

# Course: Providing Oral PrEP to Pregnant and Breastfeeding People – Pre- and Post-Test Answer Key

**Instructions:** This assessment includes 10 questions and should take around 10-15 minutes. Choose one answer per question, unless the question specifies to 'select all that apply.'

1. Why is it important to offer oral PrEP to pregnant and breastfeeding people?
  - a. **People are at increased risk of HIV acquisition during pregnancy and breastfeeding.**
  - b. Oral PrEP is more effective in pregnant clients than it is in clients who are not pregnant.
  - c. People are more likely to agree to take oral PrEP during pregnancy than they are at other times.
2. Which common medications prescribed during pregnancy can have unwanted interactions with oral PrEP?
  - a. Oral PrEP may interact with antenatal medications such as iron and folic acid tablets.
  - b. Oral PrEP may interact with malaria treatments, including sulfadoxine-pyrimethamine.
  - c. **The medications used in oral PrEP have no known drug interactions with the most commonly prescribed pregnancy medications.**
3. Which of the following are contraindications to starting oral PrEP? Select all that apply.
  - a. **Creatinine clearance of less than 60 ml/min**
  - b. **HIV infection or signs/symptoms of acute HIV infection**
  - c. Oral PrEP use prior to pregnancy
4. Which of the following are correct statements when counseling pregnant and breastfeeding populations on the use of oral PrEP? Select all that apply.
  - a. **Oral PrEP use during pregnancy has not been shown to cause babies to be too big or too small.**
  - b. Oral PrEP may impact a person's ability to get pregnant in the future.
  - c. **Oral PrEP has not been shown to affect a mother's milk production or the taste or quality of breast milk.**
5. Which type of client would be a candidate for oral PrEP? (Select all that apply)
  - a. **Routine ANC or PNC Client.**
  - b. **Clients taking oral PrEP who subsequently become pregnant.**
  - c. A client living with HIV who has been on treatment for two years.

6. What are some ways oral PrEP providers could address pregnant client concerns regarding potential side effects they may be experiencing using PrEP? (Select all that apply).
  - a. Counseling on common side effects experienced during pregnancy to rule out pregnancy-related side effects
  - b. History taking and targeted physical examination
  - c. Client-centered plan, including planning for follow-up and future evaluation to see if concerns have resolved
  - d. **All of the above**
  
7. Which of the following is a recommended approach to monitoring kidney function for oral PrEP users who are pregnant and who do not have comorbid conditions that could affect renal function?
  - a. Monitor serum creatinine or creatinine clearance every two weeks.
  - b. Monitor serum creatinine or creatinine clearance every month.
  - c. **Monitor serum creatinine or creatinine clearance every three months, if capacity allows.**
  
8. True or False: When a pregnant or breastfeeding person who is taking oral PrEP reports a possible side effect, oral PrEP should immediately be paused while the cause of the symptom is evaluated.
  - a. True
  - b. **False**
  
9. True or False: HIV testing services are not required while a pregnant or breastfeeding person is taking oral PrEP.
  - a. True
  - b. **False**
  
10. What does the acronym LIVES stand for when defining first-line support goals for survivors of violence?
  - a. **Listen with empathy, Inquire about needs and concerns, Validate the survivor's experience, Enhance safety, and Support the survivor**
  - b. Listen with empathy, Involve the survivor in next steps, View previous records and history, Empathize with the survivor, and Support the survivor
  - c. Look up survivor records and history, Include the survivor and partner in decisions, Validate the survivor's story, Education the survivor about options, and Support the survivor