

Use of HIV Pre-Exposure Prophylaxis During Pregnancy and Lactation at Two United States Medical Centers

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BACKGROUND

- 468,000 women eligible for pre-exposure prophylaxis (PrEP) for HIV prevention in the U.S.¹
- Pregnancy may increase susceptibility to HIV.
- Acute HIV during pregnancy -> 8X increased risk perinatal transmission.²
- Acute HIV during breastfeeding -> 4X increased risk of lactational transmission.²
- No published reports of PrEP use after 7 weeks gestation or during lactation.

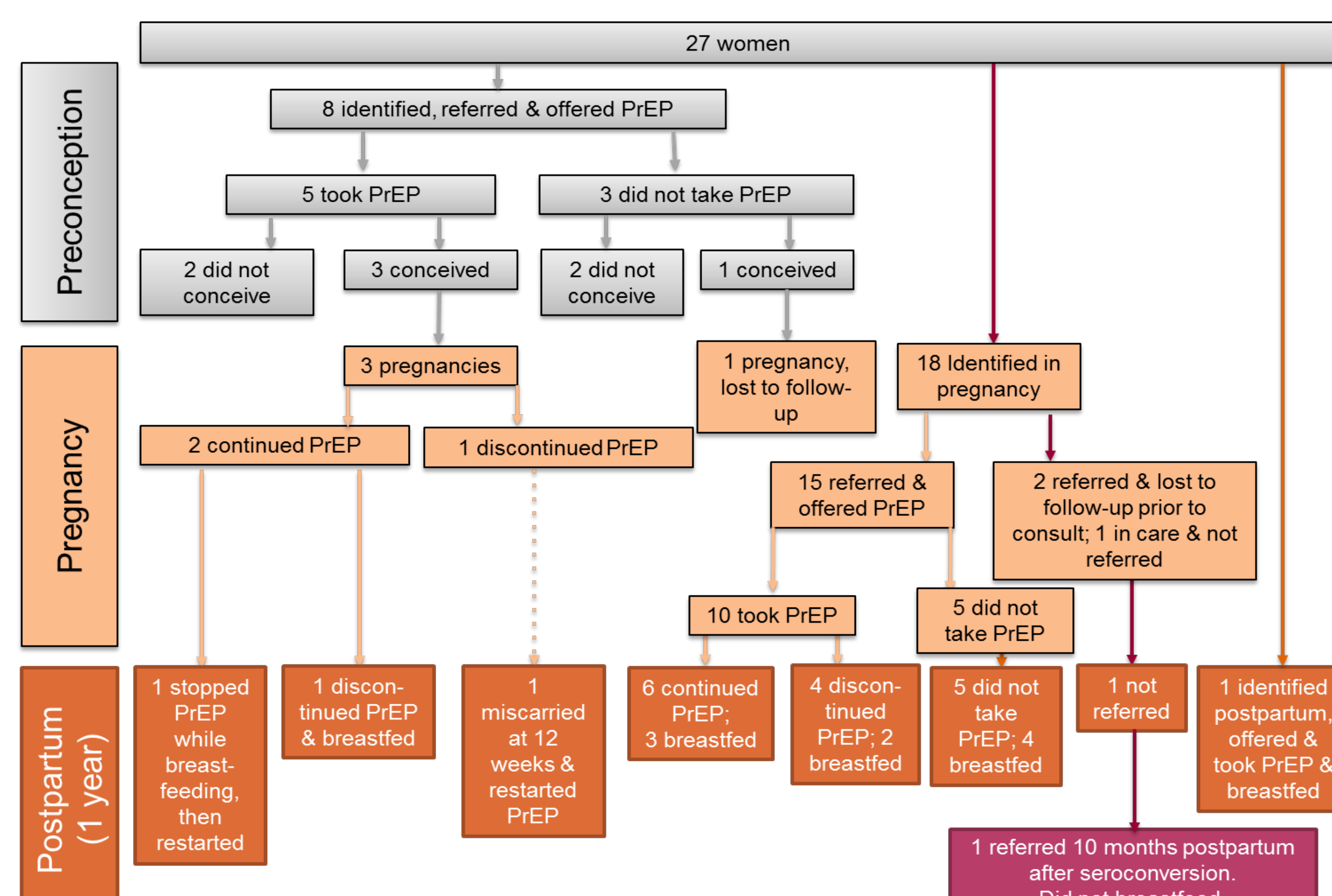
OBJECTIVE

Describe offering PrEP with oral emtricitabine/tenofovir to women at substantial risk of HIV during pregnancy and lactation at two U.S. centers.

METHODS

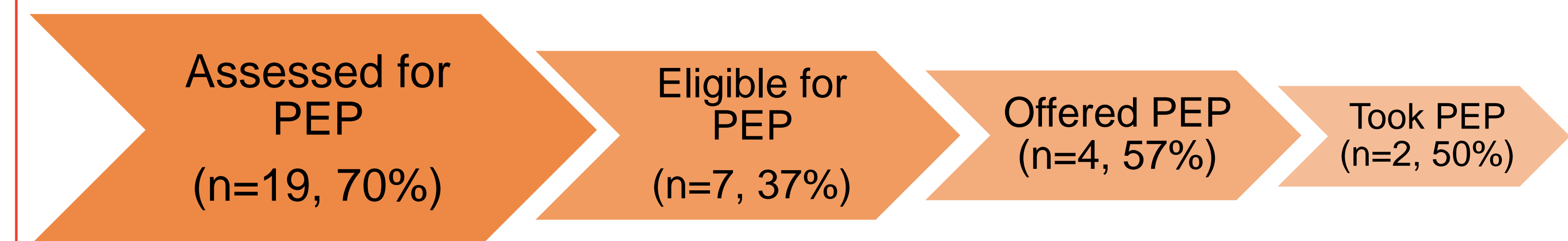
- Retrospective chart review at two U.S. medical centers in San Francisco, CA and Bronx, NY.
- Women at substantial risk of HIV preconception, during pregnancy and lactation (2010-2015).
- Referred to specialty clinics for women living with or at substantial risk of HIV.

DEMOGRAPHICS (N=27)	N (%)
Median age in years (range)	27 (18 – 43)
Median parity (range)	1 (0-4)
Race	
Black	5 (19)
White	4 (15)
Latina	12 (44)
Asian	2 (7)
Other	4 (15)
Graduated high school	9 (33)
Unstable housing or homeless	14 (52)
Current intimate partner violence	6 (22)
Current substance use	6 (22)
History of mental health disorder	12 (44)



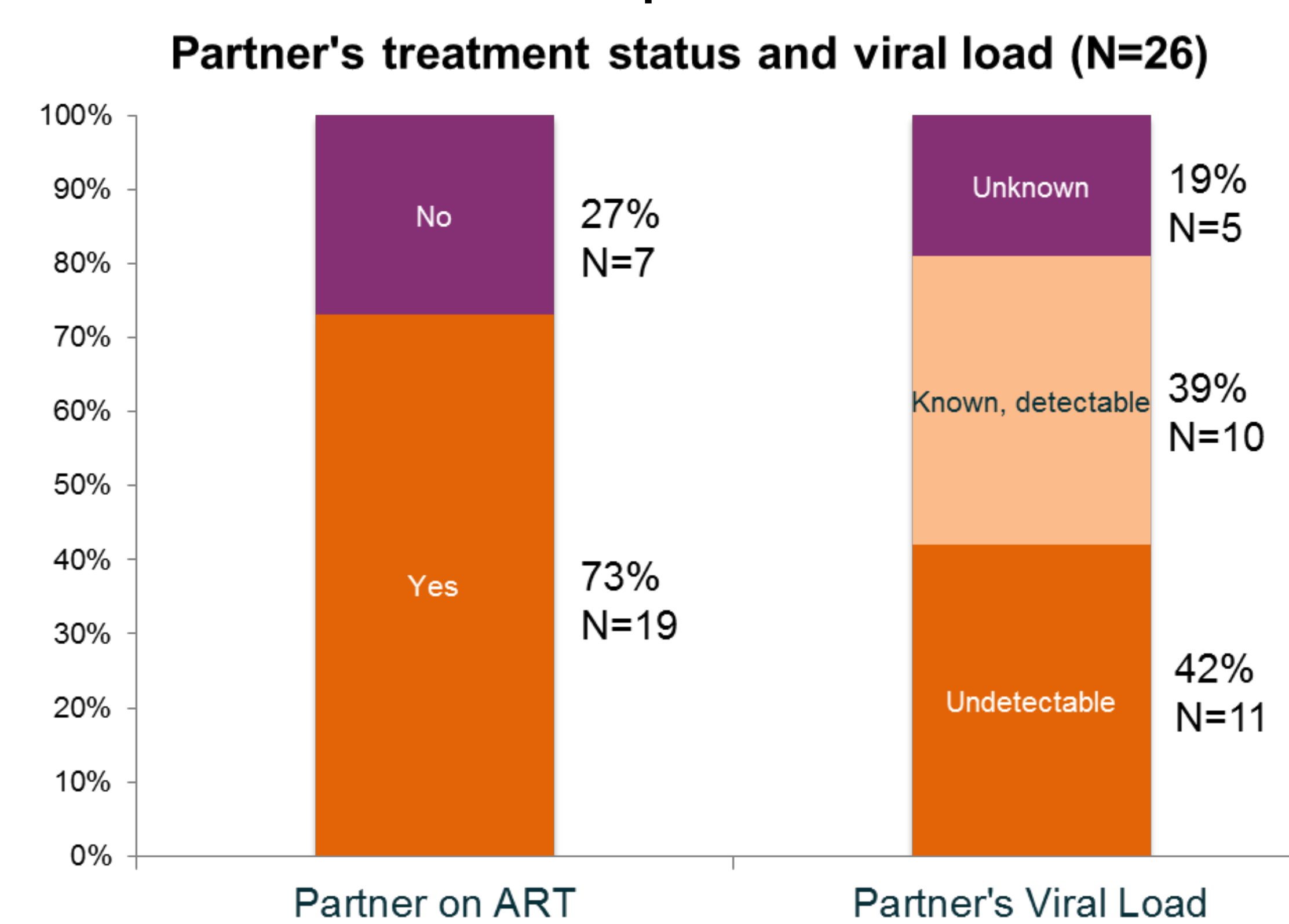
RESULTS

- 67% of those offered PrEP chose to use PrEP.
 - Among those who did not choose PrEP, 67% chose condoms, 56% treatment as prevention, 22% abstinence.
- Median time on PrEP: 30 weeks (range 4-74)
- 50% reported adherence challenges:
 - 33% side effects; 33% social stressors; 33% daily pill difficulty.
- No PrEP-related pregnancy complications.
- 57% in care at delivery had no postpartum follow-up.
- Breastfeeding: 50% of those on PrEP breastfed; 53% of those not on PrEP breastfed.
- 19/27 assessed for post-exposure prophylaxis (PEP):



RISK FACTORS FOR HIV

- 26/27 women had a partner who was a man living with HIV. 1/27 women had a partner who was MSM.



MISSED OPPORTUNITIES

3 Women Not Offered PrEP

- Came to Emergency Department after assault, 27 wks pregnant. Disclosed partner living with HIV and not on meds. Not offered PEP or PrEP. **Lost to follow-up.**
- Diagnosed with syphilis, 32 wks pregnant. Multiple partners, some living with HIV. Homeless, engaged in exchange sex, active methamphetamine use. Treated for syphilis, multiple obstetrics visits, never offered PEP or PrEP. **Lost to follow-up.**
- Late to care. Fetal anomalies at 30 wks. Partner living with HIV. Seen twice before delivery. Frequent HIV testing, negative viral load at delivery. Infant died postpartum. **Lost to follow-up.** Returned to care 10 months postpartum, **positive HIV test.**

CONCLUSION

- Women at two U.S. medical centers frequently chose to use PrEP for HIV prevention when offered during pregnancy & lactation.
- Identification of women at substantial risk occurs at multiple points in health systems. Multidisciplinary trainings needed on:
 - Screening, referral, PEP/PrEP
- Postpartum period is particularly vulnerable to loss to follow-up, missing opportunity for safe, effective HIV prevention.
- Supporting retention in care is key in preventing maternal HIV acquisition, perinatal & lactational transmission.
- Further research & education needed to close critical gaps in:
 - Screening women at risk of HIV for PrEP eligibility
 - Linkage to care preconception, during pregnancy and lactation

REFERENCES & DISCLOSURES

References

- Centers for Disease Control and Prevention. *Pre-exposure prophylaxis for the prevention of HIV infection in the United States—2014: a clinical practice guideline.*
- Mugo AIDS 2011; Drake PLoS Med 2014; Humphrey BMJ 2010; Singh CROI 2013.

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