

# Calls for Integration of Safer Conception and Reproductive Health Services into HIV Care & Treatment Programs from HIV Serodiscordant Couples Desiring Conception



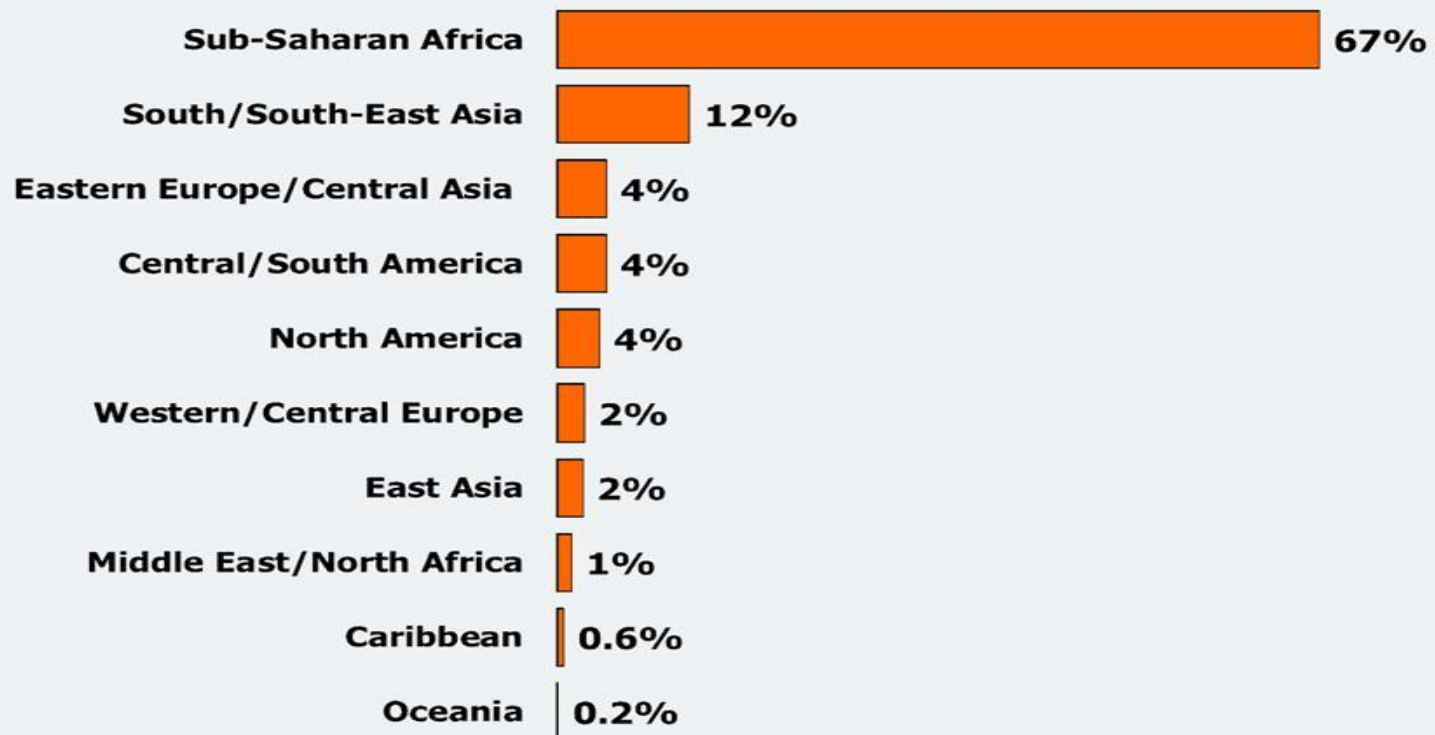
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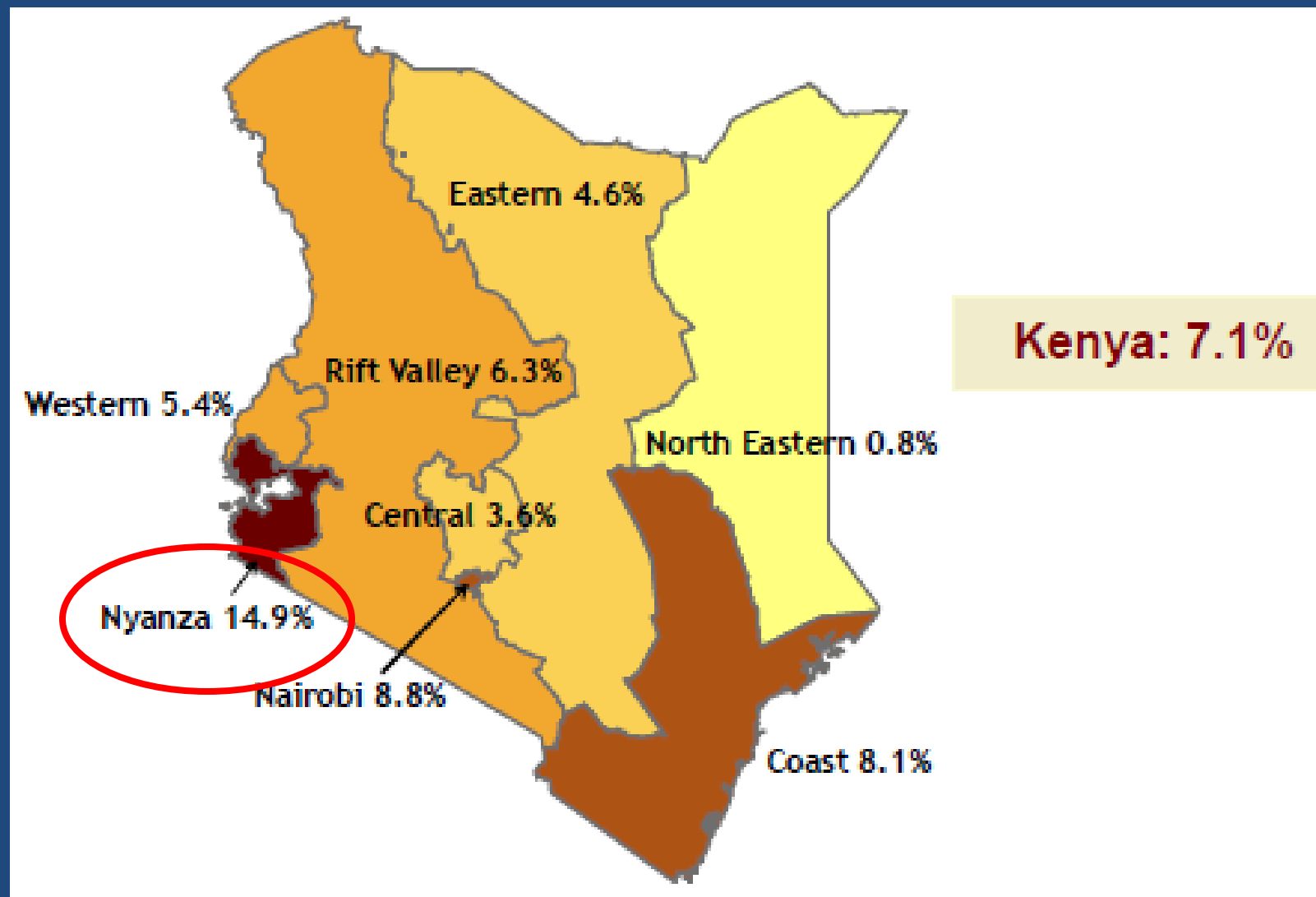
# Background

## HIV Prevalence worldwide

### People Living with HIV by Region, as Percent of Global Total, 2010



# HIV Prevalence by Province



# The Problem

- 20-50% of HIV-infected individuals desire children
  - Childbearing desires may lead to unprotected sex and/or nondisclosure of HIV status<sup>1-3</sup>
- 1.8-fold increased risk of HIV acquisition to the uninfected partner in serodiscordant partnerships in which pregnancy occurs

1. S.G. Brubaker, E. A. Bukusi, J. Odoyo et al., "Pregnancy and HIV transmission among HIV-discordant couples in a clinical trial in Kisumu, Kenya," *HIV Medicine*, vol. 12, no. 5, pp. 316-21, 2011.

2. J.L. Chen, K.A. Phillips, D.E. Kanouse et al., "Fertility desires and intentions of HIV positive men and women," *Family Planning Perspective*, vol. 33, no. 4, pp. 144-52, 2011.

3. O.A. Ujiji, A.M. Ekstrom, F. Ilako et al., "'I will not let my HIV status stand in the way.' Decisions on motherhood among women on ART in a slum in Kenya-a qualitative study," *BMC Women's Health*, vol. 10, no. 13, pp. 1-10, 2010.

# Need for Safer Methods of Conception

- Curb HIV incidence
- Guide HIV prevention interventions
- Fulfillment of reproductive goals
- Minimize the risk of HIV transmission in serodiscordant partnership
- Harm reduction technique

# Ethical Implications

All couples and individuals have the basic reproductive right:

- “to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so.”<sup>4</sup>
- “the highest attainable standard of health, which includes the right to health care services, including reproductive health care,”<sup>5</sup>

4. WHO definition of reproductive rights, United Nations, Programme of Action, Adopted at the International Conference on Population Development, Cairo, Paragraph 7.12. September 1994.

5. Kenya National Constitution 2010 Article 43 (1)(a).

# Ethical Implications

- Assist HIV-infected people in their basic human right to conceive<sup>6-7</sup>
- Healthcare providers are responsible for providing resources to help couples safely conceive
  - Minimize the risk of sexual and perinatal HIV transmission

6. L.G. Bekker, V. Black, L. Myer et al., "Guideline on safer conception in fertile HIV-infected individuals and couples," *Southern African Journal of HIV Medicine*, vol. 12, no. 3, pp. 31-44, 2011.

7. Gruskin, R. Firestone, S. MacCarthy et al., "HIV and pregnancy intentions: do services adequately respond to women's needs?," *American Journal of Public Health*, vol. 98, no. 10, pp. 1746-49, 2008.

# Safer Methods of Conception for HIV-Serodiscordant Couples

Timed Unprotected Intercourse

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	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				

Pre-Exposure Prophylaxis

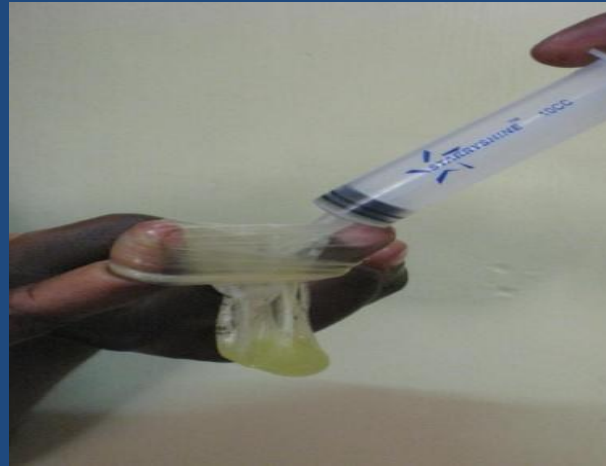
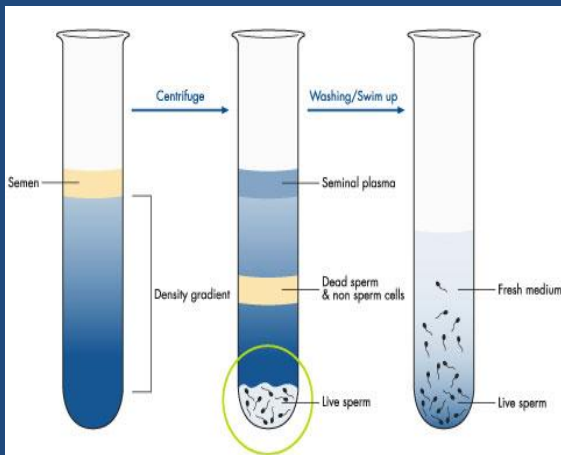


Vaginal Insemination



Early Initiation of Therapy

Sperm Washing





# Study Objective

- In HIV-serodiscordant couples assess the availability of
  - Preconception counseling
  - Reproductive health services

# Study Methods

- 4 semi-structured focus groups discussions (FGDs)
  - Mixed and single gender
- Study Participants (Kisumu, Kenya):
  - 13 (12 HIV-positive, 1 HIV-negative)
  - 12 (11 HIV-negative, 1 HIV-positive)
- Analysis:
  - Grounded theory approach

# Results

- Means:
  - Age
    - Women = 27.8 years
    - Men = 36 years
  - Number of children in partnership
    - 2 children
  - Years in relationship prior to HIV diagnosis
    - 6 years

# Results

- Childbearing
  - All the couples desired children
  - Ideal number of children: 2-4
  - Factors associated with desiring children:
    - Societal pressures
    - Having only one child
    - Loss of a child
    - Having only female children
- Reproductive health services
  - HIV-infected women unaware of safer methods of conception

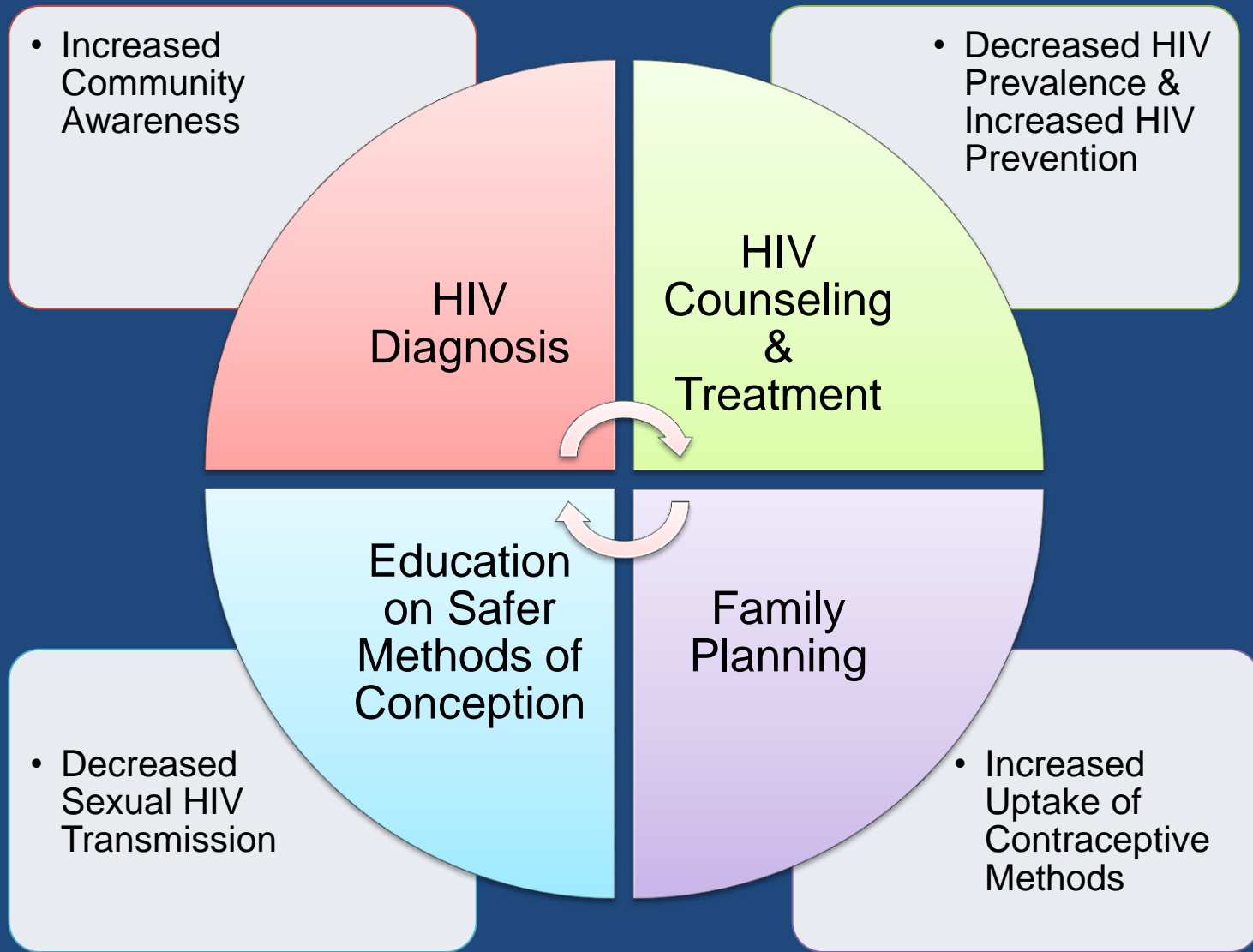
# Results

- Preconception Counseling
  - Couples interested in safer methods of conception
- Challenges to discussing childbearing desires with healthcare providers included:
  - Discouraging attitudes of healthcare providers
  - Young age of healthcare providers
  - Time constraints during clinic visits
  - Possible worsening of health status with pregnancy

# Recommendations

- Create a standardized preconception counseling message for HIV-serodiscordant couples
- Identify and target HIV-serodiscordant couples for services
- Train healthcare staff on conducting preconception counseling

# Comprehensive Reproductive Health Services



# The Goal

“Yes you can have children, and it can be totally safe. People living with HIV can conceive without passing HIV to their partners and have healthy babies. Everybody here in the clinic will support you in this process. We are here for you.”

– HIV+ Activist



“We have a real opportunity in the history of this disease to make a remarkable difference and save lives. This is not a choice, this is an obligation and we shall be judged on how we use this knowledge that we have to save lives, to save men and women from getting infected with HIV and hopefully, fulfill a dream for future generations of an HIV-free life.”

**-Nelly Mugo, MBChB, Mmed, MPH**

AIDS 2012: “Turning the Tide Together: Challenges and Solutions”

Thank You