A Practical Guide to Safer Conception for HIV-affected Couples

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Background

South Africa

6.4 million HIV Infected

5.4 million Reproductive age

1,8 million (+/- 30%) desire a child now or in near future
Minimising the Risks

Conceiving in the context of HIV involves risks:

• Sexual transmission
• Mother-to-child transmission
• Maternal and infant outcomes

Game changer: Effective ART

We can now support couples to become healthy Moms and Dads with HIV negative children
Key Aspects to Consider

- Risk reduction interventions
- Optimised pre-natal health
- Parental life expectancy
- Obstetric outcomes
- HIV/STI associated sub-fertility

HIV Affected Couple
(Concordant or Discordant or Unknown)
First Step: Ask the Question

- ASK
- ALL females and males
- Of reproductive age
- About their fertility desires

If you don’t ask you won’t know
Package of Care - Female

All females

1. Comprehensive history including fertility
2. Optimise comorbid condition management
3. Medication review – teratogenic drugs?
4. Discontinue any contraception
5. STI screening & treatment
   - RPR & Hep B screen
6. Pap smear
7. Haemoglobin, Rh
8. Folate 5mg daily
9. Consider Rubella testing and immunisation
10. Understanding their ovulatory cycle
11. General healthy lifestyle advice
   - smoking, alcohol, exercise, stress
12. Repeat pregnancy testing
HIV Positive Females
1. Undetectable viral load
   • Initiate if not already on ART
   • Adherence support
   • Viral load monitoring
2. Optimise health
   • CD4 > 200
   • TB/OI screen

HIV Negative Females
1. Monthly HIV testing
2. Offer PrEP

Females with unknown status
1. Offer HIV testing and counselling
All males

1. Comprehensive history including fertility
2. Optimise comorbid condition management
3. STI screening & treatment
   - RPR & Hep B screen
4. Advise about medical male circumcision (MMC)
HIV Positive Males
1. Undetectable viral load
   • Initiate if not already on ART
   • Adherence support
   • Viral load monitoring
2. Optimise health
   • TB/OI screen

HIV Negative Males
1. Monthly HIV testing
2. Offer PrEP

Males with unknown status
1. Offer HIV testing and counselling
Package of Care – Couple

All couples
1. Consistent condom use
   - Outside fertile window
   - If pregnancy confirmed
2. Discuss risks
   - Transmission: partner, baby
   - Pregnancy outcomes
   - Advanced maternal age
   - Parental life expectancy
   - Counselling about safer conception options
Fertile window/timing of conception:
• menstrual calendar
• cervical mucus monitoring
  • Kindara app
• ovulation test kits
• Couples attempt to conceive during the fertile window
• Couple uses no condom 2 or 3 times per cycle
An example:

- Days when woman menstruating (bleeding)
- Days when partner may abstain from ejaculating
- Days when couple have sex without a condom
- Days when, if couple has sex, they use a condom
### Menstrual Cycle Diary

**Month** __________  **Year** __________

**PID** ______________________

| Cycle day (Day 1 is 1st Day of menses) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
|----------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Day of month                           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| (If 1st day of period this month is Jan 14, write 14 under cycle day 1, 13 under cycle day 2, etc.) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Menstruation/Period (If yes mark X)    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Vaginal intercourse                    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| (List number of sex acts occurring that day) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Vaginal intercourse without a condom   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| (List number of sex acts without condom that day) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Self-insemination (If yes mark X)      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Cervical mucus present (If yes mark X) |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| HSV genital outbreak (If yes mark X)   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Pregnancy Test Done (If yes mark X)   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Pregnancy Test Result (+/-)           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Notes:**

*If you have more than 40 days in your cycle, start a new sheet, where cycle day 1 is day 41, cycle day 2, 42, etc. When menstruation comes, then start another new sheet on Day 1.*
Safer Conception Strategies

• Timed peri-ovulatory unprotected intercourse
• Intravaginal self-insemination

If successful:
• Immediate ANC referral
• Emphasise return to consistent condom use
• Ensure HIV negative partner continues re-testing

If unsuccessful after 6-12 months:
• Fertility workup/referral
• Counsel about risks of on-going attempts
Thank you

Resources on request
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