Reproductive Health Care for HIV+ Young Women: What Should We Do?

Raymond Surya, Harry Prawiro Tantry, Dwiana Ocviyanti

Department of Obstetrics and Gynecology, Dr. Cipto Mangunkusumo Hospital, Jakarta / Faculty of Medicine, University of Indonesia, Jakarta, Indonesia

ABSTRACT

Introduction: This article discusses reproductive health for a young woman with positive HIV during postnatal care. **Discussion**: In HIV-positive patients, ART treatment protocols may vary. Hormonal contraception in combined oral contraception (COC), progestin-only pill, depo-medroxyprogesterone acetate (DMPA), and implant are considered safe. An intrauterine device (IUD) is also safe for positive HIV women. Cervical cancer screening with Pap smear is performed at the initial diagnosis of HIV in patients less than 30 years of age. **Summary**: Antiretroviral therapy should be initiated early. HIV patients can safely use either hormonal contraception or an IUD. Cervical cancer screening should be performed at the initial diagnosis of HIV.

Keywords: Cervical cancer screening, contraception, HIV, reproductive health

ABSTRAK

Pendahuluan: Artikel ini mendiskusikan kesehatan reproduksi wanita muda HIV positif selama perawatan pasca-melahirkan. **Diskusi:** Pada pasien positif HIV, protokol terapi antiretrovirus cukup bervariasi. Kontrasepsi hormonal dalam bentuk pil oral kombinasi (POK), pil berbasis progestin, *depo-medroxyprogesterone acetate* (DMPA), dan implan aman untuk pasien HIV positif. Alat kontrasepsi dalam rahim (AKDR) juga aman untuk perempuan HIV positif. Skrining kanker serviks dengan *Pap smear* sebaiknya dilakukan saat awal terdiagnosis HIV pada pasien usia <30 tahun. **Simpulan:** Terapi antiretrovirus sebaiknya dimulai sedini mungkin. Pasien HIV aman menggunakan kontrasepsi hormonal maupun AKDR. Skrining kanker serviks sebaiknya dilakukan saat awal terdiagnosis HIV. **Raymond Surya, Harry Prawiro Tantry, Dwiana Ocviyanti. Layanan Kesehatan Reproduksi untuk Wanita Muda HIV+ : Apa yang Harus Kita Lakukan ?**

Kata kunci: HIV, kesehatan reproduksi, kontrasepsi, skrining kanker serviks

INTRODUCTION

Based on the Ministry of Health (MOH) in 2018 and The Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2020, 620,000 people lived with HIV in Indonesia.[1,2] The high-risk groups for HIV in Indonesia are composed of injecting drug users (IDU) (28.8%), men who have sex with men (MSM) (25.8%), transgender (24.8%), and commercial sex workers (CSW) (7.2%).[3]

Approximately 0.4% of pregnant women (25.000 women) in Indonesia were with positive HIV status.[1,2] Unfortunately, most of them discovered their positive HIV status at late pregnancy,[4] thereby causing a delay in therapy resulting in increased vertical mother to child transmission risk.[4]

Although Indonesia has already implemented policies for HIV screening, the coverage was still low, and numerous challenges were present such as a poor referral system.[5] Stigma toward women with HIV status in Indonesia also created resistance or hesitancy on health care workers to perform HIV screening.[5] *White Ribbon Alliance* through *Respectful Maternity Care Charter* (RMCC) in Indonesia adopted ten human rights indicators to achieve reproductive health; these indicators include right to get information, right to make an independent decision, right for confidentiality, right to get service without discrimination, and due to get reproductive health management.[6] This article will discuss reproductive health for positive HIV young women during postnatal care.

CASE

A 19-year-old G2P1 38 week of gestational age woman came to the emergency room (ER) due to premature rupture of the membrane with a history of oligohydramnios and previous cesarean section. The patient has been diagnosed with HIV and has routinely taken ART for three years. The patient had tattoos. She denied a history of promiscuity or needle stick drugs. Her husband's HIV status is negative. Cesarean section was performed, and a female baby was born weighing 2905 grams with an Apgar score of 7/8. The patient already had trans cesarean IUD insertion and had been educated to withhold lactating. What reproductive health planning best suits this case regarding future sexual activity, contraception, and cervical cancer risk?

DISCUSSION

In HIV-positive patients, treatment protocols may vary. Counseling is essential, and it should be tailored based on the needs and HIV status of partners. *Centers for Disease Control and Prevention* (CDC) guidelines stated that in serodiscordant couples with HIV partners on ART and undetectable viral load, unprotected sexual intercourse has

Alamat Korespondensi *email: raymond_s130291@yahoo.co.id, hptharry@gmail.com, dwianaocviyanti@yahoo.com*

no risk of sexual transmission of HIV.[7,8] In serodiscordant couples with unknown viral suppression status and wish to conceive, pre-exposure prophylaxis can be given to the partner without HIV, and unprotected sexual intercourse was limited to during the peak fertility period in each cycle.[9] Starting ART before conception prevents not only sexual transmission between partners and reduces perinatal transmission of HIV. In both HIV-positive couples, it is recommended to start ART and achieve viral suppression before conceiving.[10]

Prevention of maternal-to-child transmission can be achieved through ART. WHO advised antiretroviral therapy for teenagers or adults with one of the following conditions: HIV WHO class IV regardless of CD4 value, WHO class III with CD4 value less than 350 cells/uL, and WHO class I and II with CD4 value less than 200 cells/uL.[11] In cases where CD4 examination cannot be performed, WHO recommended initiation of antiretroviral therapy to WHO class III and IV regardless of lymphocyte count value and to WHO class II with lymphocyte count less than 1200 cell/uL. Antiretroviral therapy should be started in the first trimester or before pregnancy.[11]

Numerous strategies can be adopted to prevent HIV transmission. In heterosexual males and females, regular ART can reduce the risk of HIV transmission through sexual contact with a partner with negative HIV status. There is virtually no risk of HIV transmission to a partner with negative HIV status through sexual contact in patients with minimal viral load. Effectivity can be assumed to be almost 100% if a partner with HIV has been regularly taking ART and the viral load is minimal.[7,12]

CDC stated that the use of hormonal contraception in the form of combined oral contraception (COC), progestin-only pill, depo medroxyprogesterone acetate (DMPA), and the implant is considered safe for women with positive HIV status (US MEC category 1).[13] Besides, the intrauterine device is also safe for women with positive HIV status (US MEC category 1).[13] Women with positive HIV should be counseled on using a condom to decrease the risk of sexually transmitted infections.[13] Previously, US MEC had stated that there was possible drug interaction between hormonal contraception and ARV therapy.[13] However, the latest study revealed no correlation between hormonal contraception and progression of HIV as measured from CD4 value, ARV therapy initiation, or mortality.[13]

HIV-positive women have a higher risk of acquiring human papillomavirus (HPV) (RR 2.64; 95% CI 2.04-3.42) and lower HPV clearance (hazard ratio 0.72; 95% CI 0.62-0.84) than HIV-negative women. The risk is inversely associated with CD4 count. ART decreased HPV acquisition, increased clearance, and reduced pre-cancer progression through immune reconstitution.[14] If infection occurs in less than 30 years of age, cervical cancer screening with a Pap smear should be performed at the initial diagnosis of HIV.15 If the result is normal, the test should be repeated within 12 months. If three consecutive results are normal, the Pap smear can be repeated every three years. Meanwhile, co-testing (Pap smear dan HPV genotyping) is not recommended for women aged <30 years. HPV genotyping is not recommended for young women due to the high prevalence of HPV among HIV patients.[15]

CONCLUSION

Antiretroviral therapy should be initiated since early pregnancy or before pregnancy in HIV-positive women. Antiretroviral treatment and minimal viral load can prevent HIV transmission through sexual contact. HIV patients can safely use either hormonal contraception or an IUD. Cervical cancer screening by Pap smear should be performed at the initial diagnosis of HIV in less than 30-year-old women.

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