

9. Please keep your PrEP supply in a safe place where children cannot reach it.

10. Exclusive breastfeeding for the first 6 months of life is the recommended way of feeding infants, followed by continued breastfeeding with appropriate complementary foods for up to 2 years or beyond.

11. PrEP has not been shown to affect a mother's milk production or the taste or quality of breast milk.

12. If you are experiencing violence in your life, you can tell me about it and we will talk about ways to help you and your baby stay safe.

MODULE 4: LABORATORY TESTING, DOCUMENTATION, AND SCHEDULING FOLLOW-UP

Rule Out HIV before Starting PrEP!

HIV should be ruled out by testing before starting PrEP. HIV testing should be performed the same day that PrEP is started using a point-of-care rapid HIV test, following national HIV testing algorithms.

- Clients with possible HIV exposure (last 72 hours) should **not** be offered PrEP, but instead be offered post-exposure prophylaxis. Then, retest the client for HIV after 28 days. PrEP may be offered to clients who test negative at this point.
- If the client has signs or symptoms of acute viral syndrome, consider the possibility that acute HIV is present and do not start PrEP.

In such circumstances, consider deferring PrEP start for 4 weeks and have the person tested for HIV again.

Testing before Starting PrEP

- HIV test*
- Serum creatinine,* where capacity allows, to monitor kidney function
- Hepatitis B surface antigen
- Sexually transmitted infections (STIs), such as syphilis, gonorrhea, and chlamydia

*These will repeat every three months

Document Care in Clinical Records

Normally, **all prescriptions would be documented** on the client's handheld ANC record as well as any relevant ANC, PNC, FP, or PrEP-specific facility-based records and registers.

All PrEP use clinical care should be documented in facility-based records.

Consult with client before documenting PrEP use on handheld records.

Avoid unintentional disclosure to partners, family, or other household members.

Scheduling Follow-Up and Promoting PrEP Continuation

If the client is receiving PrEP services through an ANC, PNC, or FP service delivery site, try to align her visits to minimize trips to the clinic, as frequent visits discourage some clients from continuing PrEP.

Optimize Chances for PrEP Continuation

- Understand her motivations for taking PrEP.
- Provide her with a supply of PrEP that will last beyond the time of her next recommended visit or community-based contact.
- Talk to her about potential barriers in returning to the clinic and continuing PrEP, as well as ways she might overcome these barriers.
- Ask about partner reactions and strategies to communicate about PrEP with partners who are not supportive.
- Address intimate partner violence, if present (see Module 8).
- Provide anticipatory counseling to help her manage side effects.
- Help her identify an existing habit with which to “couple” taking PrEP.
- Help her identify a trigger to remind her to take her PrEP (e.g., a specific radio show, children leaving for school, etc.).
- Assist her to set up a reminder on her phone, if she has one, with a message she finds personally motivating (e.g., My baby is healthy and so am I!).

MODULE 5: AFTER STARTING PrEP

Integration of PrEP into Care for Pregnant and Breastfeeding Clients

After the pregnant or breastfeeding client starts PrEP, the health care provider has several important roles:

- Continue providing high-quality ANC or PNC (including FP services) to the client to address her needs, and integrate PrEP care into the client's routine ANC, PNC, or FP services.
- Monitor how the client is doing on PrEP.
- Help her to be an active partner in her care.

At each follow-up visit, the health care provider needs to integrate information from history-taking, targeted physical examination, and any laboratory data to help the client reach her goals.

Family planning settings providing PrEP for breastfeeding clients

In general, clinical guidance is the same for breastfeeding clients receiving PrEP services in PNC and family planning settings.

FP provider should:

- Provide counseling that assists clients to meet their personal family planning and HIV prevention goals.
- Provide comprehensive clinical assessment to support safe continuation of family planning and HIV prevention methods.

PrEP drugs have no known adverse interaction with family planning methods.

Managing PrEP Side Effects

As noted earlier, **PrEP use is generally well-tolerated** outside of and during pregnancy and the postnatal periods. However, some side effects are possible.

PrEP providers should address client concerns with a thoughtful and systematic approach that includes:

- History-taking
- Targeted physical examination
- Diagnosis
- Suggested measures to alleviate side effects
- Appropriate counseling
- Plan for future evaluation

Any provider decision to discontinue PrEP based on side effects should be discussed with the client, including consideration of potential risks, benefits, and alternatives.

Continue to evaluation of possible PrEP side on the next slide.

Sign or symptom	Possible expected finding in pregnancy	Possible expected finding in postnatal period	Expected with some (not all) FP methods	May be related to PrEP	May be related to another condition such as:
Back pain	X	X			Back injury
Constipation	X				Iron pills
Nausea or vomiting	X		X	X	Foodborne illness
Diarrhea				X	Foodborne illness
Mild abdominal pain or cramping	X (especially round ligament pain or heartburn)	X (uterine involution or post-cesarean pain)	X	X	Preterm contractions, foodborne illness
Vaginal discharge	X	X (if consistent with normal lochia)	X		Vaginitis or sexually transmitted infection
Frequent urination	X				Urinary tract infection
Dizziness	X		X	X	Anemia, dehydration
Headache	X		X	X	Pre-eclampsia (serious complication of blood pressure)
Fatigue	X	X	X	X	Anemia or depression, other possibilities
Sleep issues	X	X		X	Anxiety or depression
Abnormal kidney function tests (e.g., serum creatinine)				X	Pre-eclampsia

Deciding Whether to Pause or Stop PrEP Use for PBFW

Before deciding to pause or stop PrEP use, it is important to consider whether or not there is reasonable suspicion that a complaint was caused by PrEP use.

? Clinicians can consider the following **guiding questions:**

- What is the sign or symptom noted by the client?
- Did the problem begin soon after the start of PrEP use?
- If the client has already stopped PrEP use, has there been any improvement after stopping?
- Did the issue come back if the client stopped and restarted PrEP?
- Is the problem something that has been seen before in other people using PrEP?
- Is it plausible (does it make sense) that PrEP could have caused the problem?
- Is there any other explanation?

Continue to the suggested pathway for evaluating side effects on the next slide.

Kidney Function during Pregnancy

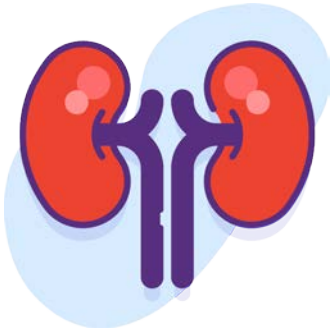
Where capacity allows, **serum creatinine** is recommended to monitor kidney function for PrEP users who are pregnant, with a repeat test performed every 3 months.

!

For pregnant clients with serum creatinine > 0.9 mg/dl
Health care provider should evaluate the client for possible acute kidney injury or undiagnosed prior chronic kidney disease. Consult with specialist.

Pregnant clients who had normal serum creatinine levels before PrEP use, but then developed elevated levels outside the reference range for normal after starting PrEP, should prompt the provider to pause PrEP provision, due to the possibility of abnormal kidney function, and consult with an obstetrician and/or kidney specialist, if available.

*More information on the **Cockcroft-Gault** equation is included in the WHO Implementation tool for PrEP of HIV infection.*



Proteinuria on urine dipstick

- Increased protein in urine is one potential sign of impaired kidney function
- Clients with 2+ proteinuria on urine dipstick should be referred for serum creatinine testing
- It is important to rule out pre-eclampsia before assigning another etiology for the presence of proteinuria in a pregnant woman with elevated blood pressure

Kidney Function during Pregnancy

Where capacity allows, **serum creatinine** is recommended to

Approaches to Monitoring Kidney Function for PrEP Users Who Are Pregnant

Approach	Advise client to pause PrEP use if follow-up laboratory test shows this result
1. Monitor serum creatinine every three months	Serum creatinine level greater than 0.9 mg/dL or 79.6 µmol/L
2. Monitor creatinine clearance every three months	Creatinine clearance less than 60 ml/min
Pregnant client may resume PrEP use if there is resolution of laboratory test abnormalities, provided no other contraindications are present.	

Learn more about monitoring kidney function during the postnatal period on the next slide.

of HIV infection.

Kidney Function during the Postnatal Period

For most women, kidney function rapidly returns to pre-pregnant levels soon after delivery.

For breastfeeding PrEP clients, monitor serum creatinine every 3 months after the start of PrEP.

More frequent monitoring may be warranted if there are comorbid conditions that can affect renal function, such as diabetes mellitus and hypertension.

*WHO and Jhpiego have developed an app to access the WHO Implementation tool for PrEP of HIV infection, and a free creatinine clearance calculator is available within **this app**.*

Deciding Whether to Pause or Stop PrEP use for PBFW

Before deciding to pause or stop PrEP use, it is important to consider whether or not there is reasonable suspicion that a complaint was

Evaluating Potential Side Effects of PrEP

Ask the client to tell you more about the sign or symptom.

Do a targeted physical exam.

Consult with an experienced PrEP provider and/or specialist if needed.

Use what you know about PrEP and the client's clinical status to inform your advice.

Document your care in the client's record.

Evaluate how she is doing by phone or at a follow-up visit, depending on your clinical judgment.

- Is there any other explanation?

Stopping PrEP Due to HIV Seroconversion

It is possible that a pregnant or breastfeeding client who has been prescribed PrEP will experience HIV seroconversion.

If this occurs, it's important for the health care provider to take several actions:

Counsel the client on key post-test counseling topics:

- ✓ Coping with the diagnosis
- ✓ Learning the actions to take to keep her and her baby healthier and prevent transmission to the baby
- ✓ Deciding whether to share her results with others, especially her partner, so he can also get tested

! Start client on recommended antiretroviral therapy as soon as possible after a confirmed positive HIV test result. *Confirm the client's reactive rapid test result.

Additional information can be found in national guidelines for prevention of mother-to-child transmission of HIV infection.

Evaluating Potential Problems in Breastfeeding Infants

PrEP use in mothers has not been associated with safety concerns among their breastfeeding infants.

When assessing whether a finding might be related to the mother's PrEP use, providers can consider the guiding questions previously noted in the section, ***Deciding whether to pause or stop PrEP use for PBFW.***

Severe abnormal signs or symptoms in an infant are unlikely to be related to maternal PrEP but should be evaluated promptly according to the WHO *Paediatric emergency triage, assessment and treatment: care of critically-ill children* or other national guidance as appropriate.

Determining the Best Location for Clients

There is no single best place to manage PrEP use for PBFW that are transitioning from one care setting to another, or who may be eligible to receive services from multiple settings at once.

Consider the following:

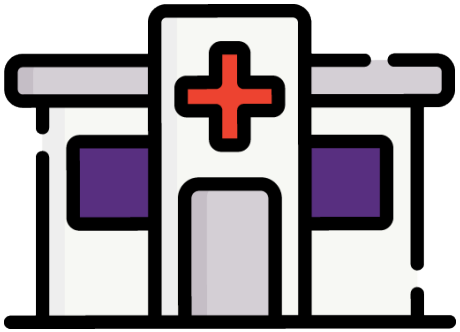
Client needs and preferences

Capacity of each service delivery setting

How Do We Help Clients Change Prep Delivery Settings?

Clients should be **supported to continue PrEP** as they transition between different clinical contexts and service delivery settings.

Examples of transitions may include:



Safer conception or FP → ANC

KP or AGYW* → ANC

ANC → PNC

ANC → FP

PNC → FP

PNC → Other facility or provider

*KP: Key Population; AGYW: Adolescent Girls and Young Women

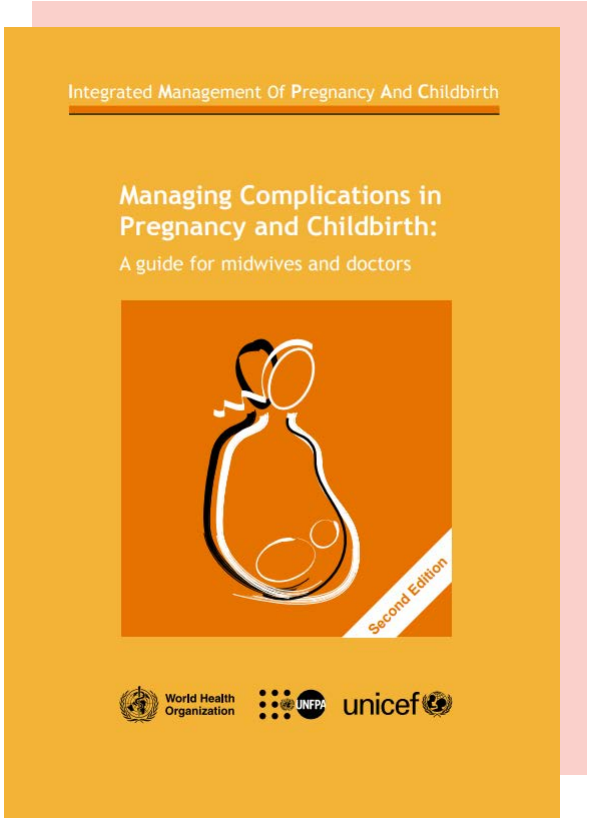
If client wishes to continue PrEP due to ongoing behavioral or structural risk.

MODULE 6: PrEP USE IN SPECIAL SITUATIONS

PrEP Use in Women With Hypertensive Disorders during Pregnancy

It is prudent to **avoid starting PrEP** in clients with evidence of impaired renal function or conditions that may impair renal function.

- ✓ Conduct an assessment
- ✓ Manage these conditions to avoid life-threatening complications



The WHO Managing Complications in Pregnancy and Childbirth (MCPC): A Guide for Midwives and Doctors (2nd Edition) provides guidance on symptoms, clinical criteria for diagnosis, and management of hypertensive disorders of pregnancy.

PrEP Use in Women With Hypertensive

WHO's Classification Framework for Hypertensive Disorders:

1. Chronic hypertension (elevation of blood pressure noted before 20 weeks of gestation or persisting more than 12 weeks postpartum)
2. Gestational hypertension
3. Mild pre-eclampsia
4. Severe pre-eclampsia
5. Eclampsia
6. Chronic hypertension with superimposed pre-eclampsia

Review Managing PrEP use on the next slide.

Category	WHO Diagnostic Criteria	Suggested Management
Chronic hypertension	Elevation of blood pressure noted before 20 weeks of gestation or persisting more than 12 weeks postpartum	Initiate PrEP only after laboratory assessment of kidney function, in consultation with an experienced obstetrician or high-risk pregnancy specialist, and follow an individualized, comprehensive plan for monitoring of blood pressure, medication use, and kidney function.
Mild pre-eclampsia	New onset hypertension and proteinuria after 20 weeks of gestation: • Systolic blood pressure (SBP) >140 and/or diastolic blood pressure (DBP) >90 after 20 weeks of gestation • Proteinuria 2+ on dipstick • No severe features of pre-eclampsia/eclampsia present	Do not initiate or continue PrEP use in clients with suspected or confirmed diagnosis of mild pre-eclampsia. These clients should have management consistent with recommendations in the WHO MCPC manual. For clients initially suspected to have pre-eclampsia, but are subsequently ruled out, consider starting or restarting PrEP use, with careful monitoring for recurrence of signs or symptoms of pre-eclampsia. Clients with pre-eclampsia may begin PrEP after birth if kidney function remains normal, or when kidney impairment resolves.
Severe pre-eclampsia	New onset hypertension and proteinuria after 20 weeks of gestation: • SBP > 160 and/or DBP >110 after 20 weeks of gestation • Proteinuria 2+ on dipstick Pre-eclampsia with any of the following present is severe pre-eclampsia: • Neurologic: headache, vision changes, hyperreflexia or clonus • Pulmonary: difficulty breathing (rales on auscultation due to fluid in lungs) • Hepatic: upper abdominal pain, nausea/vomiting or liver enzymes elevated (>2 times the baseline) • Renal: serum creatinine >1.1mg/dL or doubling of baseline, oliguria (<40 cc urine in 24 hours) • Hematologic: platelets <100,000 cells/mcL	Do not initiate or continue PrEP use in clients with suspected or confirmed diagnosis of severe pre-eclampsia. These clients should have management consistent with recommendations in the WHO MCPC manual. For clients who are initially suspected to have pre-eclampsia, but are subsequently ruled out for this diagnosis, consider starting or restarting PrEP use, with careful monitoring for recurrence of signs or symptoms of pre-eclampsia. Clients with pre-eclampsia may begin PrEP after birth if kidney function remains normal, or when kidney impairment resolves.

Hepatitis B during Pregnancy

People who are sexually active and those who inject drugs (and their sexual and injection partners) are **at risk** of acquiring HBV.

Test clients for HBV before prescribing PrEP, where capacity allows.

Pregnant women who test positive for hepatitis B surface antigen (HBsAg) should be referred to specialist care and be **tested for HBV DNA,** which can help to guide the use of antiviral medication to prevent perinatal transmission. People who test positive for HBsAg also need a repeat test after 6 months to help understand if they have chronic, active HBV.

Clients who have HBV and wish to use PrEP should receive care from an experienced HBV care provider.

MODULE 7: ADDITIONAL HEALTH SERVICES

Additional HIV Prevention and Family Planning Services

Services available in addition to PrEP:

- HIV testing services to identify those who can benefit from HIV prevention services *(repeat testing every 2 to 3 months)*
- HIV testing services for women's sexual partners and drug injecting partners, refer those partners testing positive for immediate antiretroviral therapy services
- Refer male sexual partners to voluntary medical male circumcision
- Screen for and treat STI according to local guidance and offer the same to sexual partners
- Offer male and female condoms and counsel on correct and consistent use
- HIV risk reduction counseling

FP counseling should be offered to all pregnant and breastfeeding clients with appropriate method provision also offered to those who are breastfeeding.

Treatment of STIs in Pregnancy Is Important!

STIs during pregnancy can cause different kinds of problems:

- Premature labor (labor before 37 weeks or pregnancy)
- Infection in the fetus, leading to blindness, deafness, severe anemia, or death
- Infection in the newborn and in the uterus after birth

Early birth is the number one cause of infant death and can lead to long-term developmental and health problems in children

MODULE 8: INTIMATE PARTNER VIOLENCE

Screening for Intimate Partner Violence (IPV)

Women may experience new, continued, or increased **IPV** during pregnancy and the postnatal period.

IPV is associated with higher risk for acquiring HIV, plus:

- ✓ Lower PrEP uptake
- ✓ Increased PrEP interruption
- ✓ Lower adherence to PrEP
- ✓ Stress
- ✓ Forgetting to take pills
- ✓ Leaving home without pills
- ✓ Partners throwing away pills

Clinical and Routine Enquiry for IPV

All PrEP sites should conduct routine enquiry for IPV with all clients.

Clinical enquiry for IPV

When a clinician asks only clients she/he suspects are experiencing IPV or fears IPV

Routine enquiry for IPV

When a clinician asks all clients who present for specific services about experiencing IPV or fears IPV

Clinical and routine enquiry should only be completed by trained providers. After conducting routine enquiry for IPV, sites must offer appropriate first-line support based on the WHO LIVES approach and referrals to IPV response services. Routine enquiry for IPV can also be used in non-PEPFAR-funded programs.

Clinical and Routine Enquiry for IPV

Six Minimum Requirements for Conducting Routine Enquiry

1. A protocol or standard operating procedure exists for conducting routine enquiry
2. A questionnaire, with standard questions where providers can document responses, exists
3. Providers offer first-line support (WHO LIVES approach)
4. Providers have received training on how to ask about IPV or sexual violence
5. Private setting, confidentiality ensured
6. A system for referrals or linkages to other services is in place

based on the WHO LIVES approach and referrals to IPV response services.

First-Line Support

All community-based programs delivering HIV or IPV prevention activities must ensure that **facilitators are trained** so they can respond appropriately to someone who discloses violence.

First-line support goals include:

- **L** **Listen** closely with empathy, not judgment
- **I** **Inquire** about the client's needs and concerns—assess and respond to the survivor's needs and concerns
- **V** **Validate**—show that you believe and understand the survivor
- **E** **Enhance safety**—conduct a safety assessment and safety planning to reduce the risk of further harm
- **S** **Support**—help the survivor connect to services, social support

MODULE 9: ACTIVE SAFETY SURVEILLANCE

Active Safety Surveillance

While available data indicate that use of PrEP among PBFW is safe, the WHO recommends active surveillance of adverse outcomes including:

- Adverse **maternal** outcomes: treatment-limiting toxicities associated with antiretroviral therapy in pregnant women, particularly mortality;
- Adverse **birth** outcomes: including stillbirths, preterm births, low birthweight, major congenital anomalies or early infant deaths. Adverse birth outcomes may be routinely monitored by integrating an additional indicator into the national monitoring and evaluation system; and
- Adverse **infant and child** outcomes: health outcomes in infants and young children exposed to antiretroviral drugs in utero or via breast milk, particularly any impact on growth and development.

Tools For Safety Surveillance

1. **Data Collection / Case Reporting Form**

   Facilitates a standardized approach to collection of relevant data for active surveillance of PrEP use during pregnancy and breastfeeding

2. **Register Page**

   Includes a shorter list of variables than the data collection form, formatted for printing as a clinic register for aggregating data within a facility

MODULE 10: KEY MESSAGES

Key Messages

- **Global guidance and evidence supports PrEP use by PBFW:**
    - PBFW are at higher risk for acquiring HIV
    - PrEP use for PBFW is generally safe and well tolerated

- **PrEP** providers should feel comfortable:
    - Providing key counseling messages
    - Monitoring continued safety of PrEP use
    - Managing common PrEP side effects
    - Ensuring that clients receive other key services (e.g., FP and IPV)

You have completed this course. Thank you!

Thank you!

CHOICE Partners

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