



**Department  
of Health**

Webinar Series  
Part 1 of 3

# **Preconception, Contraception and Conception for *Women Living With HIV* (WLWH): How Health Home Care Managers Can Provide Support to Facilitate Improved Health Outcomes**

July 16, 2018

# Webinar Series for Health Home Care Managers

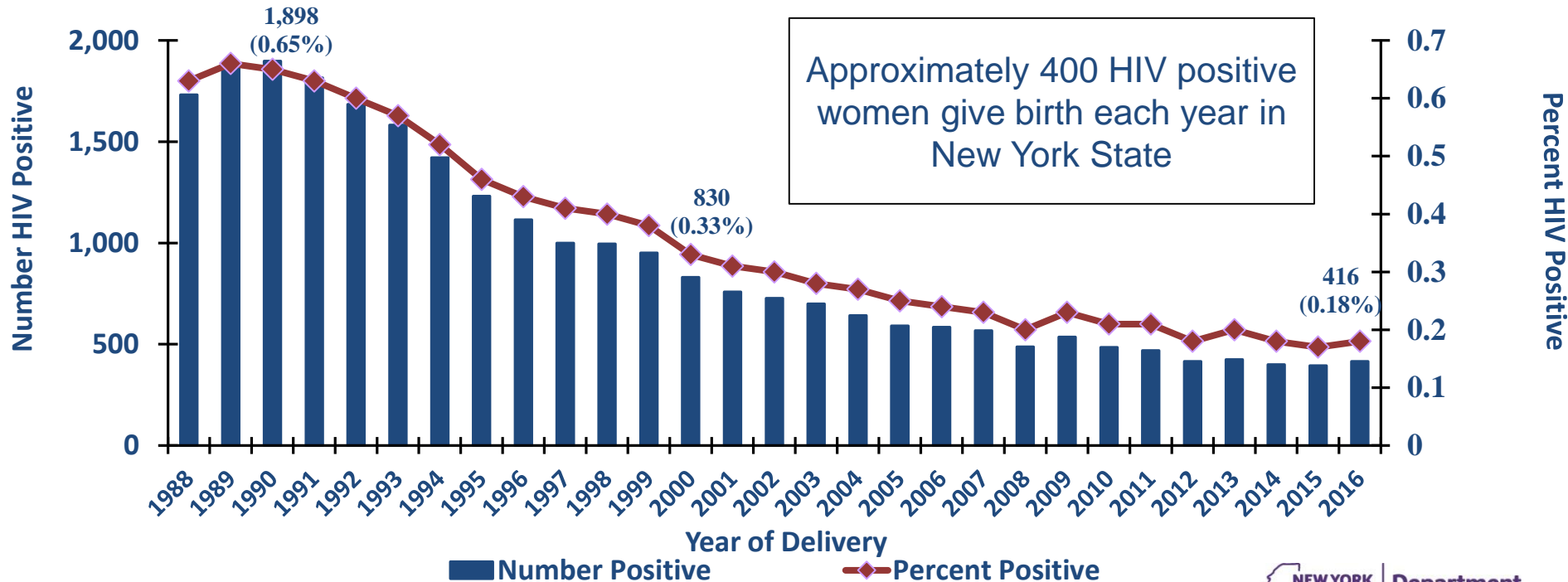
- Part 1: Preconception, Contraception, Conception/Pregnancy Counseling and Care for Women Living With HIV (WLWH) & the Prevention of Mother-to-Child Transmission (PMTCT) of HIV
- Part 2: Postpartum Care for WLWH, Care of HIV-Exposed but Uninfected Newborns & Breastfeeding Recommendations to PMTCT for both WLWH and Women at High Risk for Acquiring HIV
- Part 3: Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) & Care of Women at Risk for HIV

# Objectives for Health Home Care Managers



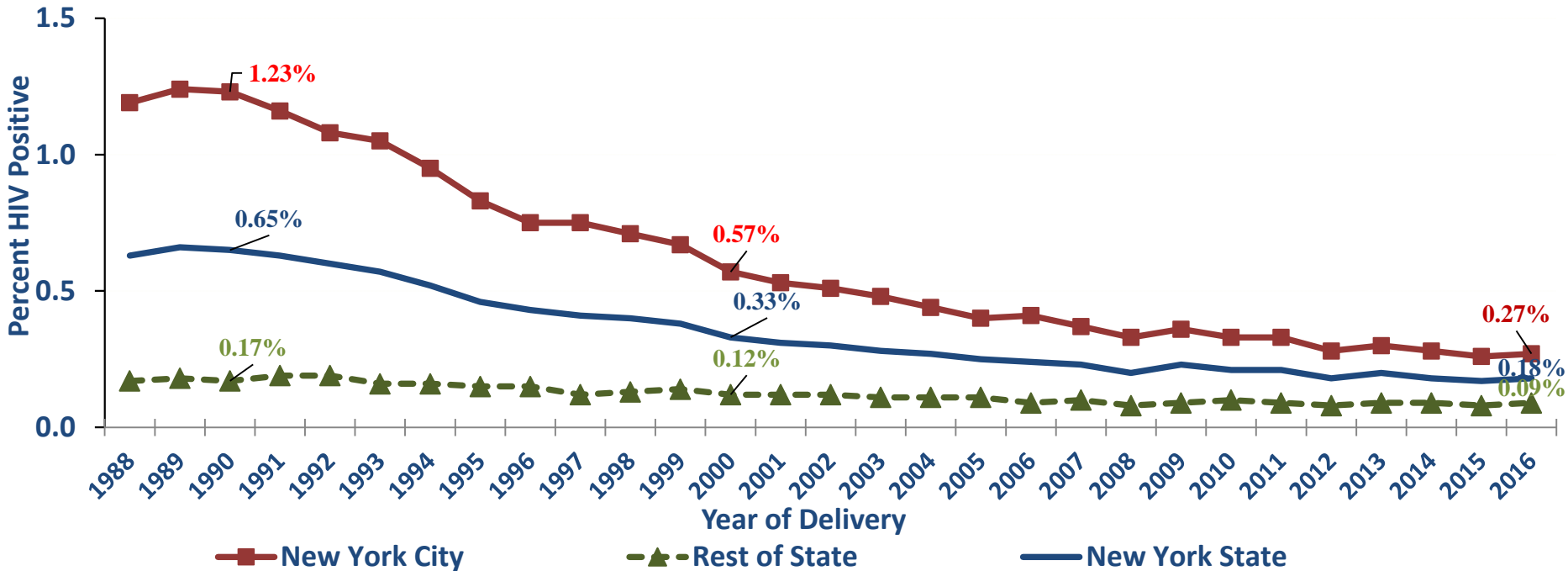
- Recognize preconception, contraception and conception recommendations and needs specific to women living with HIV (WLWH)
- Identify actions to optimize health and minimize risk in WLWH and their partners throughout the stages of family planning
- Understand strategies to reduce the risk of mother-to-child transmission (MTCT) of HIV

# HIV Prevalence and Number of HIV Positive Childbearing Women in New York State by Year of Delivery, 1988-2016

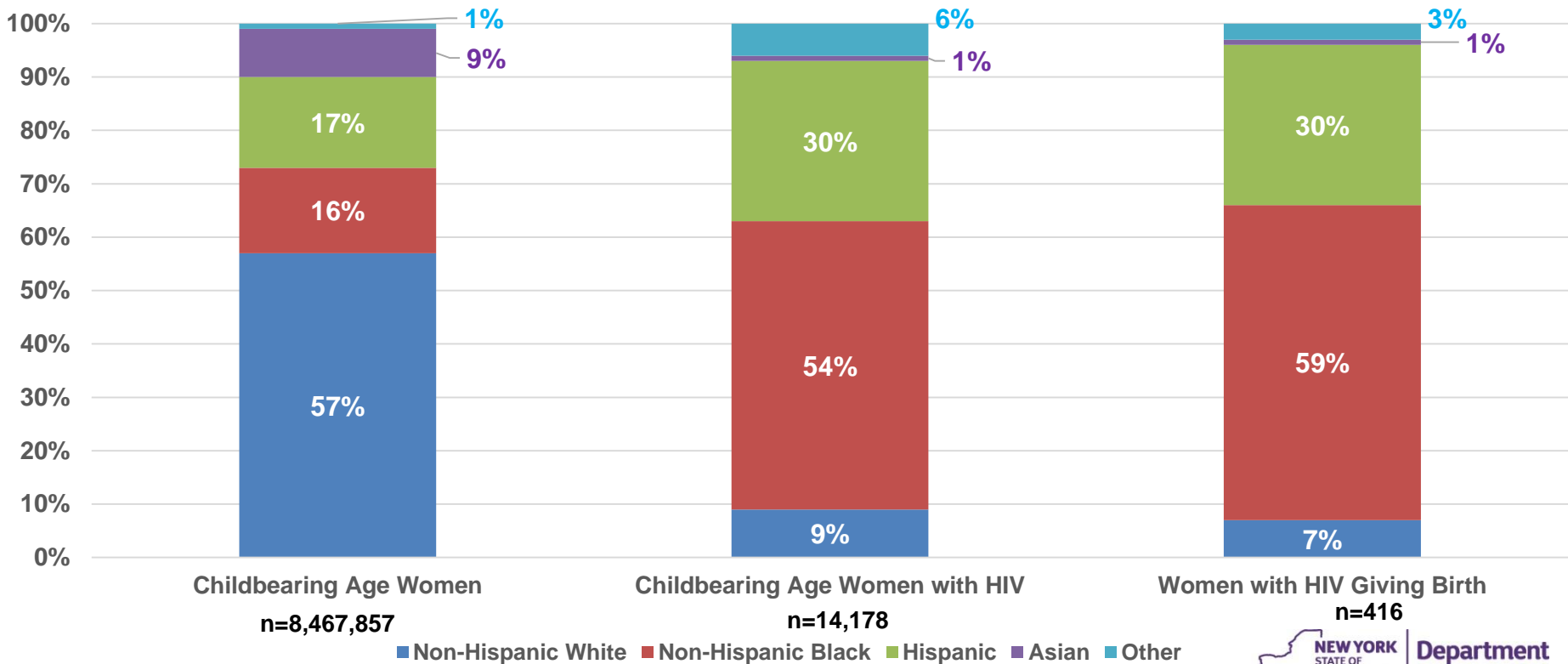


78% decline in number and 72% decline in rate from 1990 to 2016

# HIV Prevalence among Childbearing Women by Year of Delivery and Region of Residence, New York State, 1988-2016

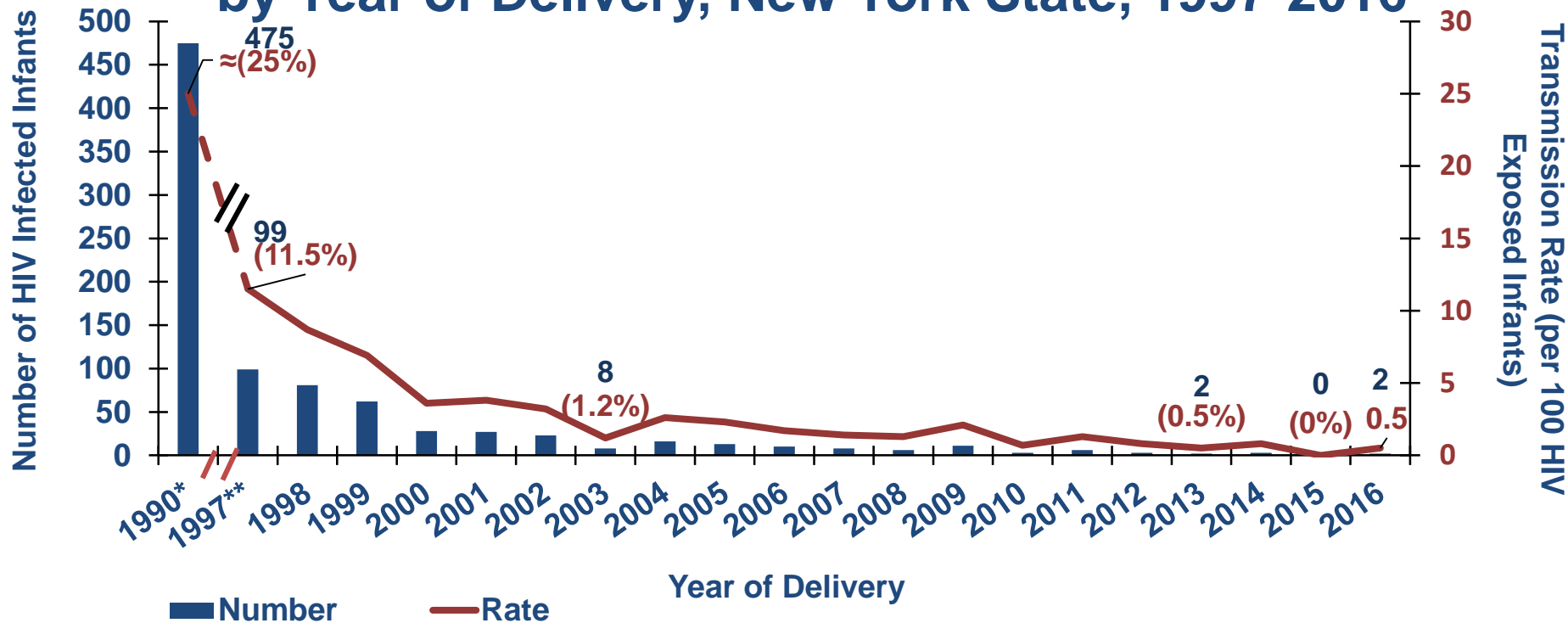


# Race/Ethnicity Distribution of Childbearing Age Women\*, Childbearing Age Women Living with HIV\*, and Women Living with HIV Giving Birth, NYS, 2016



\*Childbearing Age: 15-45 years old

# Number and Rate of Mother-to-Child HIV Transmissions by Year of Delivery, New York State, 1997-2016



\* 1990 - estimate based on 1,898 exposures and an estimated 25% transmission rate

\*\*1997 data include February-December births.

# Preconception:

## Preconception Counseling and Care for Women of Childbearing Age Living with HIV

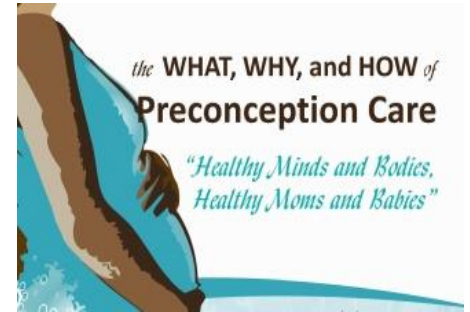


# General Principles of the Importance of Preconception Care

- Provides opportunities to improve outcomes for mothers and babies
- Requires active participation of women and individualized management plans
- Facilitates discussion on diet, weight, exercise, smoking, use of alcohol and/or drugs, environmental risks, vaccination status
- **Encourages management of medical conditions, such as HIV**

# Goals of Preconception Care Specific to WLWH

- Prevent unintended pregnancy
- Prevent HIV transmission to partner
- Optimize maternal and paternal health
- Improve maternal and fetal outcomes
- Prevent perinatal HIV transmission through multiple interventions, including **rapid, sustained maternal viral load suppression (VLS)**



# Preconception Counseling for WLWH (1)

- Non-judgmental and respectful of woman's autonomy in reproductive decision-making
- Non-stigmatizing and reassuring that she can have a safe, healthy pregnancy with very low risk of MTCT
- ❖ Important:
  - Require multiple interventions to reduce MTCT to the lowest possible level
  - Acknowledge maternal anxiety, if present, and provide support
  - Prioritize and focus on HIV management, but not to overshadow the pregnancy → Pregnancy should not be defined by HIV.

# Preconception Counseling for WLWH (2)

- Active, ongoing assessment of a woman's pregnancy intention
- Discussion of contraceptive options
  - prevention of unintended pregnancies, and
  - spacing and timing of intended pregnancies
- Emphasize health promotion, risk reduction and behavioral change, as indicated

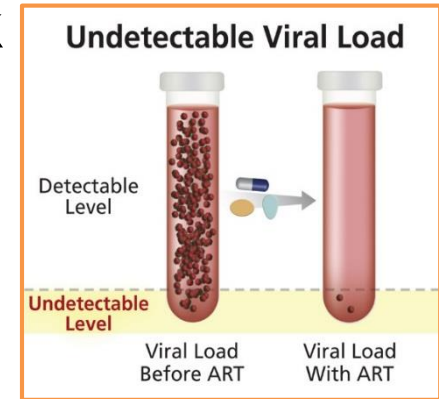
# Preconception Counseling for WLWH (3)

- All WLWH of childbearing potential should be counseled regarding dual-protection contraception/safer sex practices (e.g., condom and another form of contraception)
  - Prevent HIV transmission to sexual partners
  - Protect WLWH from sexually transmitted infections (STIs)
  - Decrease risk of acquisition of resistant strains of HIV



# Preconception Counseling for WLWH (4)

- Plan to initiate, continue, or modify antiretroviral therapy (ART) to optimize the woman's health, regardless of pregnancy intention, and to reduce MTCT risk
  - Assess teratogenicity
- Assess potential barriers to ART adherence and strategize/implement ways to reduce/eliminate
- Achieve and maintain a sustained, undetectable viral load (viral load suppression – VLS) through ART adherence and regular, ongoing HIV care



# Preconception Counseling for WLWH (5)

- What does **Undetectable** mean?
  - Undetectable describes the lowest limit that different lab tests use to measure the amount of virus (viral load) in a person's bloodstream (plasma); usually reported as copies of virus per millimeter (mL) of blood
  - Undetectable = 200 copies/mL or less (more commonly 20 copies/mL or less)
- What does **Viral Load Suppression (VLS)** mean?
  - VLS is the continuous, long-term suppression of a person's viral load (generally to undetectable levels) as the result of treatment with antiretroviral (ARV) medications

# Unintended Pregnancy

## Mistimed

- Woman did not want to become pregnant at the time pregnancy occurred but **did want to become pregnant at some point in the future**
- 27% of all pregnancies

## Unwanted

- Woman **did not want to become pregnant then or at any time in the future**
- 18% of pregnancies

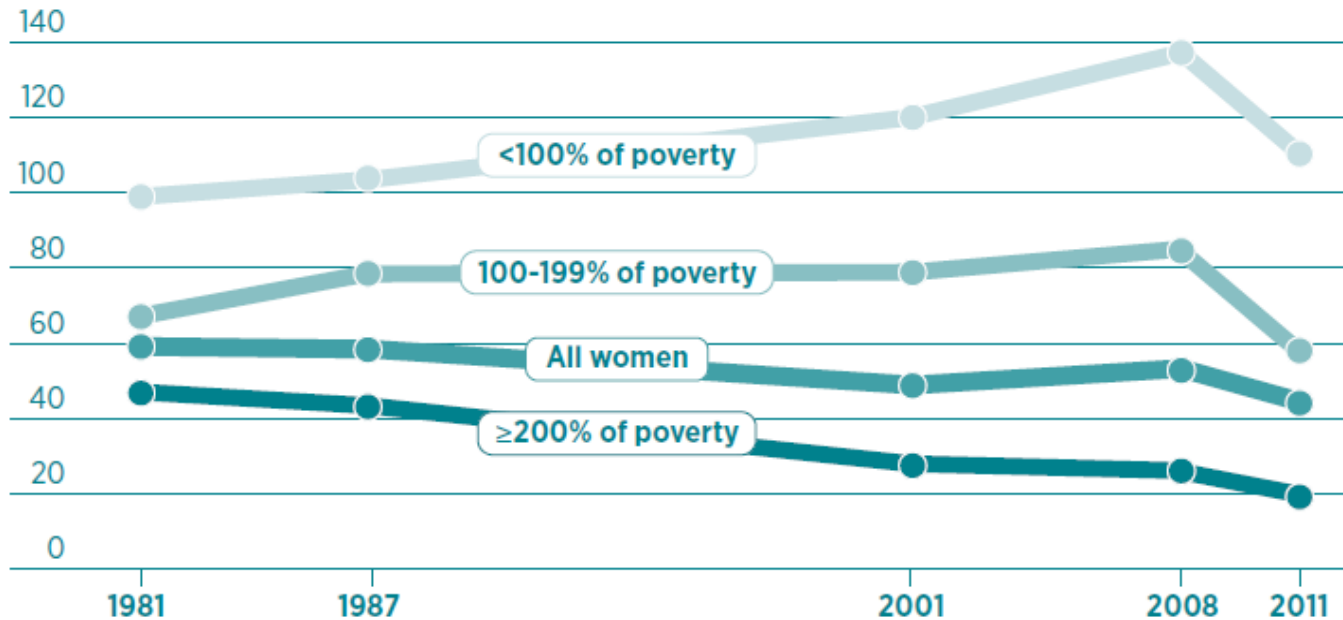
Potential Health Impacts of Chronic Disease



## UNINTENDED PREGNANCY RATES

**Between 1981 and 2011, unintended pregnancy has become increasingly concentrated among poor and low-income women.**

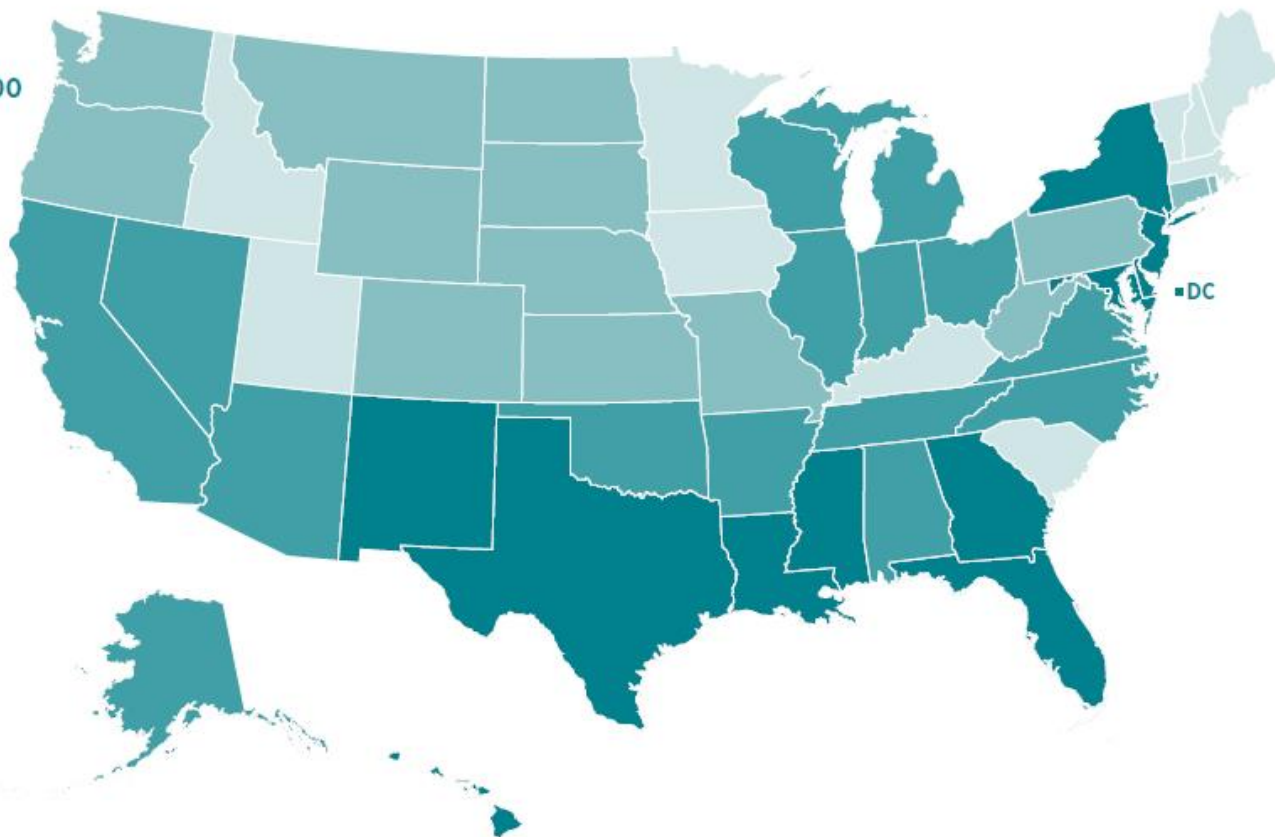
Rate (per 1,000 women aged 15-44)



## Unintended pregnancy rates varied widely in 2010.

No. of unintended pregnancies per 1,000 women aged 15-44

- 32-40
- 41-47
- 48-54
- 55-62



\*Rates for Arizona, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota estimated by multivariate regression.

# Preconception/Prepregnancy Counseling

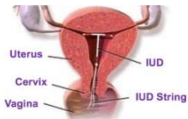
- **Desires pregnancy:**

- Discuss with primary/HIV health care provider
- May refer to maternal-fetal medicine specialist
- Focus on improving/stabilizing health
- Determine medication safety for use with pregnancy

**\*May refer to  
Ryan White  
Funded  
Programs &  
Services**

- **Does not desire pregnancy:**

- Refer to primary or women's health care provider for contraceptive counseling
- Discuss availability of effective and highly effective contraception
- Remove barriers to access contraception



# Preconception - Bottom Line: What Health Home Care Managers Need to Know

- Prevention is paramount
- Open communication about family planning needs and desires is necessary
- Access to reproductive health services and autonomous decision-making should be supported
- Ongoing HIV care, ART adherence and VLS are key

# Contraception:

## Contraception Counseling and Care for Women of Childbearing Age Living with HIV

# US Medical Eligibility Criteria for Contraceptive Use

*Centers for Disease Control and Prevention*

**MMWR**

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 65 / No. 3

July 29, 2016

## U.S. Medical Eligibility Criteria for Contraceptive Use, 2016

<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

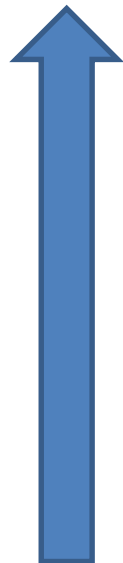


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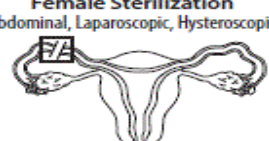
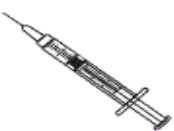
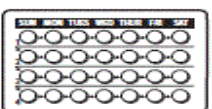



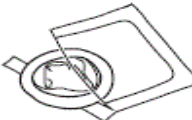


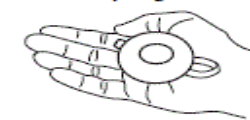
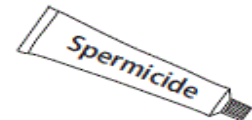
# US Medical Eligibility Criteria: Categories

1	No restriction for the use of the contraceptive method for a woman with that medical condition
2	Advantages of using the method generally outweigh the theoretical or proven risks
3	Theoretical or proven risks of the method usually outweigh the advantages – or that there are no other methods that are available or acceptable to the women with that medical condition
4	Unacceptable health risk if the contraceptive method is used by a woman with that medical condition

Most Effective



Least Effective

<p>Most Effective</p> <p>Less than 1 pregnancy per 100 women in a year</p>	<p>Reversible</p> <p><b>Implant</b></p>  <p>0.05 %</p>	<p><b>Intrauterine Device (IUD)</b></p>  <p>LNG - 0.2 % Copper T - 0.8 %</p>	<p>Permanent</p> <p><b>Male Sterilization (Vasectomy)</b></p>  <p>0.15 %</p>	<p><b>Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic)</b></p>  <p>0.5 %</p>	<p><i>How to make your method most effective</i></p> <p>After procedure, little or nothing to do or remember.</p> <p><b>Vasectomy and hysteroscopic sterilization:</b> Use another method for first 3 months.</p>																																			
<p>6-12 pregnancies per 100 women in a year</p>	<p><b>Injectable</b></p>  <p>6 %</p>	<p><b>Pill</b></p>  <p>9 %</p>	<p><b>Patch</b></p>  <p>9 %</p>	<p><b>Ring</b></p>  <p>9 %</p>		<p><b>Diaphragm</b></p>  <p>12 %</p>	<p><b>Injectable:</b> Get repeat injections on time.</p> <p><b>Pills:</b> Take a pill each day.</p> <p><b>Patch, Ring:</b> Keep in place, change on time.</p> <p><b>Diaphragm:</b> Use correctly every time you have sex.</p>																																	
<p>18 or more pregnancies per 100 women in a year</p>	<p><b>Male Condom</b></p>  <p>18 %</p>	<p><b>Female Condom</b></p>  <p>21 %</p>	<p><b>Withdrawal</b></p>  <p>22 %</p>	<p><b>Sponge</b></p>  <p>24 % parous women 12 % nulliparous women</p>		<p><b>Condoms, sponge, withdrawal, spermicides:</b> Use correctly every time you have sex.</p> <p><b>Fertility awareness-based methods:</b> Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.</p>																																		
<p>Least Effective</p>	<p><b>Fertility-Awareness Based Methods</b></p> <p><b>JANUARY</b></p> <table border="1" style="font-size: small;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> <tr><td>X</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </table> <p>24 %</p>	1	2	3	4			5	6	7	8	9	10	X	X	X	X	X	X	X	X	X	X	X	X	23	24	25	26	27	28	29	30	31	1	2	3	4	<p><b>Spermicide</b></p>  <p>28 %</p>	
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**CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.**

Other Methods of Contraception

**Lactational Amenorrhea Method:** LAM is a highly effective, temporary method of contraception.

**Emergency Contraception:** Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.



# Contraception Counseling for WLWH (1)

- HIV infection does not preclude the use of any contraceptive method; however, drug-drug interactions between hormonal contraceptives (e.g., pill, patch, ring, injection, implant) and ARV medications should be considered
  - Drug-drug interactions may include lower contraceptive efficacy
- Resources are provided at the end of the presentation to assist with contraceptive counseling



# Contraception Counseling for WLWH (2)

Table 3. Drug Interactions Between Antiretroviral Agents and Hormonal Contraceptives

ARV Drug	Effect on Contraceptive Drug Levels and Contraceptive's Effects on ART and HIV	Clinical Studies	Dosing Recommendation/ Clinical Comment for COC/P/R	Dosing Recommendation/ Clinical Comment POPs
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- More reported contraceptive failures but no concern for decreased therapeutic efficacy of the woman's ART
- Efficacy of different hormonal contraception likely similar to oral contraceptive pills (combined/progestin-only) with "typical use"
  - Failure rate of 6 to 12 pregnancies per 100 women in a year

<https://aidsinfo.nih.gov/guidelines/html/3/perinatal/152/overview>

<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf> <https://aidsinfo.nih.gov/guidelines/html/3/perinatal/152/overview>



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# Intrauterine Devices (IUD) and HIV

- No evidence of increased HIV transmission or acquisition with IUDs (both LNg-levonorgestrel releasing and copper)
- No evidence of increased infections even in WLWH with low CD4



# Contraception Decision-Making

- What method does she want to use?
- What is important to her in choosing a contraceptive method?
- What has she heard from her friends, advertisements, others?

❖ **The most effective form of contraception is the one she will use!**

# Contraception - Bottom Line: What Health Home Care Managers Need to Know

- HIV does not prevent the use of any birth control method, but
  - Some ARVs may make hormonal contraceptives less effective
  - WLWH should speak with their provider about best options
- Dual protection/safer sex practices should be promoted, including the use of condoms, to prevent HIV/STI acquisition/transmission
- Access to reproductive health services is vital
- Ongoing HIV care, ART adherence and VLS are key

# Optimizing Health/Reducing Risk in the Context of HIV (1)

- Establish/maintain routine, ongoing HIV primary and gynecologic care
- Achieve and sustain clinical and immunologic stability
  - Including rapid, sustained VLS
- Provide prophylaxis for opportunistic infections, when indicated
- Manage comorbidities (diabetes, HTN, etc.)
- Implement lifestyle changes: engage in regular physical activity, lose weight if overweight/obese

# Optimizing Health/Reducing Risk in the Context of HIV (2)

- Administration of varicella, rubella, hepatitis A, hepatitis B and influenza vaccines before pregnancy
- Avoidance of medications known to be harmful to the fetus
- Maintenance of good oral health
- Supplementation with folic acid



# Optimizing Health/Reducing Risk in the Context of HIV (3)



- Smoking, alcohol and drug cessation; alcohol and drug rehabilitation/treatment, when necessary
- Treatment of opioid use disorder (e.g., medication-assisted treatment/MAT with Buprenorphine or Methadone, access to syringe exchange programs)
- STI testing and treatment of woman and partner(s), including HIV, HCV, syphilis, Chlamydia and gonorrhea





# Optimizing Health/Reducing Risk: WLWH and Their Partners (1)

- Inquire if partner(s) is/are aware of woman's HIV status
- If not, explore with woman barriers to disclosure
- Complete a domestic violence screen
- Develop a disclosure plan
- Offer resources to assist with disclosure
  - NYSDOH PartNer Assistance Program (PNAP)
  - NYCDOHMH Contact Notification Assistance Program (CNAP)
    - staff can notify potentially exposed partners anonymously and help those who want to tell their partners on their own

# Optimizing Health/Reducing Risk: WLWH and Their Partners (2)

- Inquire about her partner's HIV status
- Offer HIV and STI testing sites for the partner
- For partners who are **HIV-negative**
  - Provide information on Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP)
- For partners who are identified as **HIV-positive**
  - Provide rapid linkage to HIV care with ART initiation



# HIV-negative Partners of WLWH: Post Exposure Prophylaxis (PEP) for Prevention of HIV Infection

- Involves taking ART very soon after a possible exposure to HIV to prevent acquiring HIV infection
- Intended for **emergency** situations
  - Not meant for regular use by people who may be exposed to HIV frequently
- Must be started as soon as possible to be effective and always within 72 hours (3 days) after a possible exposure to HIV
- Involves taking ART every day for 28 days
- Immediately notify health care provider or go to ER for PEP

# HIV-negative Partners of WLWH: Pre-Exposure Prophylaxis (PrEP) for Prevention of HIV Infection

- Involves taking daily ART by HIV-negative individuals to reduce their risk of acquiring HIV
- Is a biomedical intervention
- Can dramatically lower the risk of getting HIV from sex; can also reduce the risk from injection drug use
  - Adding other strategies, such as condom use with PrEP, can reduce the risk even further
- Is not a pill, but rather, a “Program”
  - Regular health care, HIV/STI testing, risk reduction



# Why Take PrEP?

- Significantly reduces the risk of acquiring HIV infection
- PrEP is controlled by the HIV-negative partner
  - May promote self-efficacy, sense of empowerment
- Not all people living with HIV (PLWH) are willing to take ART
- Not all PLWH are adherent to ART
- Sometimes ART regimens fail, so PLWH may have detectable viral loads in the blood

# Optimizing Health/Reducing Risk - Bottom Line: What Health Home Care Managers Need to Know

- WLWH and their partners need access to ongoing preventive services and medical care
- Disclosure is very important, referrals for assistance are available
  - Don't assume one's status has been shared
- Emergency and long-term ARV medications are available for HIV-negative individuals to take to prevent HIV acquisition
- Ongoing HIV care, ART adherence and VLS are key

# Conception:

## Conception Counseling and Care for Women of Childbearing Age Living with HIV

# Conception Counseling for Serodiscordant HIV Couples



- Expert consultation is recommended so approaches can be tailored to couples' specific needs
- Partners should be screened and treated for genital tract infections before attempting to conceive
- Partners living with HIV infection should attain **maximum viral load suppression** before attempting conception
  - prevent HIV sexual transmission
  - minimize the risk of HIV transmission to the newborn



# Conception Options for Serodiscordant HIV Couples



- Assisted insemination at home or in a provider's office with a partner's semen during the peri-ovulatory period
  - peak fertility: 2 to 3 days before and day of ovulation
- Donor sperm
- Peri-ovulatory intercourse
- PrEP for the partner without HIV
- ART and VLS for the partner living with HIV

U=U:  
Undetectable  
equals  
Untransmittable

# Couples of Differing Status and Conception Strategies (1)

- Woman HIV-positive & Man HIV-negative
  - assisted insemination at home or provider's office with man's semen during the peri-ovulatory time
  - eliminates risk of HIV transmission to the partner without HIV
- Woman HIV-negative & Man HIV-positive
  - use of donor sperm from a man who does not have HIV
  - eliminates the risk of HIV transmission to the partner without HIV

Other Options:  
ART and VLS for HIV(+) partner & PrEP for HIV(-) partner; U=U  
\*see next slides

ART, VLS and PrEP

# Couples of Differing Status and Conception Strategies (2)

- Partner living with HIV **unable to achieve VLS or VLS status unknown**
  - Administration of PrEP to the partner without HIV is recommended (includes regular assessment for acute HIV infection, HIV/STI testing, lab monitoring, risk reduction education, etc.)
  - Limit sexual intercourse (without condoms) to the period of peak fertility

# Undetectable equals Untransmittable (U=U)

- Scientific advances have shown ART:
  - preserves the health of people living with HIV
  - effective means of prevention (“Treatment as Prevention”)
    - reduces community viral load
    - prevents sexual HIV transmission, even in the absence of condoms and PrEP

This means people who **take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of **sexually transmitting** the virus** to an HIV-negative partner

- U=U does not extend to breastfeeding, blood transfusions, transplants, and the sharing of syringes or drug preparatory paraphernalia/items

# Couples of Differing Status and Conception Strategies (3)

- Partner living with HIV on ART and achieved sustained VLS
- Given U=U data, both members of a serodiscordant partnership should be active participants in the decision to initiate or discontinue PrEP
  - Couples may decide ART treatment for the HIV-positive partner provides sufficient protection against HIV transmission
  - HIV-negative partners may choose to take PrEP, particularly if they have other sexual partners; are unsure of their partner's viral load or their partner's ability to stay consistently suppressed; or feel more secure in their sex lives with the added protection of PrEP



# Conception and PrEP

- Efficacy of PrEP during attempts to conceive has not been formally studied
  - it is still an option for partners who do not have HIV infection
- Evidence suggests that PrEP in this setting does not affect male fertility and is safe for women during the periconception period
  - more definitive research is still needed

Mugo NR, Hong T, Celum C, et al. Pregnancy incidence and outcomes among women receiving preexposure prophylaxis for HIV prevention: a randomized clinical trial. *JAMA* 2014;312(4):362-71. [PMID: 25038355]

Were EO, Heffron R, Mugo NR, et al. Pre-exposure prophylaxis does not affect the fertility of HIV-1-uninfected men. *AIDS* 2014;28(13):1977-82. [PMID: 25259704]

<https://www.hivguidelines.org/>

# Conception: Promoting Best Outcomes



- Early identification of pregnancy
- Early collaboration with experienced HIV provider
- Early prenatal care

# Prevention of Mother-to-Child Transmission

- What WLWH need to know:
  - current HIV treatment recommendations
  - use of ART to both optimize maternal health and prevent MTCT
  - factors influencing transmission
    - mode of delivery; duration of membrane rupture; maternal plasma viral load and CD4 count; maternal co-infections; invasive obstetrical procedures; breastfeeding
  - Newborn management and ARV prophylaxis for HIV-exposed infants





# WLWH and Pregnancy (1)

- Assessment of HIV disease status
- Plan to initiate, continue, or modify ART
  - All pregnant WLWH should receive ART, initiated as early in pregnancy as possible, to prevent perinatal transmission regardless of plasma viral load or CD4 T lymphocyte count
  - Assess teratogenicity
- Maintain viral load below the limit of detection (=VLS) throughout pregnancy and lifetime

# WLWH and Pregnancy (2)

- Minimize risk of perinatal transmission through use of ARV medications
  - Antepartum (initiate during prenatal period, if not already on prior to conception)
  - Intrapartum (initiate during labor and delivery, when indicated)
  - Postnatal (initiate ARV prophylaxis for the newborn)
    - Several diagnostic HIV tests are needed between birth and 4 to 6 months of age to definitively determine newborn's HIV status
- Breastfeeding contraindicated; formula only
- No maternal premastication of food for child

# WLWH in the U.S. and Breastfeeding

- WLWH in the United States (U.S.) should be advised not to breastfeed
  - Maternal ART reduces, but does not eliminate, the risk of HIV transmission via breast milk
  - Safe and affordable infant feeding alternatives are accessible in the U.S.
  - Lack of safety data on most modern ART regimens during breastfeeding

<https://aidsinfo.nih.gov/guidelines/html/3/perinatal/513/counseling-and-management-of-women-living-with-hiv-who-breastfeed>



# Prenatal Care

More frequent viral load monitoring is recommended in pregnant WLWH than non-pregnant WLWH because of the **importance of rapid and sustained viral suppression** in preventing perinatal HIV transmission

# Stigma, HIV and Pregnancy

- Stigma and discrimination occur when knowledge about HIV and pregnancy is limited
- Some WLWH experience stigma and discrimination about their desire for children
- Stigma can limit services and support for WLWH
  - A support network, including Health Home Care Managers, can be protective against stigma, reduce barriers to care and promote access to needed services to support improved health outcomes for women, their partners and their children



**STIGMA**

# Conception, Pregnancy/PMTCT - Bottom Line: What Health Home Care Managers Need to Know

- Some WLWH and their partners experience stigma throughout the stages of family planning
- Many options are available to safely conceive for WLWH and serodiscordant couples
- U=U for sexual transmission
- Risk of MTCT of HIV can be dramatically lowered with specific strategies
- Early identification of pregnancy, entry into prenatal care and collaboration with an experienced HIV provider are critical
- Ongoing HIV care, ART adherence and VLS are key

# Role of Health Home Care Managers to Support WLWH from Preconception to Pregnancy

# Role of Health Home Care Managers (1)

- Facilitate referrals with active navigation and linkage to identified supportive services needs, including Ryan White programs:
  - Insurance enrollment/recertification
  - Housing assistance
  - Transportation assistance
  - Food/nutrition support for WLWH and their families
    - Special Supplemental Nutrition Program - Women, Infants and Children (WIC)
    - Ensure access to formula (no breastfeeding)



# Role of Health Home Care Managers (2)

- Facilitate **navigation**, **linkage** plus **engagement** and **retention** in care
  - Primary care/HIV care
  - OB/GYN care
  - Mental health treatment
  - Substance use treatment
  - Other specialties as needed

# Role of Health Home Care Managers (3)

- Care coordination, care coordination, care coordination!
- Assess for barriers to medical and/or supportive services, ART adherence and VLS; implement strategies to reduce/eliminate barriers
- Have awareness and sensitivity regarding stigma experienced by some WLWH and their partners; perform actions to mitigate
- Ensure postpartum follow-up, including resuming contraception

# Role of Health Home Care Managers (4)

- Ensure newborn engaged in general pediatric care and pediatric infectious diseases care, if needed
  - several HIV diagnostic tests required birth through 4 to 6 months of age to definitively determine HIV status
- Ensure mother has ready access to ARV prophylaxis for newborn so no interruption in therapy after hospital discharge
  - Coordinate discharge planning with birth facility, pharmacy and insurance
- Continue to provide emotional support

The collage features several distinct sections:

- Exposed:** A grid of small portraits with the text "EXPOSED A MICRO FILM SERIES HIV STOPS WITH ME Q&A" and "TREATMENT CHANGES EVERYTHING".
- HIV prevention just got easier:** A pink background with a woman's portrait and a "PrEP" button.
- N-CAP:** A blue background with the text "Naloxone Co-payment Assistance Program N-CAP Take Control" and a QR code.
- HEP NEW YORK:** A photo of a group of people holding protest signs that say "WE OULDN'T PRAYERS WE NEED ACTION: HCV TREATMENT IS A RIGHT FOR ALL" and "HCV TREATMENT IS A RIGHT FOR ALL".
- we rise by lifting others:** A red background with white cursive text.
- GET TESTED. TREAT EARLY. STAY SAFE. End AIDS in NYS.** A yellow background with the New York State Department of Health logo.
- NO ONE LEFT BEHIND:** A colorful graphic with a red ribbon and the text "NO ONE LEFT BEHIND" and "AIDS ACTION".
- PREP YOURSELF AGAINST HIV:** A grid of colorful icons representing different sexual orientations and genders.
- AIBS:** A red globe with the text "AIBS" overlaid.
- Tested:** A purple background with the text "The YGetIt? Project presents Tested @YGETIT" and social media icons.
- UNDETECTABLE = UNTRANSMITTABLE:** A large graphic of the letters "U=U" formed by various posters and brochures.
- HIV Overdose HCV:** A graphic of three interlocking puzzle pieces in teal, yellow, and orange.
- ETE DASHBOARD:** Large orange text "ETE DASHBOARD" with "Ending the AIDS Epidemic" below it.



# Contact Information

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# National Perinatal HIV Hotline Resource

#(888) 448-8765

- 24 hours a day, 7 days a week, 365 days a year
- Clinician Consultation Center (CCC) provides free, confidential, and timely expert perinatal HIV and HIV-exposed infant consultation to clinicians of all experience levels and training backgrounds
- Advice is based on Federal treatment guidelines, current medical literature, and clinical best practices

# Resources on Preconception, Contraception and Conception for WLWH

New York State Department of Health AIDS Institute

\* HIV \* HCV \* STIs \* SUBSTANCE USE \* LGBT



## CLINICAL GUIDELINES PROGRAM

- HIV Testing and Acute HIV <https://www.hivguidelines.org/>
- ART
- Primary HIV Care
- Perinatal HIV Care
- PrEP
- PEP
- Hepatitis Care
- STIs
- Substance Use

# Resources on Preconception, Contraception and Conception for WLWH



U.S. Department of Health and Human Services

## Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States

- Introduction
- Maternal HIV Testing and Identification of Perinatal HIV Exposure
- Counseling and Management of Women Living with HIV Who Breastfeed
- Preconception Counseling and Care for Women of Childbearing Age Living with HIV
- Antepartum Care
- Intrapartum Care
- Postpartum Follow-Up of Women Living with HIV Infection
- Management of Infants Born to Women with HIV Infection
- Appendix A: Review of Clinical Trials of Antiretroviral Interventions to Prevent Perinatal HIV Transmission
- Appendix B: Supplement: Safety and Toxicity of Individual Antiretroviral Agents in Pregnancy

<https://aidsinfo.nih.gov/guidelines/html/3/perinatal/224/whats-new-in-the-guidelines>



Department  
of Health



# Resources on Preconception, Contraception and Conception for WLWH

## Contraceptive Counseling and Resources:

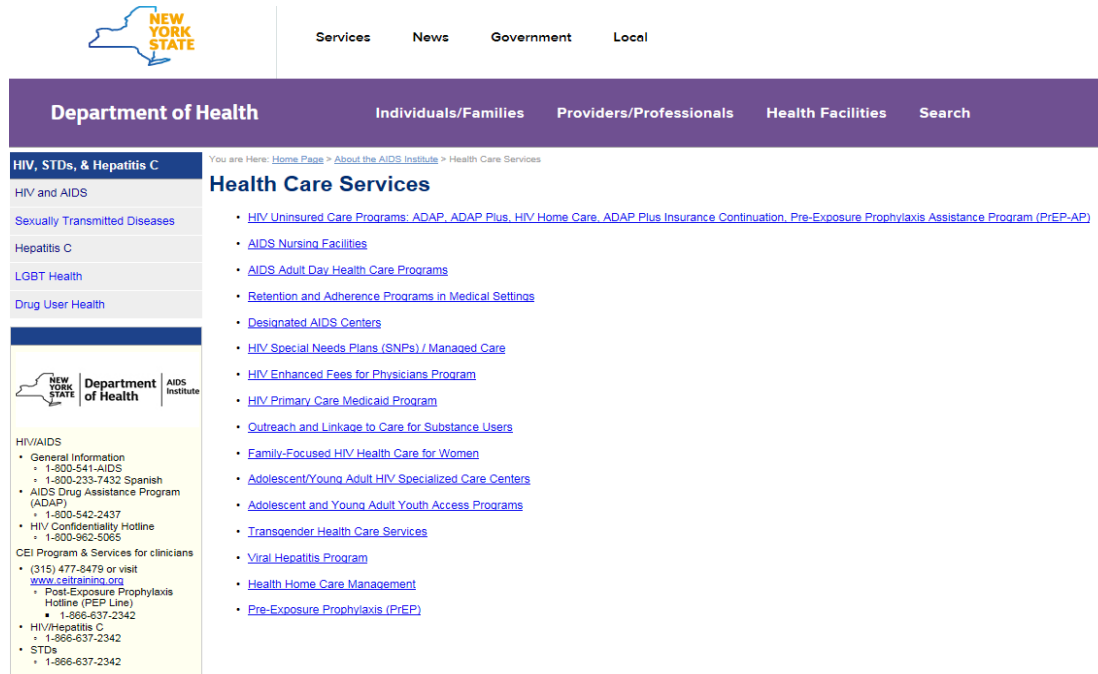
- <https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1.htm>
- [https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria\\_508tagged.pdf](https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf)

## HIV Among Pregnant Women:

- <https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html>
- <https://www.acog.org/About-ACOG/ACOG-Departments/HIV>

# Additional Resources

<https://www.health.ny.gov/diseases/aids/general/about/hlthcare.htm>



The screenshot shows the New York State Department of Health website. At the top left is the New York State logo. Navigation links for Services, News, Government, and Local are visible. A purple header bar contains 'Department of Health' and navigation options: Individuals/Families, Providers/Professionals, Health Facilities, and Search. The main content area is titled 'HIV, STDs, & Hepatitis C' and 'Health Care Services'. A breadcrumb trail reads: 'You are Here: Home Page > About the AIDS Institute > Health Care Services'. A list of services is provided, including HIV Uninsured Care Programs, AIDS Nursing Facilities, and various specialized care programs. A sidebar on the left contains contact information for HIV/AIDS, CEI Program, and HIV/Hepatitis C/STDs.

**NEW YORK STATE**

Services News Government Local

Department of Health Individuals/Families Providers/Professionals Health Facilities Search

**HIV, STDs, & Hepatitis C** You are Here: [Home Page](#) > [About the AIDS Institute](#) > Health Care Services

**Health Care Services**

- [HIV Uninsured Care Programs: ADAP, ADAP Plus, HIV Home Care, ADAP Plus Insurance Continuation, Pre-Exposure Prophylaxis Assistance Program \(PrEP-AP\)](#)
- [AIDS Nursing Facilities](#)
- [AIDS Adult Day Health Care Programs](#)
- [Retention and Adherence Programs in Medical Settings](#)
- [Designated AIDS Centers](#)
- [HIV Special Needs Plans \(SNPs\) / Managed Care](#)
- [HIV Enhanced Fees for Physicians Program](#)
- [HIV Primary Care Medicaid Program](#)
- [Outreach and Linkage to Care for Substance Users](#)
- [Family-Focused HIV Health Care for Women](#)
- [Adolescent/Young Adult HIV Specialized Care Centers](#)
- [Adolescent and Young Adult Youth Access Programs](#)
- [Transgender Health Care Services](#)
- [Viral Hepatitis Program](#)
- [Health Home Care Management](#)
- [Pre-Exposure Prophylaxis \(PrEP\)](#)

**NEW YORK STATE** Department of Health AIDS Institute

HIV/AIDS

- General Information
  - 1-800-541-AIDS
  - 1-800-233-7432 Spanish
- AIDS Drug Assistance Program (ADAP)
  - 1-800-542-2437
- HIV Confidentiality Hotline
  - 1-800-962-3065

CEI Program & Services for clinicians

- (315) 477-8479 or visit [www.ceitraining.org](http://www.ceitraining.org)
  - Post-Exposure Prophylaxis Hotline (PEP Line)
    - 1-866-637-2342

HIV/Hepatitis C

- 1-866-637-2342

STDs

- 1-866-637-2342

**NEW YORK STATE** STATE OF OPPORTUNITY. Department of Health

# Additional Resources

[https://www.health.ny.gov/diseases/aids/general/about/comm\\_support\\_services.htm](https://www.health.ny.gov/diseases/aids/general/about/comm_support_services.htm)



The screenshot shows the New York State Department of Health website. At the top left is the New York State logo. A navigation bar contains links for Services, News, Government, and Local. Below this is a purple header with 'Department of Health' and sub-navigation for Individuals/Families, Providers/Professionals, Health Facilities, and Search. A breadcrumb trail reads: 'You are Here: [Home Page](#) > [About the AIDS Institute](#) > Community Support Services'. The main heading is 'Community Support Services'. A left sidebar lists categories: HIV, STDs, & Hepatitis C (highlighted), HIV and AIDS, Sexually Transmitted Diseases, Hepatitis C, LGBT Health, and Drug User Health. The main content area lists five initiatives:

- [Behavioral Health Education Services Initiative](#)
- [Legal and Supportive Services for Individuals and Families Living with HIV/AIDS \(LASSIE\)](#)
- [Nutrition Health Education and Food and Meal Services Initiative](#)
- [Engagement and Supportive Services Initiative: Case Management and Health Education Services](#)
- [Engagement and Supportive Services Initiative: Medical Transportation Services and Emerging Communities Program](#)

# Additional Resources

## Partner Services & Retention in Care:

- PNAP
  - [https://www.health.ny.gov/diseases/aids/general/about/field\\_services.htm](https://www.health.ny.gov/diseases/aids/general/about/field_services.htm)
  - [https://www.health.ny.gov/diseases/communicable/std/partner\\_services/](https://www.health.ny.gov/diseases/communicable/std/partner_services/)
  - [https://www.health.ny.gov/diseases/aids/providers/regulations/partner\\_services/](https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/)
  - [https://www.health.ny.gov/diseases/aids/providers/regulations/reporting\\_and\\_notification/question\\_answer.htm](https://www.health.ny.gov/diseases/aids/providers/regulations/reporting_and_notification/question_answer.htm)
- CNAP
  - <https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-partner-notification-law.page>
  - <https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-contact-notification-assistance-program.page>
- Retention in Care
  - [https://www.health.ny.gov/diseases/aids/general/standards/docs/strategies\\_resources\\_retention\\_in\\_care.pdf](https://www.health.ny.gov/diseases/aids/general/standards/docs/strategies_resources_retention_in_care.pdf)

# Additional Resources

## HIV/AIDS Warmline

800-933-3413

HIV treatment, ARV decisions, complications, and co-morbidities

## Perinatal HIV Hotline 888-448-8765

Pregnant women with HIV or at-risk for HIV & their infants

## Hepatitis C Warmline

844-HEP-INFO

844-437-4636

HCV testing, staging, monitoring, treatment

## PrEPline

855-HIV-PrEP

Pre-exposure prophylaxis for persons at risk for HIV

## Substance Use Warmline 855-300-3595

Substance use evaluation and management

## PEPline

888-448-4911

Occupational & non-occupational exposure management



# Additional Resources

## New York State Clinical Education Initiative:

Tele-mentoring with Project ECHO™

HIV/STD/HCV/PrEP/PEP Inquiries

(technical assistance, and additional clinical tools available)

Resource Center of Excellence

# 1-866-637-2342 (toll free) or # 585-612-1343

[support@ceitraining.org](mailto:support@ceitraining.org)

# Additional Resources

## NYC Mental Health and Substance Use Services:

NYC WELL Hotline (24 hours a day/ 7 days a week by phone, text and online chat)  
# 1-888-NYC-WELL (# 1-888-692-9355)

## NYS Office of Alcohol and Substance Use Services:

Agency Main Number and General Information

# 518-473-3460

Referrals can be obtained by calling OASAS HOPEline

# 1-877-846-7369

## NYS Office of Mental Health:

# 1-800-597-848

# Patient Educational Resources

- Birth Control: <https://www.bedsider.org/>
- Planning for Pregnancy:  
<https://www.cdc.gov/preconception/planning.html>
- HIV and Pregnancy:  
<https://www.acog.org/Patients/FAQs/HIV-and-Pregnancy>