The Canadian Context

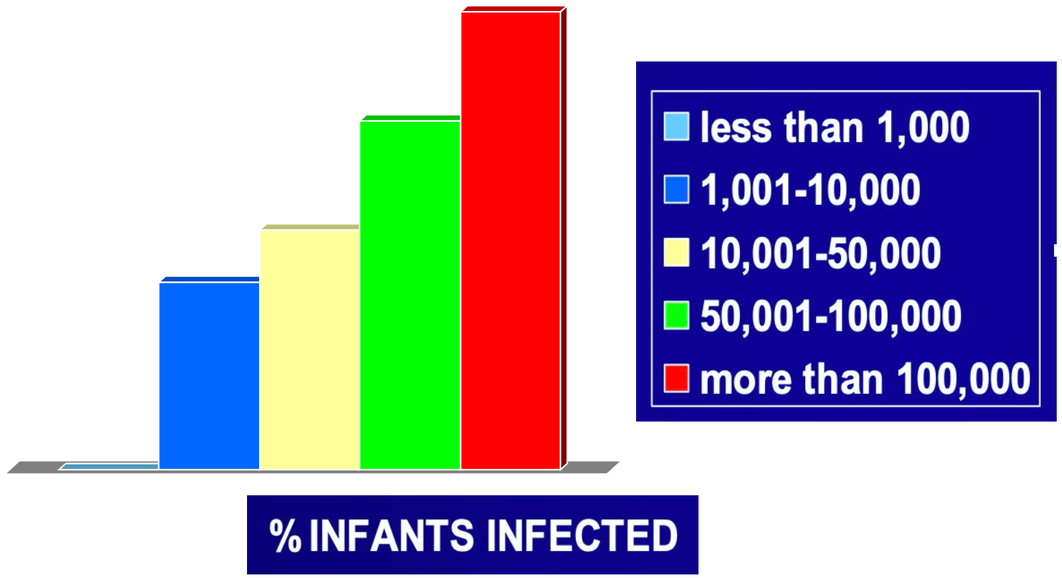
- In 2022 - 65,270 people are living with HIV in Canada
- In 2023 - 2,434 new HIV diagnoses
  - 60% are < 40 years of age
- 50-60% desire/intend to become parents
- 60% of pregnancies to women living with HIV in Canada are still unintended
  - Why? Stigma? Cultural?

Le contexte canadien

- En 2022, 65 270 personnes vivaient avec le VIH au Canada
- En 2023, on recensait 2 434 nouveaux diagnostics de VIH
  - 60 % étaient âgés de moins de 40 ans
- De 50 % à 60 % désirent/prévoient devenir parents
- 60 % des grossesses chez les femmes vivant avec le VIH au Canada sont encore non prévues
  - Pourquoi? Stigmatisation? Facteur culturel?

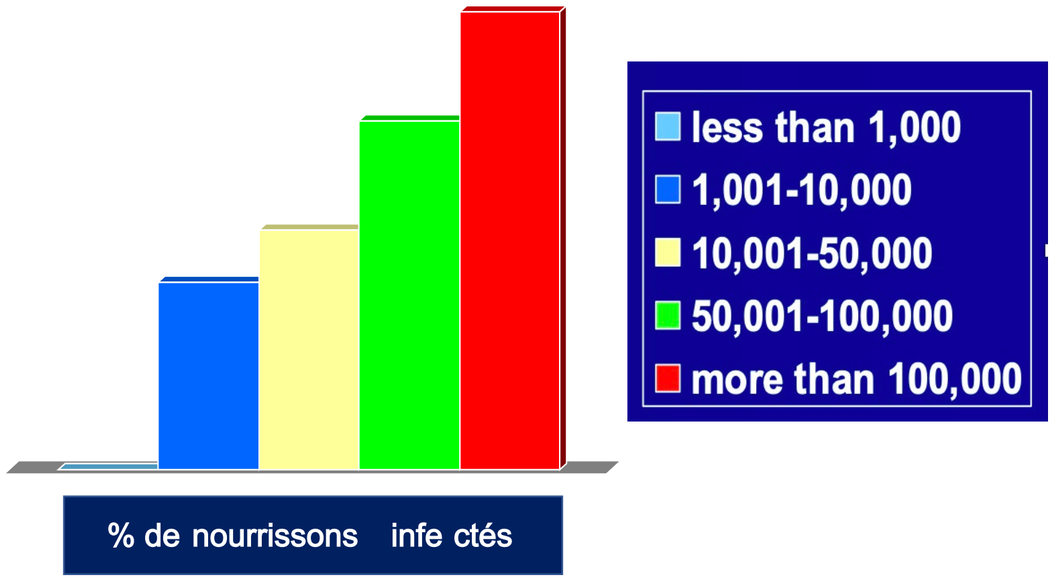
HIV IN PREGNANCY – VIRAL LOAD

WOMEN AND INFANTS TRANSMISSION STUDY (WITS): GARCIA ET AL., 1999



Le VIH pendant la grossesse – charge virale

ÉTUDE SUR LA TRANSMISSION CHEZ LES FEMMES ET LES NOURRISSONS (WITS) : GARCIA *ET AL.*, 1999



U = U applied to pregnancy/ I = I appliqué à la grossesse

Estimating the effect of maternal viral load on perinatal and postnatal HIV transmission: a systematic review and meta-analysis

Caitlin M Dugdale, Ogochukwu Ufio, John Giardina, Fatma Shebl, Elif Coskun, Eden Pletner, Pamela R Torola, Duru Cosar, Roger Shapiro, Maria Kim, Lynne Mofenson, Andrea L Ciaranello

Interpretation Perinatal transmission with a mHVL of <50 copies per mL is ≤0·2% overall. Zero transmissions were observed among women receiving ART before pregnancy with a mHVL of <50 copies per mL near birth, supporting U=U in pregnancy and birth. Postnatal transmission was very low—but not zero—among women with a recent mHVL of <50 copies per mL. Current data, largely from studies lacking frequent mHVL monitoring or modern first-line ART regimens, are insufficient to assess U=U during breastfeeding.

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U = U applies to sexual transmission

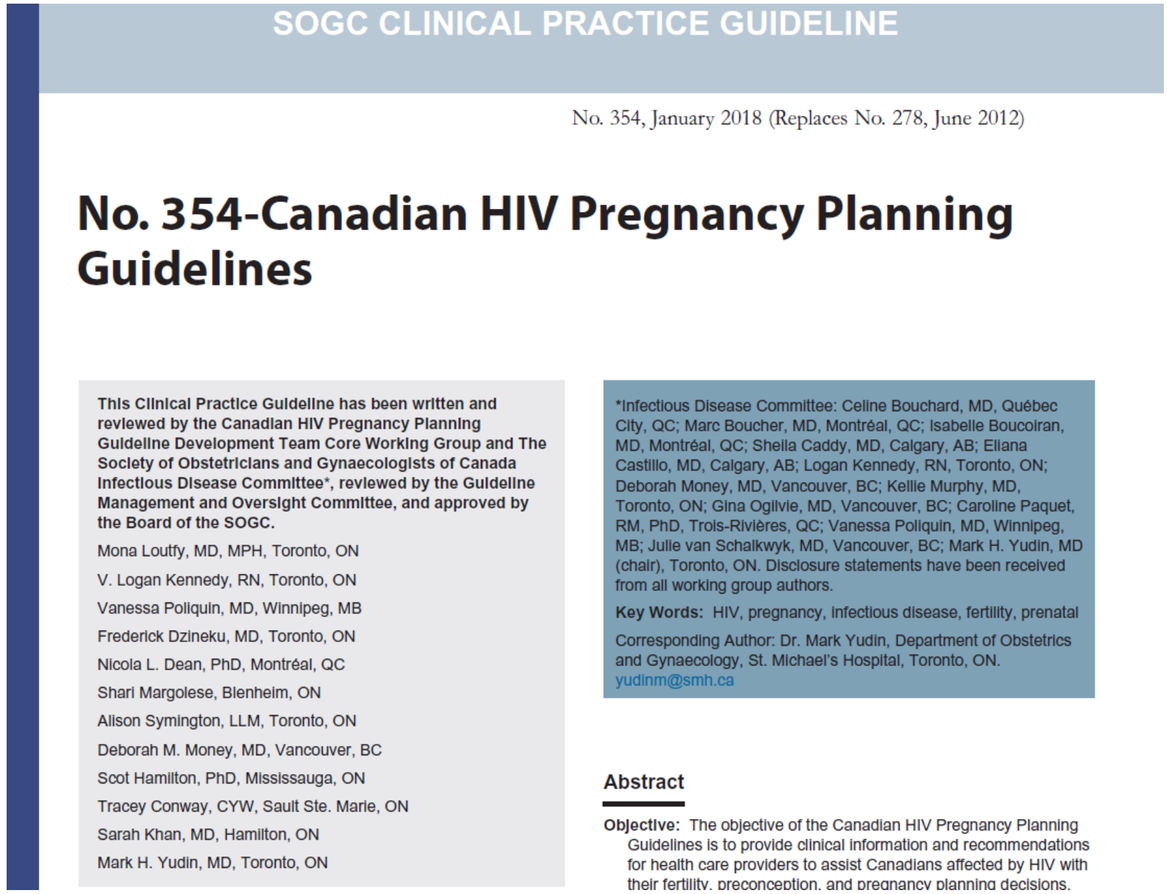
- HPTN052 (2016) – 1,763 serodifferent couples and 0 transmission when the partner with HIV had a viral load was suppressed
- PARTNERS – 1,166 serodifferent couple (including same sex couples) and and 0 transmission when the partner with HIV had a viral load < 20 copies/mL

I = I s'applique à la transmission sexuelle

- HPTN052 (2016) – 1 763 couples sérodifférents et 0 transmission lorsque le ou la partenaire atteint·e du VIH avait une charge virale inhibée
- PARTNERS– 1 166 couples sérodifférents (y compris des couples homosexuels) et 0 transmission lorsque le ou la partenaire atteint·e du VIH avait une charge virale < 20 copies /ml

Canadian HIV Parenting Planning Guidelines/ Lignes directrices canadiennes en matière de planification de la grossesse en présence du VIH

Loutfy M, Kennedy VL, Poliquin V, Dzineku F, Dean NL, Margolese S, Symington A, Money DM, Hamilton S, Conway T, Khan S, Yudin M. **No. 354-Canadian HIV pregnancy planning guidelines.** Journal of Obstetrics and Gynaecology Canada. 2018 Jan 1;40(1):94-114.



SOGC CLINICAL PRACTICE GUIDELINE

No. 354, January 2018 (Replaces No. 278, June 2012)

No. 354-Canadian HIV Pregnancy Planning Guidelines

This Clinical Practice Guideline has been written and reviewed by the Canadian HIV Pregnancy Planning Guideline Development Team Core Working Group and The Society of Obstetricians and Gynaecologists of Canada Infectious Disease Committee*, reviewed by the Guideline Management and Oversight Committee, and approved by the Board of the SOGC.

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Key Words: HIV, pregnancy, infectious disease, fertility, prenatal

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Abstract

Objective: The objective of the Canadian HIV Pregnancy Planning Guidelines is to provide clinical information and recommendations for health care providers to assist Canadians affected by HIV with their fertility, preconception, and pregnancy planning decisions.

A clinical practice guide: What HIV care providers need to know about HIV pregnancy planning to optimize preconception care for their patients

Mona Loutfy MD, MPH[1,2], V Logan Kennedy RN, MN[1], Isabelle Boucoiran MD, MSc[3], Vanessa Poliquin MD, MSc[4], Chelsea Elwood MD, MSc[5,6], Angela Kaida PhD[7], Laurel Challacombe MHSc[8], Heather Shapiro MD[9], Mark H Yudin MD, MSc[10]

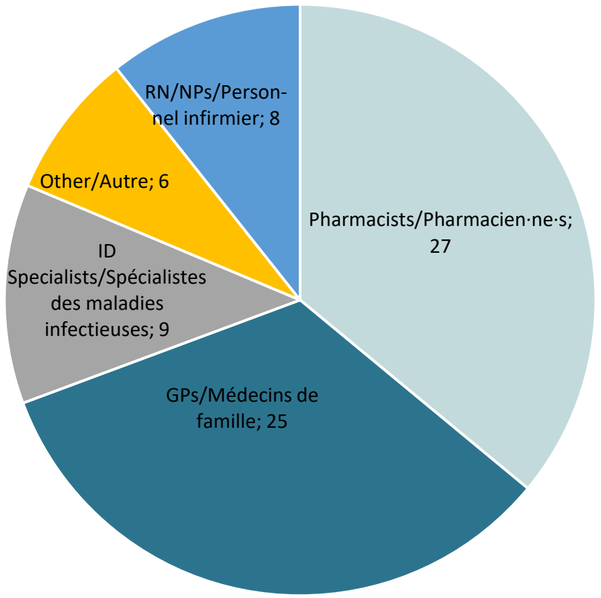
1. Ask patients with HIV about their reproductive goals when diagnosed and annually
2. Know the science that impacts pre -conception and HIV + be able to offer counselling
3. Prescribe or recommend folic acid 1 -5 mg per day if a person is planning pregnancy
4. If failing conception after 6-12 months, refer to a fertility clinic
5. If not planning conception, offer and prescribe contraception

1. Interroger les patient·e·s vivant avec le VIH au sujet de leurs objectifs reproductifs au moment du diagnostic puis annuellement
2. Connaître les facteurs ayant une influence avant la conception et les faits sur le VIH + être capable d'offrir du counseling
3. Prescrire ou recommander l'acide folique à 1 -5 mg par jour si une personne prévoit une grossesse
4. En l'absence de grossesse après 6 à 12 mois, aiguiller vers une clinique de fertilité
5. Si une grossesse n'est pas prévue, offrir et prescrire un moyen de contraception

CATIE
Canada's source for HIV and hepatitis C information
catie.ca

Uptake so far: findings from 2022 Survey of HIV Care Providers / Adoption jusqu'à présent : résultats d'un sondage de 2022 auprès de prestataires de soins du VIH

Survey completed by 75 clinicians



Awareness

- 45 participants (60%) aware of the CHPPG
  - 21/45(46.7%) hadn't read the CHPPG
- Varied by professional:
  - RN/NP most likely to be aware (6/7, 85.7%)
  - Pharmacists (17/27, 63.0%)
  - Physicians (20/34, 58.8%)

Implementation

- Of those who were aware & had read (n=24) the CHPPG, 20/24 (83.3%) had implemented them in their practice

Willingness to Counsel

- 35/67 who completed the survey (52.5%) had provided pregnancy planning counselling in the prior 12 months
- 29/32 (90.6%) who had ***not*** provided pregnancy planning counselling in the prior 12 months but were willing to

Educational Interest

- 56/67 (83.6%) were somewhat/very interested in learning more about reproductive planning and HIV

Connaissance

- 45 participant·e·s (60 %) au courant des lignes directrices
  - 21/45 (46,7 %) n'avaient pas lu les lignes directrices
- Varie selon la profession:
  - Personnel infirmier plus susceptible d'être au courant (6/7, 85,7 %)
  - Pharmacien·ne·s (17/27, 63,0 %)
  - Médecins (20/34, 58,8 %)

Mise en œuvre

- Parmi les personnes au courant et qui avaient lu (n = 24) les lignes directrices, 20 sur 24 (83,3 %) les avaient mises en œuvre dans leur pratique

Disposition à conseiller

- 35 personnes sur 67 ayant répondu au sondage (52,5 %) avaient fourni des conseils en matière de planification de la grossesse au cours des 12 derniers mois
- 29 personnes sur 32 (90,6 %) n'avaient ***pas*** fourni de conseils en matière de planification de la grossesse au cours des 12 derniers mois, mais étaient disposées à le faire

Intérêt envers la formation

- 56 personnes sur 67 (83,6 %) étaient plutôt ou très intéressées à en apprendre davantage sur la planification de la grossesse en présence de VIH

Cours autodirigé /Self - directed course :

Soutenir la planification des grossesses pour les personnes vivant avec le VIH

Ce programme d'apprentissage à distance asynchrone comporte une série complète de cinq modules qui se basent sur les Lignes directrices canadiennes en matière de planification de la grossesse en présence du VIH (2018). Spécialement conçu pour les prestataires de soins, ce cours offre des informations essentielles sur le counseling en matière de santé reproductive dans le contexte du VIH.

Supporting Pregnancy Planning for People Living with HIV

This asynchronous e -Learning program offers a comprehensive series of five modules based on the Canadian HIV Pregnancy Planning Guidelines (2018). Designed specifically for care providers, this course delivers essential information on reproductive counselling in the context of HIV.

Module 4: Counselling on Conception Options & Support
Module 4: Le counseling sur les options et le soutien en matière de conception

- Condomless sex with timed ovulation/ Rapports sexuels sans condoms synchronisés avec l'ovulation
- Condomless sex without timed ovulation/ Rapport sexuels sans condom non-synchronisés avec l'ovulation
- Intravaginal home insemination/Insémination intravaginale à domicile
- Sperm washing and IUI/ Lavage du sperme et insémination intra-utérine
- IVF and ICSI/ Fécondation in vitro et injection intracystoplasmique de spermatozoïde
- Other options/ Autres options

With ARVs & a suppressed viral load/ Avec un TAR et une charge virale inhibée

With a referral to a fertility clinic/ Avec aiguillage vers une clinique de fertilité

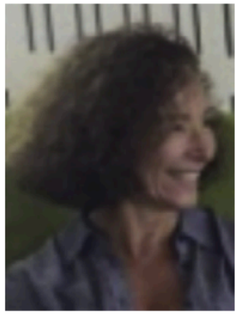
Like adoption/ Comme l'adoption

RBMO

ELSEVIER

REVIEW

Managing and preventing blood-borne viral infection transmission in assisted reproduction: a Canadian Fertility and Andrology Society clinical practice guideline



BIOGRAPHY

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KEY MESSAGE

People who are living with HIV or hepatitis and have a viral load that is undetectable or unquantifiable are not infectious and pose no risk of cross-contamination in the ART laboratory. ART laboratories should process these gametes in the usual fashion without any special precautions needed to prevent infection.