

Contraception, Pregnancy, & ART in Women of Child-Bearing Years



Hira Hasan; Lauren Richey, MD, MPH
Louisiana State University Health Sciences Center at New Orleans



Introduction

- Women living with HIV often have difficulty staying in care. Often burdened with multiple responsibilities, these women face significant barriers to achieving optimum health.
- Data supports that simpler anti-retroviral (ART) regimens with less pill burden and fewer side effects can improve adherence and clinical outcomes.
- A recent preliminary analysis from an observational study group in Botswana prompted a warning from the US Department of Health and Human Services (DHHS), released in May 2018, about the use of integrase inhibitor dolutegravir (trade name Tivicay) during conception.
- This warning alerted providers about a possible increase in neural tube defects (NTD) among women who conceived while taking a dolutegravir-based regimen.
- The warning recommended a regimen switch for women desiring pregnancy, as well a negative pregnancy test prior to initiating the regimen until more information is available.
- The goal of this project is to see how women with HIV, of child-bearing years, are being clinically treated and how the dolutegravir warning was applied in clinic.

Methods

Objective

- To assess what ART regimens are being used for women living with HIV, of child-bearing age, and how they have changed since the dolutegravir warning, as well as pregnancy outcomes.

Setting

- HIV Outpatient Program (HOP), an urban comprehensive HIV care clinic at University Medical Center in New Orleans, that is funded through Ryan White and serves 1600 patients with over 31% women.

Methods

Design

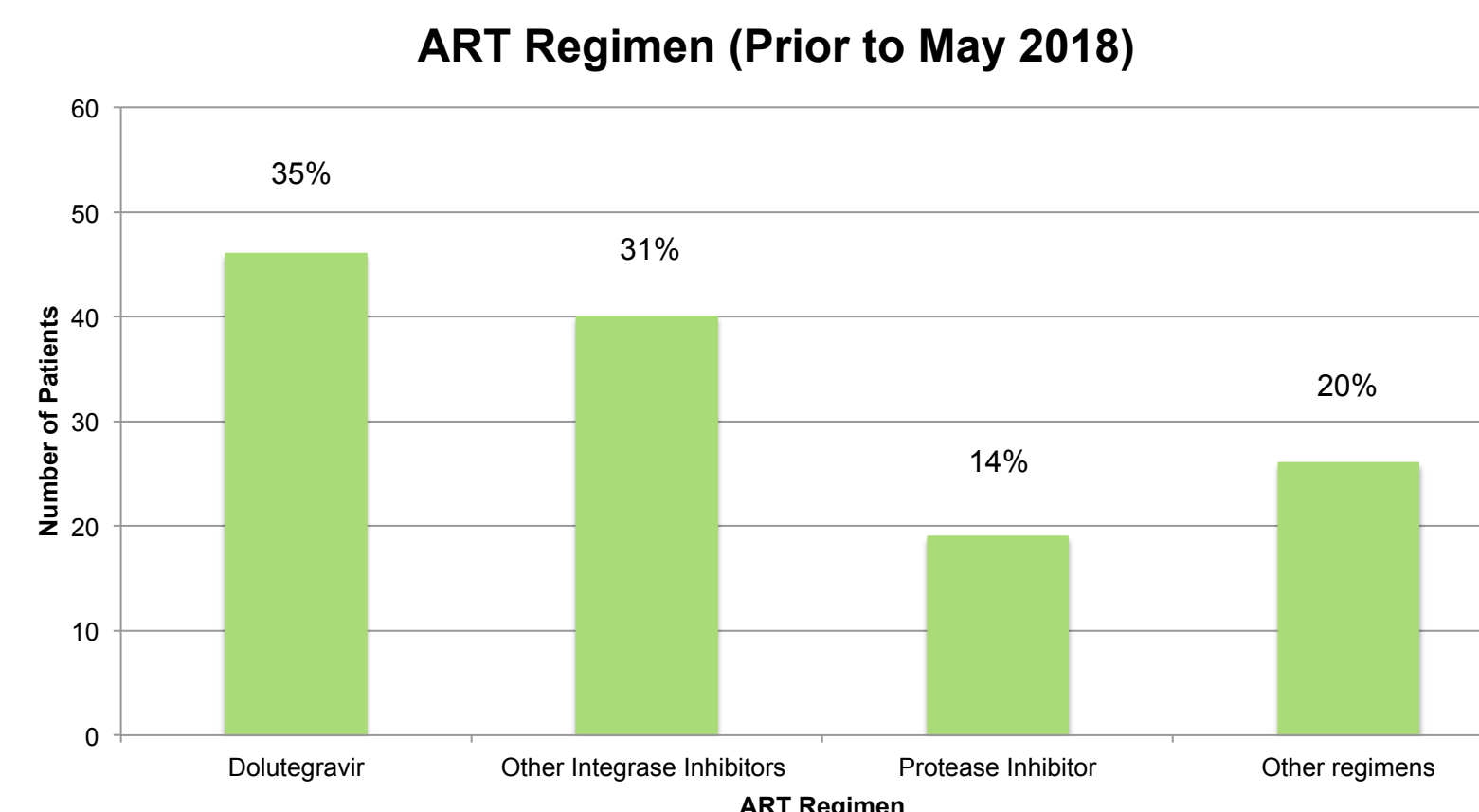
- A retrospective chart review was performed on adult women up to age 40 who were seen at HOP in 2018 to assess for dolutegravir use, as well as discussion of NTD and pregnancy.

Data Collected

- Demographics – age, race/ethnicity, insurance status
- Age at HIV diagnosis
- HIV risk factors
- Initial ART regimen
- Use of contraception
- Number of pregnancies & outcomes
- Changes to ART regimen
- Discussion of ART side effects, including NTD

Results

- A total of 132 women were seen in 2018, with the mean age of 33 years (range 19 to 40).
- Most were African-American (83%) and 81% had Medicaid or no insurance.
- Eleven percent were diagnosed with HIV due to testing during pregnancy and 17% during routine screening. Sexual exposure was the main risk factor reported for HIV (69%).
- Average age of HIV diagnosis was 26.



Results

Pregnancies & Outcomes

| | |
|--|----|
| Total Pregnancies on ART | 47 |
| Pregnancies not completed ¹ | 2 |
| Pregnancies on Dolutegravir | 7 |
| NTDs reported | 0 |

Contraception & Pregnancy Plans

| Contraception | |
|---|----|
| Contraception discussed | 80 |
| On contraception | 12 |
| Tubal ligation | 21 |
| No risk of pregnancy per report ² | 12 |
| On Dolutegravir | 46 |
| On Dolutegravir and warned about NTD | 12 |
| On Dolutegravir and regimen changed after warning | 3 |

¹includes abortion and ectopic

²includes no sexual activity, prisoner, or female partners only

*The main reason the dolutegravir warning was not discussed was permanent sterilization, change to a different ART regimen prior to the warning, long-term contraception, or no sexual activity

Conclusion

Dolutegravir is commonly used due to its tolerability and simplicity. New warnings about dolutegravir possibly causing neural tube defects are alarming and have the potential to limit ART options for women of child-bearing years. While recent reports show the risk of NTD to be lower than previously thought, it is still elevated and an open discussion of NTD, pregnancy plans and/or contraception need to occur in women living with HIV.

Acknowledgements

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