HIV Pregnancy Planning Pocket Guide

Canadian HIV Pregnancy Planning Guidelines

Lignes directrices canadiennes en matière de planification de la grossesse en présence du VIH

Pregnancy Planning Counselling and Care

STEP 1 Fertility Screening (of person intending pregnancy)

Whether HIV positive or negative

FERTILITY HISTORY

Ask if:

- they are having regular menstrual periods?
- they have ever been pregnant before, even if it ended in a spontaneous or therapeutic abortion?
- they have a history of any gynecological conditions (such as endometriosis), sexually transmitted infections (e.g. chlamydia and gonorrhea) with or without pelvic inflammatory disease, confirmed sub/infertility, adverse pregnancy outcomes or 2 or more spontaneous abortions?
- If any abnormality is reported, referral to gynecology or fertility specialist is recommended.

BLOOD WORK

Order:

- Routine HIV blood work (if appropriate)
- CBC and ferritin
- Beta HCG (if any suspicion of pregnancy)
- VZV Ab (if negative, vaccinate preferably with inactivated vaccine or with live vaccine if not pregnant and can tolerate a live vaccine);
- Rubella Ab (if negative, vaccinate if not pregnant and can tolerate a live vaccine).

Possible additional blood work:

- AMH is highly predictive of fertile potential but is not covered in all provinces and is not routinely ordered outside of fertility clinics. It may be helpful but is not essential.

STI TESTING

Order:

- Urine chlamydia and gonorrhea, syphilis, hepatitis B s Ag, hepatitis C Ab
- HIV test if HIV negative.

COUNSELLING

- Review all medications being taken and consider any changes to those that are not recommended in pregnancy (including cessation or continuation despite recommendations – e.g., antiepileptics). Consider consulting experts in the field.
- Counsel to mark down the first day of menstrual periods on a calendar ASAP and bring that data in to determine cycle length.
- Prescribe 1 mg folic acid to prevent neural tube defects in baby. People with an increased or HIGH RISK for a neural tube defect, including a previous neural tube defect pregnancy in either biological parent, should be prescribed 5 mg. It is best if this has been taken for 3 months prior to conception/pregnancy (https://www.jogc.com/article/S1701-2163(15)30230-9/pdf for more details).
- Practice harm reduction around smoking, drinking and other recreational drug use before becoming pregnant. Help set up rehabilitation and treatment programs if necessary. The nicotine patch can be given in pregnancy at 7 mg or 14 mg/24 hours.

STEP 2 Fertility Screening (of person providing sperm)

Whether HIV positive or negative

FERTILITY HISTORY, TESTING, AND COUNSELLING

Ask if:

- they have ever gotten a person pregnant before?

Semen analysis:

- is not indicated if there is no history of infertility.
- can be done to assess quantity of sperm (if there is a suspicion of infertility) but is not easily accessible at local laboratories in many provinces.

STI TESTING

Order:

- Urine chlamydia and gonorrhea, syphilis, hepatitis B s Ag, hepatitis C Ab
- HIV test if HIV negative.

COUNSELLING

- Review all medications being taken to ensure none of them are spermatoxic – e.g. ribavirin.
- Practice harm reduction around smoking, drinking and other recreational drug use before parenthood. Help set up rehabilitation and treatment programs if necessary.

STEP 3 Minimizing HIV Transmission

COUNSELLING

- Counsel that the person living with HIV should be under the care of an HIV care provider and seen regularly.
- Counsel that the person living with HIV should be taking effective combination antiretroviral therapy (cART) for at least 3 months, preferably longer than 6 months, with an undetectable viral load on at least two occasions, at least one month part as an indicator of sustained viral suppression, prior to attempting conception.
- Counsel the person/couple regarding:
    1. Zero risk of perinatal HIV transmission to the baby if the person intending pregnancy is HIV positive and is on effective cART with a suppressed viral load before getting pregnant and is able to sustain the viral suppression throughout the pregnancy.
    2. Possible impact of antiretroviral agents on the fetus.
    3. Zero risk of perinatal HIV transmission if the person intending pregnancy is HIV negative, unless seroconversion occurs in pregnancy.
    4. Increased risk of perinatal HIV transmission if acute seroconversion does occur during pregnancy.

STEP 4 Conception Methods

REVIEW ALL DIFFERENT OPTIONS FOR CONCEPTION

1. Condomless sex (HIV+ person on cART, full sustained viral suppression)
2. Condomless sex timed with ovulation (HIV+ person on cART, full sustained viral suppression)*
3. Either above option with PrEP – PrEP is recommended if the HIV-positive person just initiated cART or is non-adherent/does not have sustained viral suppression.
4. Home sperm insemination with syringe (can be used when the person intending to become pregnant is HIV+ and partner/donor is HIV- but not commonly used anymore)
5. Sperm washing with intrauterine insemination (IUI) (in fertility clinic; can be used when person providing sperm is HIV+).
6. Other: IVF, ICSI, sperm donor, egg donation/gestational carriage
7. Adoption

Option 2 is now the preferred method of conception

- More than one conception option is often acceptable and recommendable, however, given the evidence that is now available, referral to a fertility clinic is primarily only warranted for fertility support (e.g. unable to conceive, same-sex couple, or single).
- Remember some options may not always be the most practical based on availability of services, cost, cultural beliefs, personal risk evaluation, or clinical circumstance. However, these points are less relevant in the current era as condomless sex with timed ovulation is the preferred conception method (when applicable).
- The objective of preconception counselling is to help facilitate an informed decision.
- The chosen strategy is based on patient preference.
- Physicians and other health care providers should provide non-judgemental support of the decision of the patient(s) involved.

STEP 5 Supporting Conception

COUNSELLING

- Explain that on average it takes 5 to 6 months to get pregnant.
- Explain that the best time to have condomless sex or perform home or assisted sperm insemination is the day before ovulation (time of LH surge) and the day of ovulation in order to optimize the chance of conception.
- Explain that this is why cycle monitoring in advance is ideal, so the general time of ovulation can be better predicted.

MONITORING OVULATION OPTIONS

- Review options for cycle monitoring (to determine the most likely time of ovulation) to support conception.

Monthly cycle monitoring:

- The patient should mark a calendar with the first day of their menstrual period.
- The patient should track cycles for a few months to monitor the length of cycles (from first day of one to first day of the next period).
- Counsel that ovulation happens around 14 days before the next menstrual cycle. So in a 28 day cycle, ovulation happens around the 14th day after the first day of the menstrual period.

Other biological changes:

- The patient can monitor for changes in the vaginal discharge, which becomes sticky at the time of ovulation due to hormonal changes between the first and second half of the menstrual cycle (see https://www.pregnancyinfo.ca/before-you-conceive/fertility/tools-for-understanding-fertility/cervical-mucus-testing/ for more details).
- The patient can use basal body temperature charting, that requires daily temperature monitoring (see https://www.pregnancyinfo.ca/before-you-conceive/fertility/tools-for-understanding-fertility/basal-body-temperature/ for detailed instructions).
- Counsel that these methods are less efficient than ovulation predictor supports listed below.

Ovulation predictor supports:

- Ovulation sticks can be purchased (pharmacy, some dollar stores) and used starting about 4 days before ovulation is expected. Follow the instructions provided.
- There are excellent apps to determine peak ovulation – e.g. FLOW, OVIA
- Offer follow-up visits/phone calls to the individual or couple every 1-2 months to assist in calculating the days of peak ovulation to attempt conception.

STEP 6 Recommended Referral Timelines

- In the absence of any known risk factors for infertility, the following guidelines can be used for referral for fertility support:
    - If the person intending pregnancy is less than 35, conception should be attempted every month for 12 months before referral.
    - If the person intending pregnancy is between 35 and 40, conception should be attempted every month for 6 months before referral.
    - If the person intending pregnancy is over 40, conception should be attempted every month for 3 months before referral.
- Following referral, have the patient(s) return after seeing the fertility clinic as per the usual HIV care and inform the fertility clinic of the blood results. May want to do the viral load more frequently during conception attempts, e.g. q3-4 months.

STEP 7 Ask if they have any other Questions?

Feel free to photocopy this pocket guide and give a copy to the patient(s).