Reproductive Health

Riikka Teperi, RN, Sexual Therapist

Finland

HIV care in Finland

Total number of diagnosed HIV cases in Finland = 3638 (100-200 new cases per year)

1980 - first HIV case

1983 - first female HIV case

Before 1999 - 40-80 cases per year

From 2000 onwards

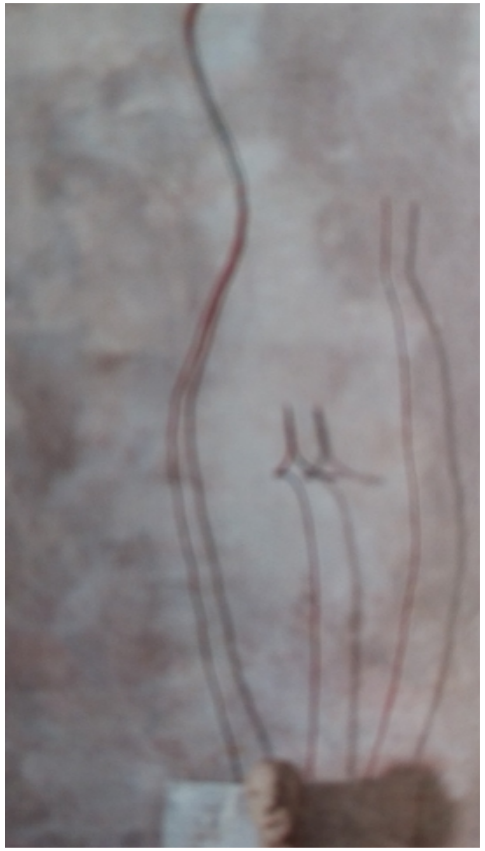
- 100 - 200 new cases per year (of which 40 – 70 are female)

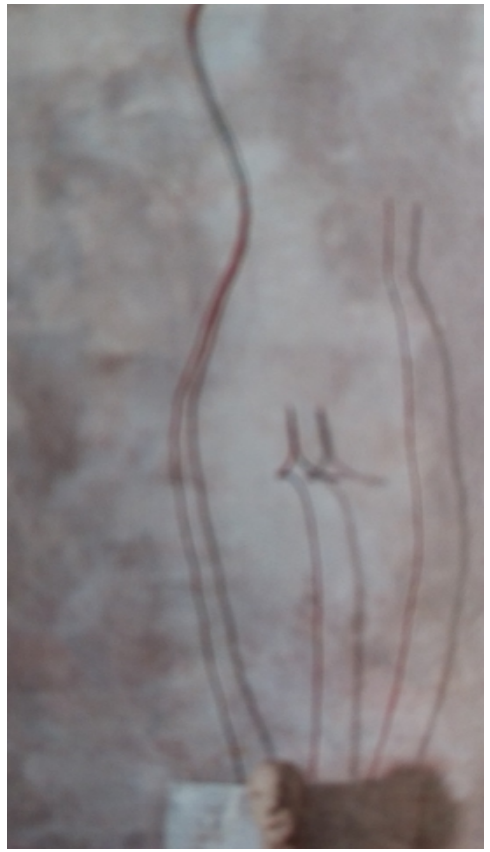
<u>1980 – 2016:</u>

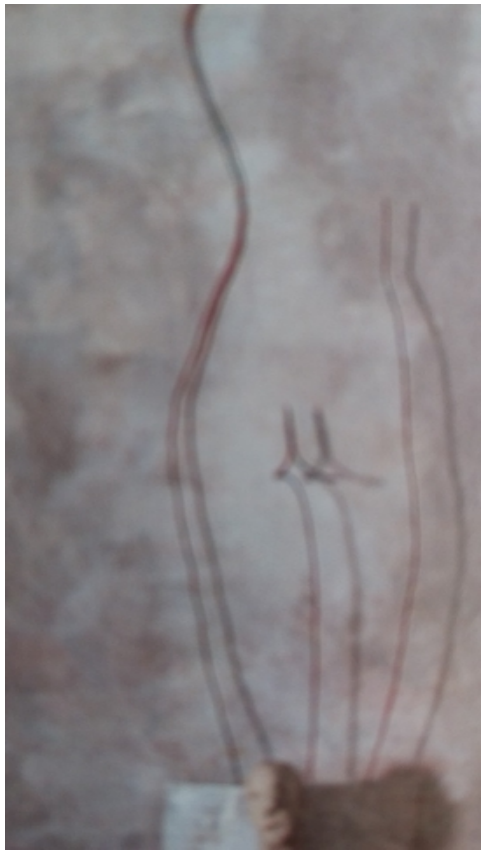
Men: 2650 –73 %

Women: 988 – 27%

(Foreign women – 264)







Deliveries by HIV+ women 1993 - 2013

Deliveries in HUCH:

- 1993-99 – 26 deliveries
- 2000-2010 – 109 deliveries
- 2011-2013 – 53 (2016 - total in a moment over 250)

(Tampere: before 2013 -20 deliv. After 2016 22 = 42)

Type of deliveries in HUCH 2006 – 2013

- 115 Vacinal deliveries 77%
- Ceasarian deliveries 23 % - (wich 8%- emegrency)
- Others (15%) : obstrective reasons, because of HIV or HCV- big transmission risk by viruses)

Treatment of HIV+ women in fertile age - nurse's role

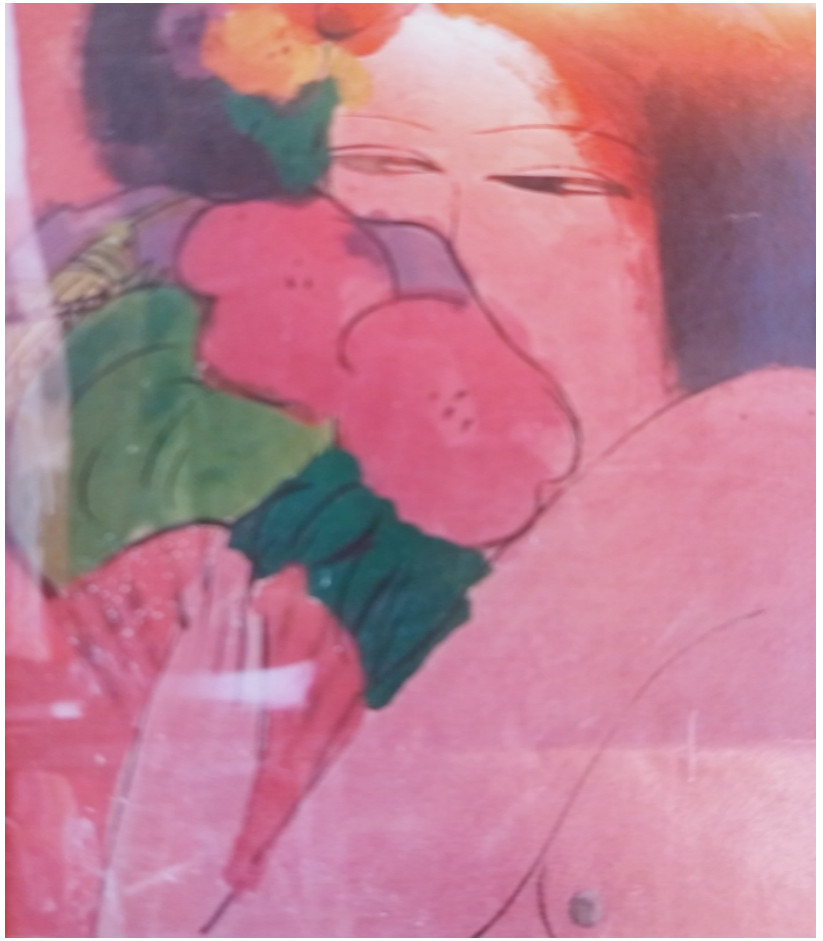
1) Giving correct information

2) Helping reach realistic understanding of
   - Pregnancy
   - Childbirth
   - Rearing a child

   when HIV positive

3) Encouraging women to their dreams

4) Helping to plan ahead
   - Living in a relationship
   - Becoming a mother



Gynecological follow-up of HIV+ women

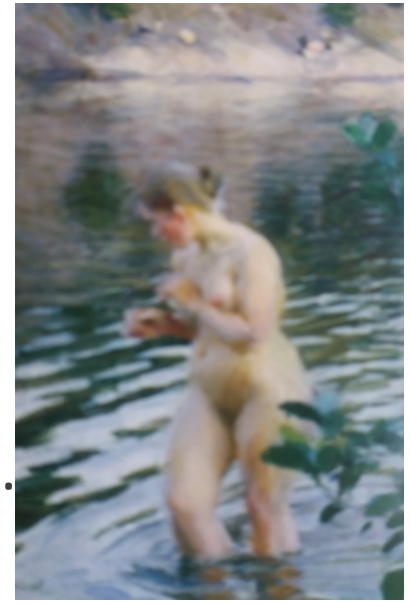
Goals:

- effective contraception,
- Identifying abnormal pap smears
- Identifying other gynecological symptoms

Every new HIV+ woman referred to gynecologist

- Gynecological history and status
- first Pap smear, next after 6 months, then once a year.

Gynecology control visit every 1-3 years



Risk of abnormal pap smears 2,9-5 % bigger among HIV + women.

Other risk factors:

Smoking, HPV- infection, bacterial vaginosis, STD’s, low CD4- cells.

Contraception

Aim: All HIV+ women's pregnancies are planned.

Contraception:

*First choice is hormonal intrauterine device. (HUCH gives free them to HIV patients.)

- does not change HIV medication effectiveness

- does not induce higher HI- virus counts in the genital tract

Other good options:

- Copper intrauterine device

- Subdermal contraceptive capsule

How we treat- teamwork at HUCH
(Helsinki University Central Hospital)

Infectious disease policlinic-

- HIV follow-up and care co-ordination during / after pregnancy

Ob & Gyn clinic

- antenatal follow-up, childbirth

Pediatric clinic

- meeting women & family before delivery
- information to mothers and obstertries dep. Personel about newborn medication.
- 2 year follow up

Co-ordination meetings every 6 weeks

HIV+ pregnant women also use same community based mother-child health centers as other women

So far, more than 300 babies to HIV+ women in Finland. (250 in Helsinki)

In Finland only one baby born with HIV

- Mother had few contacts with healthcare during pregnancy, first early pregnancy HIV test negative, was not tested later

Planning for pregnancy

1) Both woman and man HIV+, no drug resistant virus strains
   - normal intercourse.

2a) HIV+ woman, HIV- man
   - start HIV medication to women before pregnancy
   - teach to identify ovulation time
   - Home insemination. ´Mumincup`- syringe treatment. (If sperm taken from condom, condoms without spermicide used)

Planning for pregnacy

2b) HIV- woman, HIV+ man

- HIV medication for the woman at least 6 months, (tenofovir+emtricitsabine combination, coitus during ovulation time).

After pregnancy started, condom to be used.

Alternative:

-Spermwash -> insemination

- Not done routinely in Finland.
- Before treatment, fertility of both woman and man need to
- Very complicated, expensive.

HIV+ women and pregnacy

*Ensure optimal HIV medication

*Start medication as soon as possible.

* If poor medication adherence, start DOT. (Directly Observed Therapy)

*HIV virus load control 1-2 times in a 2 months, copies need to be <20.

*Glucose tolerance test recommended

*No breast feeding- big issue, need to talk

* Very important to have a control visit at week (34)- 36
  - planning the type of delevery
  - Vaginal birth is the primary choice

HIV+ woman and delivery

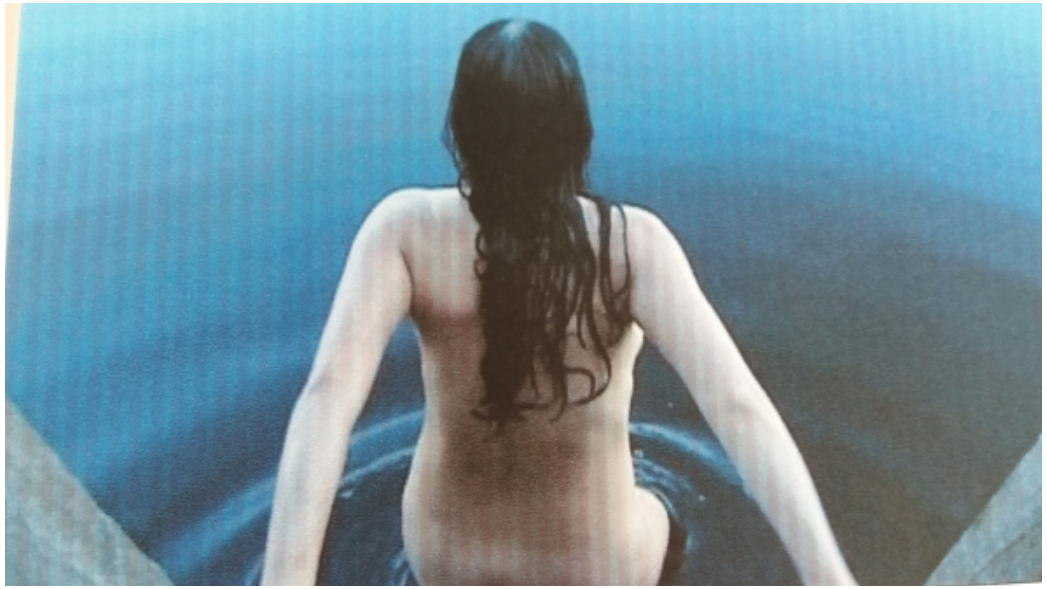
* If HIV virus load > 200 elective cesarean section at week 38.

* In other cases vaginal delivery

* Zsidovudine infusion during the pregnacy (in cesarean delivery start 3 hrs before).

* Avoid invasive procedures

*If woman hasn´t been attending a prenatal clinic, and no HIV test has been done, while there is strong suspicion of HIV infection :
start same zsidovudine protocol as above, but immediately



Follow-up of children to HIV+ women

*Before delivery:	*Meeting with mother, medication planning
* New born baby:	* Big blood count, check there are no contra-indications to start medication, no breast feeding.
	* HI –virus load
*2 days old baby:	* Big blood count (anemia, symptoms of primary infection).
* 3 weeks time:	* Plan to stop HIV medication in week 4

Follow-up of children to HIV+ women

* 2 months:

* Big blood count, HI- virus load. Symptoms?

* 4 months:

* HI-virus load, (big blood count).

If HI- virus load x 3 neg. child is not infected. Give a BCG vacination.

*18 months:

* HIV AgAb antibodies have disappeared stop the follow up, take a conntact when is needed.

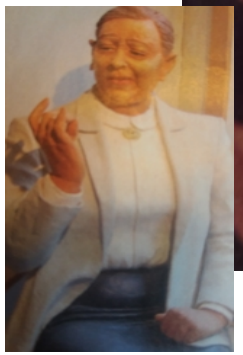
Menopause

*HIV+ women reach menopause earlier than average women

*Hormonal replacement therapy (HRT): same goals as among other women

*Because HIV medication might reduce treatment effect, possible need to increase the dose

*Sexuality should be discussed with women of all ages



KIITOS!