

# Providing Oral PrEP or the PrEP Ring to Pregnant and Breastfeeding People: A Training Manual for Health Care Workers

## LEARNER GUIDE

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# Introduction

The purpose of this course is to help ministries of health, program managers, and providers expand access to high-quality oral pre-exposure prophylaxis (oral PrEP) and the dapivirine ring (PrEP ring) for Pregnant and Breastfeeding People (PBFP) using a facility-based or hybrid approach for training, capacity building, and mentorship.

## Course description and format

The course is designed as a series of modules and includes a variety of activities for course delivery. See Table 1 below for a summary of the modules and the estimated completion times for each module. For maximum flexibility, this course may be offered in a single two-day training or multiple sessions spread across a series of days. Suggested times are approximate and can be modified as needed.

The teaching/learning methods included in this course include didactic instruction, small group work, discussions, and case studies. Lecture should be used as minimally as possible. If this course is delivered using a hybrid approach<sup>1</sup>, the facilitator can use the features in Zoom or other tools to assign small group activities or can change the small group and pair activities to large group discussion.

The activities listed throughout the facilitator’s guide are suggested activities only. The context, experience level of participants, and identified needs should be considered in adapting activities to best fit the situation.

Facilitators will need to make sure Learner Guides are available/printed for all participants prior to the beginning of the training. Case studies and learning questions for discussions are included in the Learner Guide.

**Table 1. Course Overview & Duration**

### Day 1:

Module Title	Duration
Module 1: Use of oral PrEP or the PrEP ring for PBFP	45 min.
Module 2: Before prescribing oral PrEP or the PrEP ring	45 min.
Module 3: Counseling on use of oral PrEP or the PrEP ring for PFP	1 hour
Module 4: Laboratory testing, documentation, and scheduling follow-up	45 min.

### Day 2:

Module Title	Duration
Module 5: Supporting continued use of oral PrEP or the PrEP ring	1 hour 30 min.
Module 6: Oral PrEP use in special situations	1 hour
Module 7: Additional health services and intimate partner violence (IPV)	45 min.
Module 8: Active safety surveillance	10 min.
Module 9: Key messages	5 min.

<sup>1</sup> Hybrid training refers to combined in-person and virtual or online delivery of the training. Some facilitators may opt for a fully in-person training while others may prefer a hybrid approach. The implementation guide included in the training package expands on delivering the course using a hybrid approach.

## Learning Objectives

At the end of this session, learners will be able to state:

- The rationale for offering oral PrEP or the PrEP ring to PBFP
- Key actions to take before prescribing oral PrEP or the PrEP ring
- Counseling messages and techniques for PBFP
- How to address common oral PrEP and PrEP ring side effects and monitor continued safety of oral PrEP and the PrEP ring
- Important additional services for PBFP using oral PrEP or the PrEP ring

# Module 1: Use of oral PrEP or the PrEP ring for PBFP

## Module Objective

By the end of the module, learners will be able to state:

- The rationale for offering oral pre-exposure prophylaxis (oral PrEP) or the dapivirine ring (PrEP ring) to PBFP

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
WHO recommends oral PrEP and the PrEP ring!	The WHO recommends to provision oral PrEP and PrEP ring to Pregnant and Breastfeeding People who are at continuing substantial risk of HIV infection.		<a href="#">WHO recommendations on antenatal care</a>
Background	Reflection questions	Individual Reflection	Section 1-1
Oral PrEP and PrEP ring safety	Oral PrEP and PrEP ring appear safe for pregnant and breastfeeding people.	Group Discussion: Why might clients be reluctant to begin oral PrEP or the PrEP ring?	
Oral PrEP and PrEP ring medications	Lamivudine (3TC), and 25mg of an antiretroviral (ARV) drug is part of the oral PrEP and PrEP ring regimens, respectively and also have a good safety record.	Small Group Activity	Section 1-2

## Section 1-1: WHO recommends oral PrEP and the PrEP ring!

**WHO supports** provision of oral PrEP and the PrEP ring to pregnant and breastfeeding people 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.”

### Reflection Questions

- When do you think clients are at higher risk of HIV acquisition and of transmitting HIV to their infants?
- How does the information presented differ from what you initially thought?

## Section 1-2: Oral PrEP and the PrEP ring regimens

Lamivudine (3TC) is part of some oral PrEP regimens and also has 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 with use of lamivudine-containing regimens in the context of HIV treatment

It is important to note that hepatitis B virus flare may occur if 3TC is stopped in a person who has acquired HBV. Most people do not get hepatitis flares. If flares occur, they are mostly asymptomatic and resolve spontaneously.

A flexible silicone material containing 25 mg of an ARV drug used only for HIV prevention called dapivirine is part of the PrEP ring regimens and also has a good safety record.

Silicone elastomer has been shown to be safe when used to make many medical devices, such as contact lenses, catheters, and other types of vaginal rings (e.g., contraceptive rings). Dapivirine belongs to a class of antiretrovirals (ARVs) called non-nucleoside reverse transcriptase inhibitors (NNRTI) that reduce the ability of HIV to make more copies of itself inside a healthy cell.

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

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

## Discussion Questions

- Identify common medications that PBFP clients may be taking.
- Brainstorm how to respond to concerns about starting oral PrEP or the PrEP ring in addition to taking those medications.

# Module 2: Before prescribing oral PrEP or the PrEP ring

## Module Objective

By the end of the module, learners will be able to identify good candidates for oral PrEP or the PrEP ring.

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
Who is a good candidate for oral PrEP and the PrEP ring?	In settings of high HIV incidence, all HIV-negative pregnant and breastfeeding client should be considered candidates for oral PrEP or the PrEP ring.	Group Discussion: How does this differ from what you may have previously believed or from what you hear from others?  Group Discussion: Work in small groups to list the range of clients for whom you should consider oral PrEP or the PrEP ring.	<a href="#">WHO Implementation Tool for Pre-Exposure Prophylaxis (Oral PrEP) of HIV Infection</a>
Contraindications	Review the PPT for the contraindications.		PPT Review

# Module 3: Counseling on use of oral PrEP or the PrEP ring for PBFP

## Module Objective

By the end of the module, learners will be able to state:

- Counseling messages and techniques for PBFP

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module.

Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
Importance	Counseling and communication are important in maternity care		
Contexts	Oral PrEP and the PrEP ring may be introduced in a variety of different community and facility-based contexts		
Additional Counseling Messages	Counseling messages in addition to standard oral PrEP and the PrEP ring counseling messages for pregnant and breastfeeding people are important	Role Play	Section 3-1
Case Study 1	Case Study 1 and Group Discussion	Case Study: Review the Case Study in your group and be prepared to report your answers to one of the discussion questions.	Section 3-2



## Section 3-1: Key Additional Counseling Messages

1. In general, the chances of HIV acquisition are higher during pregnancy and the postnatal period.
2. For most clients who live in areas where HIV is common, the potential benefits of oral PrEP or the PrEP ring during pregnancy and the postnatal period outweigh potential risks. Using oral PrEP or the PrEP ring is generally safer for the client and baby, compared to acquiring HIV.
3. There is no evidence that oral PrEP and/or the PrEP ring increases the chance of birth defects, miscarriage, or other complications during pregnancy, birth, or after birth.
4. Oral PrEP and the PrEP ring do not have any known negative interactions with the medications and supplements most commonly prescribed for during pregnancy and while breastfeeding.
5. The amount of oral PrEP or dapivirine that may pass to a baby during pregnancy and breastfeeding is very small and has not been shown to cause any serious health problems for babies.
6. Oral PrEP or PrEP ring use during pregnancy and breastfeeding has not been shown to cause babies to be too big or too small.
7. Oral PrEP and the PrEP ring have not been shown to have any impact on the ability to become pregnant in the future.
8. Oral PrEP and PrEP ring supplies should be kept in a safe place where children cannot reach them.
9. Some people using oral PrEP or PrEP ring experience side effects, but they are generally mild, not dangerous, and resolve without having to stop product use.
10. Exclusive breastfeeding for the first six months of life is the recommended way of feeding infants, followed by continued breastfeeding with appropriate complementary foods for two years or beyond.
11. The PrEP ring (and oral PrEP) have not been shown to affect milk production or the taste or quality of breast milk.
12. The PrEP ring rests at the top of the vagina, right below the opening of the cervix, and in this position, it does not enter the uterus or touch the baby. Sexual partners will more than likely not notice or feel the PrEP ring.
13. The PrEP ring should be removed before delivering the baby, ideally when contractions start or when arriving to the hospital for delivery of the baby.
14. The PrEP ring can be restarted after delivering your baby, ideally after the uterus has returned to its pre-pregnancy size and bleeding has diminished.

### Role Play

- Work in pairs to role play how you would deliver these messages to pregnant and breastfeeding people.
- One partner plays the role of the provider and one the woman.
  - The “provider” should provide counseling messages and the “client” should identify concerns to be addressed through counseling messages. Be sure to present both options for PrEP (oral PrEP and the PrEP ring, and give the client all information necessary to make an educated choice of which one is best.)
- Then, switch roles.

## Section 3–2: Case Study 1

### Case Study 1: Rose

Rose is pregnant with her third child and comes to your clinic. During the exam and discussion, she mentions that her sister, who lives close by, has HIV. Rose is concerned about her personal risk and is unsure about her partner’s HIV status and ongoing risk. Rose tested negative for HIV and you counsel here that she can start either oral PrEP or the PrEP ring and continue throughout her pregnancy and while breastfeeding.

Rose shares that she is already taking enough medication with her iron and folic acid tablets. She also does not want her husband to know she is taking PrEP and she is worried about her partner finding out and also worries he may be able to feel the PrEP ring during intercourse. She doesn’t want to put her unborn baby at risk and is afraid the side effects will make it challenging to take care of her other children.

### Discussion Questions

- What are some of the misconceptions Rose may have about either oral PrEP or the PrEP ring based off of what she has told you?
- What are the key messages you should share with Rose so that she can make an educated decision regarding whether oral PrEP or the PrEP ring might be the better choice for her?
- What are the key messages you should tell Rose about taking oral PrEP or the PrEP ring with other medications?
- What should you tell Rose about the safety of oral PrEP and the PrEP ring while pregnant?
- How can you address her concerns about putting her unborn baby at risk?
- How would you respond to her concerns about side effects and not being able to care for her other children?
- What concerns might Rose have that she didn’t feel comfortable sharing with you (e.g., potential concerns about intimate partner violence [IPV])?
  - What additional questions can you ask to uncover those concerns?
  - How would you address those concerns?

# Module 4: Laboratory testing, documentation, and scheduling follow-up

## Module Objective

By the end of the module, learners will be able to state:

- Key actions to take before starting oral PrEP and the PrEP ring

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
Rule out infection	It is important to rule out HIV infection before starting treatment.	Group Discussion: How should you discuss/approach this with a woman who is reluctant to get tested?	
Testing before prescribing oral PrEP and the PrEP ring	Testing must be performed prior to starting oral PrEP and the PrEP ring		
Documenting clinical care	Requirements for documenting care in clinical records.		
Determining the best location for clients	There is no single best place to manage oral PrEP and the PrEP ring use for PBFP that are transitioning from one care setting to another, or who may be eligible to receive services from multiple settings at once.	Group Discussion	Section 4-1
Helping clients change oral PrEP and PrEP ring delivery settings	Clients should be supported to continue oral PrEP and the PrEP ring as they transition between different clinical contexts and service delivery settings.	Individual Activity	Section 4-2
Scheduling follow-up	Requirement to schedule follow-up.	Work in pairs to develop a list of questions to ask and techniques to use in order to optimize chances for oral PrEP or PrEP ring continuation.	

## Section 4-1: Determining the best location for clients

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

Consider:

- Client needs and preferences
- Capacity of service delivery of each setting

## Discussion Questions

- What are some things you currently consider when determining the best location for treatment for clients with any health issue?
- What additional things might you need to consider for managing oral PrEP and the PrEP ring in PBFP?
- What additional services might these clients need?

## Section 4-2: Helping clients change oral PrEP and the PrEP ring delivery settings

Clients should be supported to continue oral PrEP or the PrEP ring as they transition between different clinical contexts and service delivery settings.

Examples of transitions may include:

- Safer conception or FP to ANC
- KP or AGYW to ANC
- ANC to PNC
- ANC to FP
- PNC to FP
- PNC to another facility or provider

## Individual Activity

Make a list of things you can do specific to your location and partner organizations to help clients transition between clinical contexts.

# Module 5: Supporting continued use of oral PrEP or the PrEP ring

## Module Objective

By the end of the module, learners will be able to state:

- How to address common oral PrEP and PrEP ring side effects and monitor continued safety of oral PrEP and PrEP ring

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
Integration of oral PrEP and the PrEP ring care into ANC and PNC	The provider should provide continuing care.	<b>Group Discussion:</b> How do you provide continuing care?  How do you work with other providers to provide continuing care?	
Managing oral PrEP and the PrEP ring side effects	Ways to identify and manage side effects.	Small Group Activity	Section 5-1
Deciding whether to pause or stop oral PrEP and the PrEP ring for PBFP	Before deciding to pause or stop oral PrEP and the PrEP ring use, it is important to consider whether or not there is reasonable suspicion that a complaint was caused by oral PrEP and the PrEP ring use.	Group Discussion	Section 5-2
		Reference Table	Section 5-3
Stopping oral PrEP and the PrEP ring due to HIV seroconversion	It is possible that a pregnant or breastfeeding client who has been prescribed oral PrEP and the PrEP ring will experience HIV seroconversion.  In the event that this occurs, it's important for the health provider to take several actions		
Evaluating potential problems in breastfeeding infants	Oral PrEP and the PrEP ring use in mothers has not been associated with significant safety concerns among their breastfeeding infants.		
Case Study 2		Case Study 2: Read the case study. Group Discussion: Discuss the case study questions with your group.	Section 5-4

## Section 5-1: Ways to identify and manage side effects

Oral PrEP and the PrEP ring use is generally well-tolerated outside of and during pregnancy and the postnatal periods. However, some side effects are possible.

Oral PrEP and the PrEP ring 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

### Discussion Questions

- What additional questions would you ask someone exhibiting your assigned signs/symptoms?
- How could you determine if they are side effects or something else?

## Section 5-2: Deciding to pause or stop oral PrEP and the PrEP ring use

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

Where capacity allows, serum creatinine is recommended to monitor kidney function for oral PrEP and the PrEP ring users who are pregnant, with a repeat test performed every three months.

Before deciding to pause or stop oral PrEP and the PrEP ring use, it is important to consider whether or not there is reasonable suspicion that a complaint was caused by oral PrEP and the PrEP ring 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 oral PrEP or the PrEP ring use?
- If the client has already stopped oral PrEP or the PrEP ring use, has there been any improvement after stopping?
- Did the issue come back if the participant stopped and restarted oral PrEP or the PrEP ring?
- Is the problem something that has been seen before in other people using oral PrEP or the PrEP ring?
- Is it plausible (does it make sense) that oral PrEP or the PrEP ring could have caused the problem?
- Is there any other explanation?

### Discussion Questions

- What are some questions you can ask to determine if a sign/symptom is caused by oral PrEP or the PrEP ring use?
- What are some reasons you might ask someone to stop oral PrEP or the PrEP ring use for PBFP?

## Section 5-3: Reference Table – Evaluation of possible oral PrEP and the PrEP ring side effects during pregnancy and breastfeeding

Sign or symptom	Possible expected finding in pregnancy	Possible expected finding in postnatal period	Expected with some (not all) family planning methods	May be related to Oral PrEP and the DVR	May be related to another condition
Back pain	X	X			Yes, like back injury
Constipation	X				Yes, like iron pills
Nausea or vomiting	X		X	X	Yes, like foodborne illness
Diarrhea				X	Yes, like foodborne illness
Mild abdominal pain or cramping	X (especially round ligament pain or heartburn)	X (uterine involution or post-cesarean pain)	X	X	Yes, like preterm contractions, foodborne illness
Vaginal discharge	X	X (if consistent with normal lochia)	X		Yes, like vaginitis or sexually transmitted infection
Frequent urination	X				Yes, like urinary tract infection
Dizziness	X		X	X	Yes, like anemia, dehydration
Headache	X		X	X	Yes, like pre-eclampsia (serious complication of blood pressure)
Fatigue	X	X	X	X	Yes, like anemia or depression, other possibilities
Sleep issues	X	X		X	Yes, like anxiety or depression
Abnormal kidney function tests (e.g., serum creatinine)				X	Yes, like pre-eclampsia
Abnormal liver function tests (e.g., AST, ALT)				X	Yes, like HELLP syndrome (serious complication of pre-eclampsia) or hepatitis (liver infection)

## Section 5-4: Case Study 2

### Case Study 2: Jamila

Jamila is breastfeeding her two-month-old daughter and comes to your clinic for her postnatal care. She has been using PrEP (either PrEP ring or oral PrEP) since the beginning of her pregnancy and has continued while breastfeeding. She comes to see you and complains of some back and stomach pain. She has had these symptoms for a couple of weeks, but it is difficult to travel to the clinic given that she has an infant as well as other children at home and unreliable transportation.

You know of a small clinic closer to her home that could help manage her PrEP services while you continue to see her through for postnatal care. You'd like to transfer her routine PrEP care to this other clinic and ensure that she receives ongoing family planning counseling and care.

### Discussion Questions

- During your exam, what questions should you ask Jamila?
- If you decide to transfer her PrEP care to another clinic, what information should you share and capabilities should you confirm before making the transfer?
- How can you ensure communication between both clinics?
- How will you address her family planning needs today and ensure that family planning also remains part of her ongoing care plan?
- What will be the biggest challenges in transferring care? How will you overcome those challenges?



# Module 6: Oral PrEP use in special situations

## Module Objective

By the end of the module, learners will be able to state:

- How to manage oral PrEP use among clients with hypertensive disorders of pregnancy (Note: This module only applies to oral PrEP users.)

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions

Content	Topic Overview	Questions or Activity	Materials
Oral PrEP use in clients with hypertensive disorders	Strategies for avoiding starting oral PrEP in clients with evidence of renal function or conditions that may impair renal function.  WHO's Classification Framework for Hypertensive Disorders and the categories, diagnostic criteria, and suggested management.	Group Discussion: What types of clinical tests or assessments can you perform to assess hypertensive disorders?	<a href="#">Managing Complications in Pregnancy and Childbirth</a>
	Where capacity allows, serum creatinine is recommended to monitor kidney function for oral PrEP users who are pregnant, with a repeat test performed every three months.		
Kidney Function	Where capacity allows, serum creatinine is recommended to monitor kidney function for oral PrEP users who are pregnant, with a repeat test performed every three months.		

# Module 7: Additional health services and intimate partner violence (IPV)

## Module Objective

By the end of the module, learners will be able to state:

- Important additional services for PBFP taking oral PrEP and the PrEP ring

## Information for Facilitators

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
Additional HIV prevention and family planning services	Several services should be advised in addition to oral PrEP and the PrEP ring		
Treatment of STIs in pregnancy	It is important to test for and identify possible problems caused by STIs in pregnancy.	Group Discussion	Section 7-1
Hepatitis B infection during pregnancy	It is important to test for HBV infection before prescribing oral PrEP.		
Screening for Intimate Partner Violence (IPV)	It is important to screen for IPV.		
Clinical and routine enquiry for IPV	Differences between clinical and routine enquiry for violence  Minimum requirements for conducting routine enquiry	Pair Activity	<a href="#">WHO LIVES approach</a>  <a href="#">Guidance: Standard Operating Procedures for Addressing Partner Relationships and Gender-Based Violence in Pre-Exposure Prophylaxis (PrEP) Services – PrEPWatch*</a>  Section 7-2
First-line support	Review the first-line support goals	Group discussion	Section 7-3

\*The CHARISMA project has developed guidance that is intended to be utilized by programs providing PrEP so that support staff can identify clients who are experiencing IPV and provide appropriate violence response services. It also provides procedures and counseling messages to help clients decide whether to talk to their

partner(s) about their PrEP use and strategies for using PrEP with or without their partner's knowledge. The PrEP Job Aid for Discussing Partner Relationships was developed to support the implementation of this SOP guidance. It can be found at <https://www.prepwatch.org/>.

## Section 7-1: Treatment of STIs in pregnancy

STIs during pregnancy can cause different kinds of problems:

- Premature labor (labor before 37 weeks or pregnancy)  
Early birth is the number one cause of infant death and can lead to long-term developmental and health problems in children
- Infection in the fetus, leading to blindness, deafness, severe anemia, or death
- Infection in the newborn and in the uterus after birth

### Discussion Questions

- Identify ways you provide or refer clients for additional services
- Identify ways you can overcome resistance to discussing STIs and related testing/services

## Section 7-2: Clinical and routine enquiry for IPV

All PrEP service delivery 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 fearing IPV
- **Routine Enquiry for IPV:** When a clinician asks all clients who present for specific services about experiencing IPV or fearing IPV

### Discussion Questions

- Does your location provide clinical or routine enquiry for violence?
- What are the benefits of providing one or the other?
- What are some common challenges you face in providing clinical and routine enquiry?
  - How do you overcome these challenges?

## Section 7-3: Providing first-line support

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

First-line support goals include:

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

### Discussion Questions

- Discuss examples of ways your location provides first-line support.

# Module 8: Active safety surveillance

## Module Objectives

By the end of the module, learners will be able to state:

- Importance of active surveillance of maternal, newborn, and child outcomes
- Available tools for tracking health outcomes of women, newborns, and infants and young children exposed to antiretroviral (ARV) drugs

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
Surveillance for adverse outcomes	WHO recommendation for ongoing and active safety surveillance		
Surveillance tools	Sample Data Collection / Case Report Form Sample register page		Handouts provided by facilitator: Case Report Form Sample Register

# Module 9: Key messages

## Module Objectives

By the end of the module, learners will be able to state:

- Importance of HIV prevention during pregnancy and the post-natal period
- General competencies for providers who work with PBFP clients

## Instructions

The table below outlines the content area, questions, and activities you will complete during the module. Your packet contains the materials you will need for the activities and discussions.

Content	Topic Overview	Questions or Activity	Materials
Key messages	Key messages from the training		Section 9-1

## Section 9-1: Key Messages

### Global guidance and evidence support Oral PrEP and the PrEP ring use by PBFP

- PBFP are at higher risk for getting HIV
- Oral PrEP and the PrEP ring use for PBFP is generally safe and well tolerated

### Oral PrEP and the PrEP ring providers should feel comfortable

- Providing key counseling messages
- Monitoring continued safety of oral PrEP and the PrEP ring use
- Managing common oral PrEP and the PrEP ring side effects
- Ensuring that clients receive other key services, e.g., family planning and IPV

## Reflection Questions

- Did you identify additional key messages or take-aways?
- What action items they have taken from the training?