HIV Pregnancy Planning Clinical Counselling Algorithm

Do you have any thoughts/plans related to parenting (over the next 5 years) that we should discuss today?

NO

- Ask if they have any questions about pregnancy and/or parenthood
- Review contraception options that are relevant to the patient (if applicable)
- For more details on general contraceptive considerations visit https://www.sexandu.ca/contraception/hormonalcontraception/
- For more details on contraceptive considerations in the context of HIV review *The CHPPG HIV Care Providers Standards of Care: standard #2*

YES

When do you intend to pursue parenthood/pregnancy?

IN THE FUTURE *(greater than 1 year)*

- Ask if they have any questions about pregnancy and/or parenthood
- Review contraception options that are relevant to the patient that can be used until conception is intended (if applicable)
  - For more details on general contraceptive considerations visit https://www.sexandu.ca/contraception/hormonal-contraception/
  - For more details on contraceptive considerations in the context of HIV review *The CHPPG HIV Care Providers Standards of Care: standard #2*
- Discuss individual considerations related to parenting/pregnancy planning (e.g age, coupling scenario)

THIS YEAR *(imminently)*

- Ask if they have any questions about pregnancy and/or parenthood
- For a step by step guide to counselling refer to The CHPPGs: Steps involved in pregnancy planning counselling and care resource

QUICK REFERENCE FOR COUNSELLING

- Discuss fertility history, screening, and preconception work up
- Recommend folic acid supplementation
- Discuss individual considerations
- Discuss methods of conception
- For more details on conception considerations in the context of HIV review *The CHPPG HIV Care Providers Standards of Care: standard #4*

Standards of Care

STANDARD 1: The reproductive goals of people living with HIV should be discussed at the time of diagnosis and at least annually thereafter. Counselling should be based on current science, be individualized, comprehensive, supportive, and nonjudgmental (Refer to CHPPG recommendations #1, #4, #6 #7 and #8).

STANDARD 2: Contraceptive options should be reviewed with all people living with HIV, who do not intend pregnancy, as soon as possible. If access to contraception counselling cannot be facilitated within the HIV clinic, referral to a suitable provider who can offer such counselling and provision should be made as quickly as possible to prevent unintended pregnancy. (Refer to CHPPG Recommendation #1).

STANDARD 3: When conception is intended, people living with HIV should be offered general preconception health counselling, including the need for folic acid supplementation, the importance of a basic preconception work-up and should be put in touch with prenatal health, mental health or substance use support services prior to conception, if appropriate (Refer to CHPPG Recommendations #8, #9 and #10).

STANDARD 4: HIV care providers should be familiar with the science to offer counselling on sexual risk reduction strategies when a person living with HIV wants to conceive. Condomless sex times with ovulation, with partners living with HIV being on cART with sustained viral suppression, is now recommended as a first line method of safe conception. (When applicable refer to CHPPG Recommendations #16, #20, #22, #23 and #27).

STANDARD 5: Following 6 to 12 months of unsuccessful attempted conception using a home-based method, referral to a gynaecologist or fertility specialist should be initiated. (Refer to CHPPG Recommendation #25).

STANDARD 6: All people living with HIV who are looking to conceive should be counselled on the possible legal and ethical implications of pregnancy planning, HIV non-disclosure and perinatal HIV transmission, including infant feeding. (Refer to CHPPG Recommendations #11, #12, #13 and #14).

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