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

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.
- 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





