

Does the introduction of a dedicated postnatal contraception clinic improve reproductive choices for HIV positive women?

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Introduction

36 years following the first reported cases of AIDS, people are:

- Living with HIV
- Loving with HIV
- Having a Lifestyle with HIV




**RARE CANCER SEEN
IN 41 HOMOSEXUALS**


Outbreak Occurs Among Men
in New York and California
—8 Died Inside 2 Years

By LAWRENCE K. ALTMAN.

Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made.

The cause of the outbreak is unknown, and there is as yet no evidence of contagion. But the doctors who have made the

- 
- The success of Prevention of Mother to Child Transmission (PMTCT)
 - Effective cART
 - Informed reproductive choices

- 
- 1 in 6 pregnancies in Britain is unplanned¹
 - Selected studies suggest 51-91% of pregnancies unplanned in HIV +ve females^{2,3}
 - Unplanned pregnancies are associated with poor maternal and neonatal health outcomes¹

1. Wellings et al 2013. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National survey of Sexual Attitudes and Lifestyles (Natsal-3). *The Lancet* Vol 382 November 2013 pp 1807-1816.

2. Elgalib, A et al. Pregnancy in HIV-infected teenagers in London. *HIV medicine* 12 118-123.

3. Kenny, J. et al 2012. .Pregnancy outcomes in adolescents in the UK and Ireland growing up with HIV. *HIV Medicine*. 13 304-308

- The post natal period is an opportune time to implement an effective contraception method
- Specific considerations in post natal women living with HIV:

Avoidance of breast feeding may lead to early fertility

Potential interactions between certain antiretrovirals and contraceptive agents

Drug-drug Interactions between Contraceptives/Hormone Therapy Replacement Treatment and ARVs

		ATV/r	DRV/c	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	EVG/c	RAL	ABC	FTC	3TC	TDF	ZDV
Estrogens	ethinylestradiol	↓19% ^a	↑	↓44% ^b	↓42% ^b	↔ ^d	↓22%	↓20% ^b	↑14%	↔	↑3%	↓25% ^c	↔	↔	↔	↔	↔	↔
	estradiol	↓ ^f	↑	↓ ^f	↓ ^f	↓ ^f	↓ ^f	↓ ^f	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Progestins	desogestrel	↑ ^h	↑ ^{h,n}	↑ ^h	↑ ^{h,n}	↓ ⁱ	↓ ⁱ	↓ ⁱ	↔	↔	↔	↑ ^h	↔	↔	↔	↔	↔	↔
	drospirenone	↑ ^h	↑ ^{h,n}	↑ ^h	↑ ^h	↓ ⁱ	↓ ⁱ	↓ ⁱ	↔	↔	↔	↑ ^h	↔	↔	↔	↔	↔	↔
	dydrogesterone	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	etonogestrel	↑ ^h	↑ ⁿ	↑ ^h	↑52% ^h	↓63% ^c	↓ ^c	↓ ^c	↔	↔	↔	↑ ^h	↔	↔	↔	↔	↔	↔
	gestodene	↑ ^h	↑ ⁿ	↑ ^h	↑ ^h	↓ ⁱ	↓ ⁱ	↓ ⁱ	↔	↔	↔	↑ ^h	↔	↔	↔	↔	↔	↔
	levonorgestrel	↑ ^h	↑ ⁿ	↑ ^h	↑ ^h	↓ ⁱ	↓ ⁱ	↓ ⁱ	↔	↔	↔	↑ ^h	↔	↔	↔	↔	↔	↔
	medroxyprogesterone (IM)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	medroxyprogesterone (oral)	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	norelgestromin	↓ ⁱ	↑ ⁿ	↓ ⁱ	↑83%	↓ ⁱ	↓ ⁱ	↓ ⁱ	↔	↔	↔	↑ ^h	↔	↔	↔	↔	↔	↔
	norethisterone	↓ ^k	↑ ⁿ	↓14% ^l	↓17% ^l	↓ ⁱ	↓5%	↓19% ^l	↓11%	↔	↔	↔	↑26% ^l	↑14%	↔	↔	↔	↔
	norgestimate	↑85% ^h	↑ ⁿ	↑ ^h	↑ ^h	↓ ⁱ	↓ ⁱ	↓ ⁱ	↔	↔	↔	↔	↑126% ^l	↔	↔	↔	↔	↔
	norgestrel	↑ ^h	↑ ⁿ	↑ ^h	↑ ^h	↓ ⁱ	↓ ⁱ	↓ ⁱ	↔	↔	↔	↑ ^h	↔	↔	↔	↔	↔	↔
	Other	levonorgestrel (EC)	↑	↑	↑	↑	↓58% ^l	↓ ⁱ	↓ ⁱ	↔	↔	↔	↑	↔	↔	↔	↔	↔
mifepristone		↑	↑	↑	↑	↓	↓	↓	E	E	↔	↑	↔	↔	↔	↔	↔	↔
ulipristal		↑	↑	↑	↑	↓ ^m	↓ ^m	↓ ^m	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔

Legend
 ↑ potential increased exposure of the hormone
 ↓ potential decreased exposure of the hormone
 ↔ no significant effect

Colour legend
 Light blue: no clinically significant interaction expected.
 Orange: these drugs should not be co-administered.
 Red: potential interaction which may require a dosage adjustment or close

Aims

To assess if the introduction of a dedicated post-natal clinic would increase the uptake in contraception



Objectives

To compare

1. The offer and uptake of contraception

Secondary objectives:

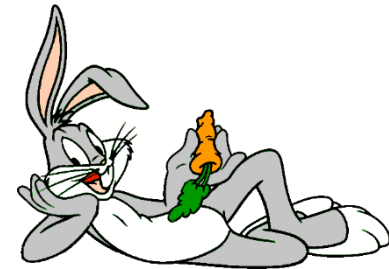
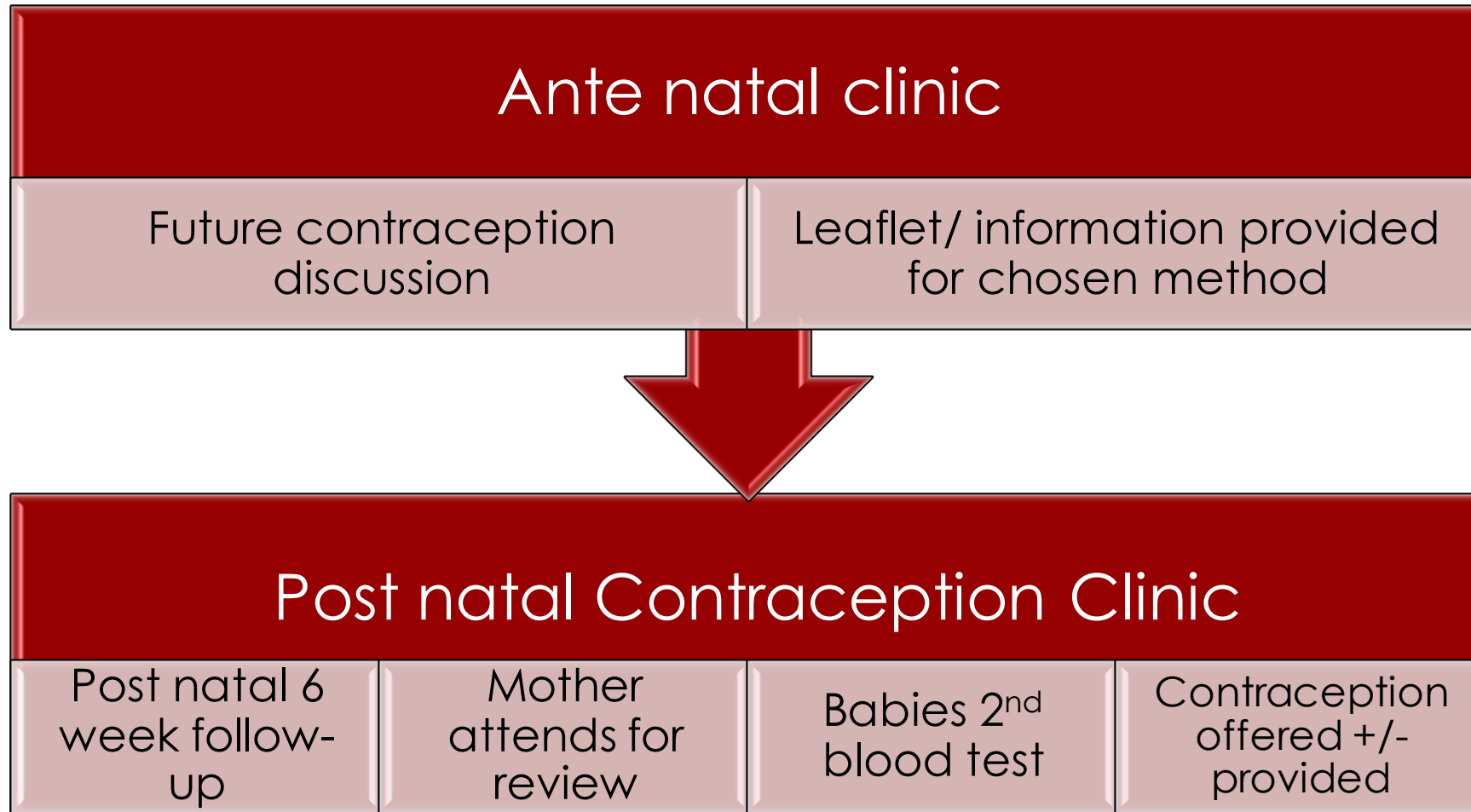
2. The prevalence of unplanned pregnancies,

3. Time interval of subsequent pregnancies,

following the establishment of a dedicated post-natal contraception clinic.

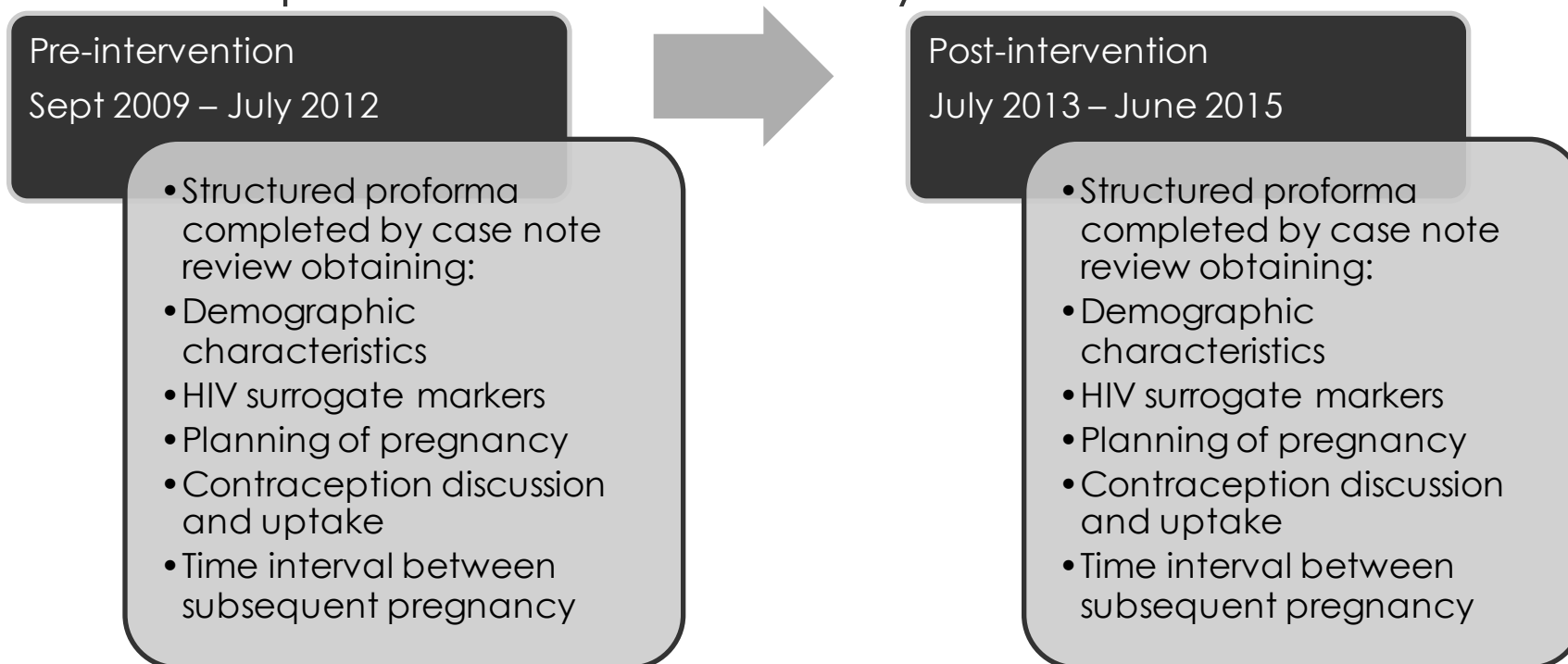


Intervention



Methods

- Population: Women attending for HIV antenatal care at the Caldecot Centre
- Design: Pre and post intervention study



Results

Maternal characteristics		Pre-intervention 135 women (%)	Post-intervention 102 women (%)	p-value
Ethnicity	Black	116 (85.9)	90 (88.2)	0.6
	Other	19 (14.1)	12 (11.8)	0.6
Median age		33	34	
Mode of HIV acquisition	Heterosexual	132 (97.8)	98 (98)	0.9
	Vertical	1 (0.7)	1 (1)	0.8
	IVDU	2 (1.5)	1 (1)	0.7
Sero-status of partner	Negative	54 (40)	48 (47.1)	0.2
	Positive	38 (28.2)	25 (24.5)	0.5
	Unknown	43 (31.8)	29 (28.4)	0.6
Timing of diagnosis	Known HIV +ve in care	101 (74.8)	84 (84.3)	0.07
	HIV diagnosed this pregnancy	34 (25.2)	16 (15.7)	0.07
Previous history of TOP		29 (25)	34 (38)	0.03



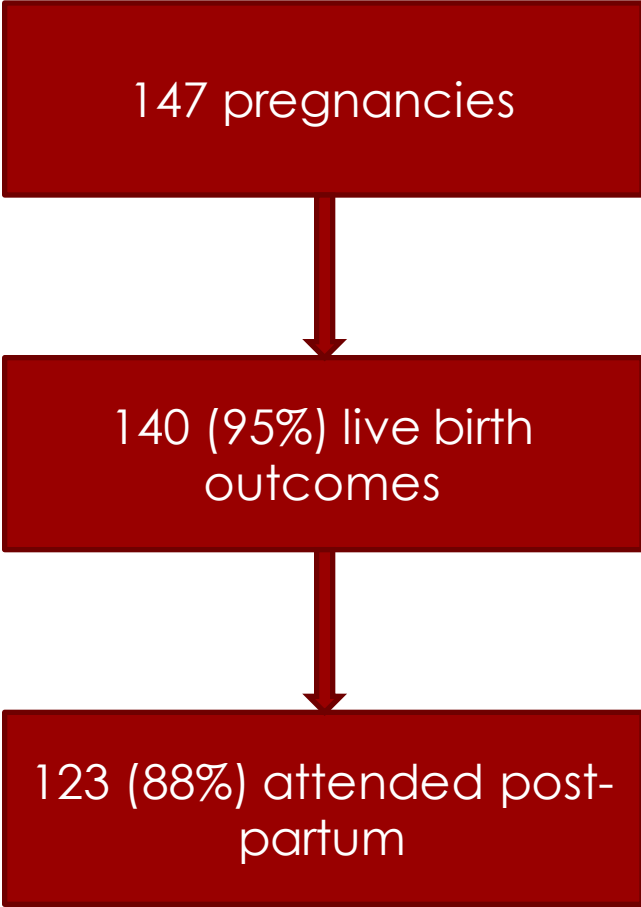
Results

Pregnancy characteristics		Pre-intervention 147 pregnancies	Post-intervention 102 pregnancies	p-value
Pregnancy Planning	Planned	76 (51.7)	47 (46.1)	0.4
	Unplanned	71 (48.3)	45 (44.1)	0.5
	Unknown	-	10 (9.8)	
Conception	Natural	135 (91.8)	95 (93.1)	0.7
	Self-insemination	10 (6.8)	4 (3.9)	0.3
	IVF	2 (1.4)	3 (3)	0.4

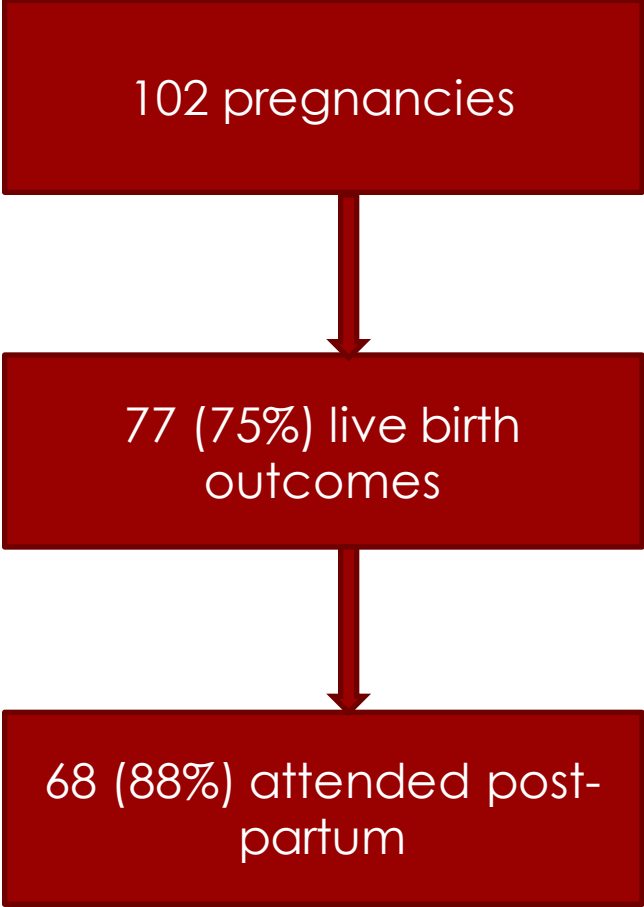
Outcome of the pregnancies – pre and post intervention



Pre-intervention




Post-intervention

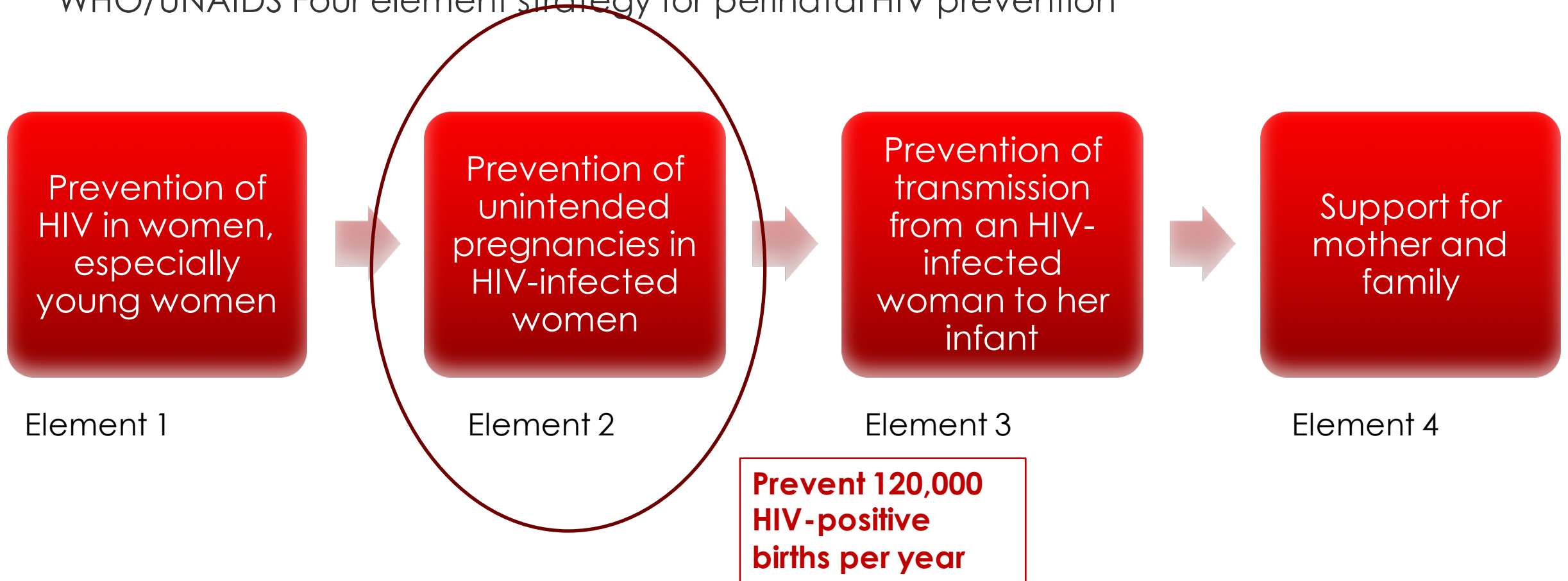


Results

	Pre-intervention Sep 2009 – July 2012	Post-intervention July 2013 – June 2015	p-value
Contraception discussion (AN PN or both)	60/140 (41%)	58/77 (75%)	<0.0001
Attended 6 weeks postpartum	123/140 (88%)	68/77 (88%)	1.0
Uptake all contraception	44/123 (36%)	34/68 (50%)	0.06
Uptake LARC	21/123 (17%)	22/68 (32%)	0.02
Subsequent pregnancy	7/140 (6%)	3/77 (4%)	0.53

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- Implementation of a 'Dedicated Post Natal Contraception Clinic' has led to a significant increase in uptake of all contraception methods.
 - Uptake of LARC almost doubled
 - This can potentially result in a significant decrease in unplanned pregnancies.

WHO/UNAIDS Four element strategy for perinatal HIV prevention



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