REPRODUCTIVE HEALTH

Riikka Teperi RN, Sexual Therapist

Finland

TOTAL NUMBER OF DIAGNOSED HIV CASES IN FINLAND=4150 (100-200 NEW CASES PER YEAR)

1980 first HIV case

1983 first female HIV case

Until 1999, 40-80 cases (all) per year

From 2000 onwards, 40-70 female cases per year

<u>1980 - 2019</u>

Men: 2994 (72%)

Women: 1156 (28%)

Pregnancies of HIV-positive women 1983 - 2013

National Infectious Diseases Register

Medical Birth Register

Finnish Maternity Cohort Register

212 HIV-positive mothers diagnosed before or during the pregnacy

12 mothers diagnosed HIV-positive <2 years after the pregnacy

0 HIV-positive children

290 HIV-negative children

3 HIV-positive children

9 HIV-negative children

SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN LIVING WITH HIV IN FINLAND

Studies at Inflammation Center / Division of Infectious Diseases,

Helsinki University Hospital 2012-2016

- Study I: 560 WLWH from Helsinki University Hospital and largest outpatient clinics from Denmark.
- Study II: including all women attending the Helsinki University Hospital´s outpatient clinic for HIV care at least two times during 2002-2013.
- Study III and IV: including all women having delivered at least one child after HIV-diagnosis in Finland 1983-2013.

LIST OF ORIGINAL PUBLICATIONS

I. Wessman M, Aho I, Thorsteinsson K et al.

Perception of sexuality and fertility in woman living with HIV: questionnaire study from two Nordic countries.

J Int AIDS Soc 2015 Jun 1; 18:19962.

II. Aho I, Kivelä P, Haukka J et al.

Declining prevalence of cytolocigical squamous intraephithelia lesions of the cervix among women living with well controlled HIV…

Acta Obstet Gynecol Scand 2017 Nov; 96 (11):1330-1337.

III. Aho I, Kivelä P, Kaijonmaa M et al.

Comprehensive nationwide analysis of mother-to-child HIV transmission in Finland from 1983 to 2013.

Epidemilogical Infect 2018 Jul;146 (10):1301-1307.

IV. Aho I, Kajonmaa M, Kivelä P et al.

Most women living with HIV can deliver vaginally - national data from Finland 199´3-2013.

PLoS One 2018 Mar 22;13(3):e0194370.

CONCLUSIONS OF THE STUDIES

- HIV- infected women in Denmark and Finland are in good physical health with good treatment response to HIV treatment.
- 2002-2013 improved results: at the end of study period, 87% of PAPA smears showed normal findings.
- Of 2012 pregnant women with HIV, 46% were diagnosed during pregnancy (outside HUCH 65%).
- Of all deliveries, 75% were vaginal. The low level of cesareans in Finland will protect their childbearing possibilities in the future.

PERCEPTIONS OF HIV POSITIVE WOMEN ON SEXUALITY

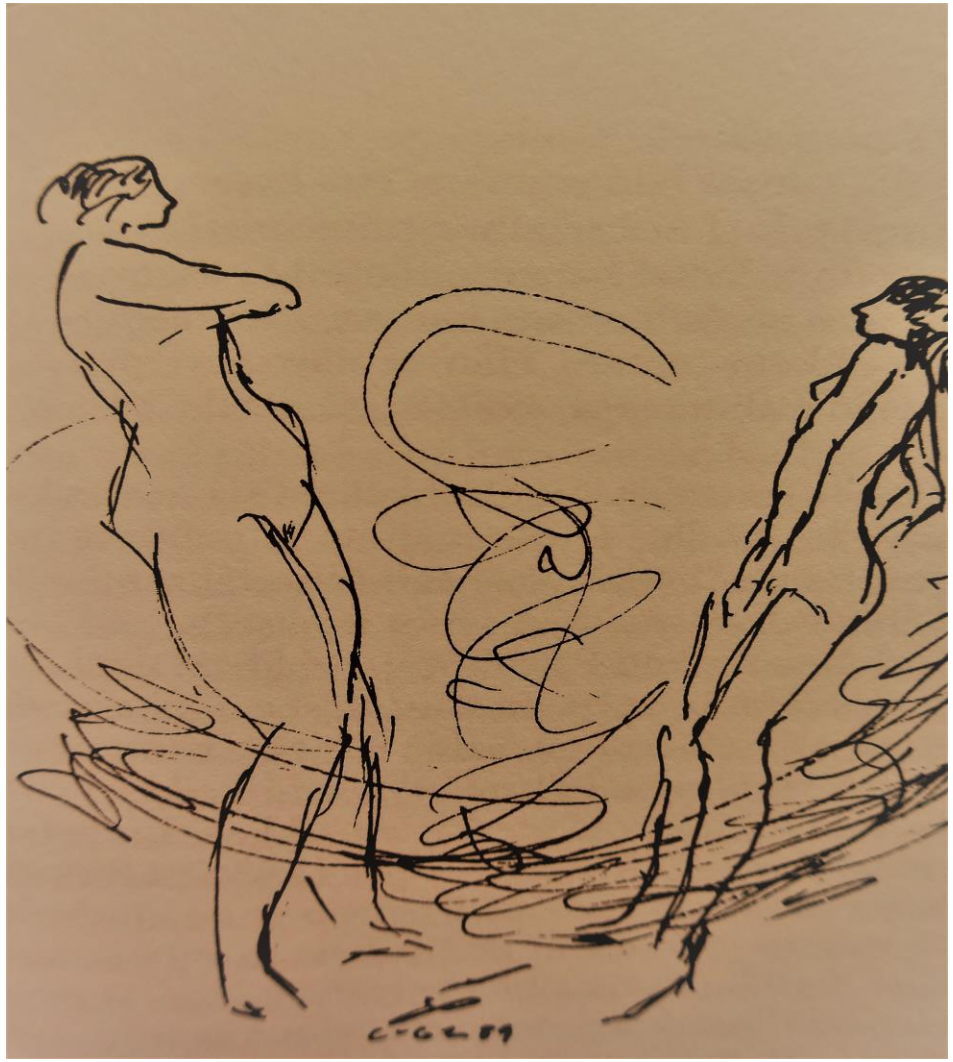
50% thought HIV diagnosis had changed their sex life.

25% felt isolated and

40% did not dare to have sex.

94% of the women had disclosed their dg to someone outside healthcare (mostly partners;also to siblings,friends and children).

One-third had disclosed their diagnosis to less than three people.



CHILDBEARING INTENTIONS

- Two-thirds live in steady relationship, mainly with an HIV-negative partner.
- One-third of them were sexually inactive: age, HIV-treatment response, or partner´s HIV status were not associated with amont of sexual activity.
- Majority of the women had children, 25% desired to have children.
- 15 % overestimated the risk of MTCT.

DELIVERIES BY HIV+ WOMEN 1993 - 2019

- Deliveries in HUCH:
  - 1993 - 1999 – about 4 deliveries per year (n=26)
  - 2000 - 2016 – about 10 deliveries per year (n=162)
  - 2017 - 2019 about 30 deliveries every year
  - Until 2019, 450-500 children in all in Finland.
- Type of deliveries in HUCH 2006 – 2013
  - Vaginal deliveries 77%
  - Caesarean deliveries 23 %
    - emergency operations (8%)
    - others (15%; obstetric reasons, high transmission risk of HIV or HCV viruses)

TREATMENT OF HIV+ WOMEN IN FERTILE AGE - NURSE'S ROLE

1) Giving correct information

2) Helping reach realistic understanding of
- Pregnancy
- Childbirth
- Recognize own resources

3) Encouraging women to fulfill 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 papa smears
  - Identifying other gynecological symptoms
- Every new HIV+ woman referred to a gynecologist
  - Gynecological history and status
  - First pap smear, next one after 1 year, then every 3rd year
- Gynecology control visit every 1-3 years

- Risk of abnormal pap smears 2,9-5 % (higher than among all women)
- Other risk factors:
  - Smoking, HPV-infection, bacterial vaginosis, STD's, low CD4 cell counts

CONTRACEPTION

Aim: All HIV+ women's pregnancies are planned

- Contraception:

First choice is hormonal intrauterine device (In HUCH, free 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
- Contraceptive pill (very few trials)
- Subdermal contraceptive capsule (possible interaction with HIV medication)

HOW WE TREAT - TEAMWORK AT HUCH (HELSINKI UNIVERSITY CENTRAL HOSPITAL)

Infectious disease polyclinic

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

Ob & Gyn polyclinic

- antenatal follow-up, childbirt

Pediatrics polyclinic

- meeting women & family before delivery
- information to mothers and obstetrics department personnel about newborn medication
- 2-year follow up

Co-ordination meetings of the polyclinics every 6 weeks

PLANNING FOR PREGNANCY

1) Both woman and man HIV+, no drug resistant virus strains
   (virus loads of both need to be low, HIVNh < 50)
   - normal intercourse

2) Serodiscordant couples told: Swiss statement, WHLW
   PARTNER- trials foundings

PLANNING FOR PREGNANCY

Earlier protocol (not used anymore)

HIV+ women, 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)

HIV+ WOMEN AND PREGNACY

- Ensure optimal HIV medication
- Start medication as soon as possible (For fertile aged women it is usually started soon after the HIV diagnosis)
- If poor medication adherence, start DOT (Directly Observed Therapy)
- HI virus load control 1-2 times in every 2 months, copies need to be <20.
- Glucose tolerance test recommended. Check the vaccination: German measles, measles.
- No breast feeding. (If woman wants to breastfeed, monthly HI-virus load check. Pediatric opinion for HIV medication of the child)
- Very important to have a control visit at week (34)- 36
  - Planning the type of delivery
  - Vaginal birth is the primary choice

HIV+ WOMAN AND DELIVERY

- If mother has ART at week 36 and HIV virus load < 200, vaginal delivery planned
- Elective caesarean section at week 38, if it´s because of HIV
- In other cases Zidovudine infusion during the pregnancy (in caesarean delivery start 3 hrs before)
- Avoid invasive procedures (No intrauterine registering or micro blood samples, avoid episiotomy)

- 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 zidovudine protocol as above, but immediately

FOLLOW-UP OF CHILDREN TO HIV+ WOMEN

Before delivery:

New born baby:

2 days old baby:

3 weeks time:

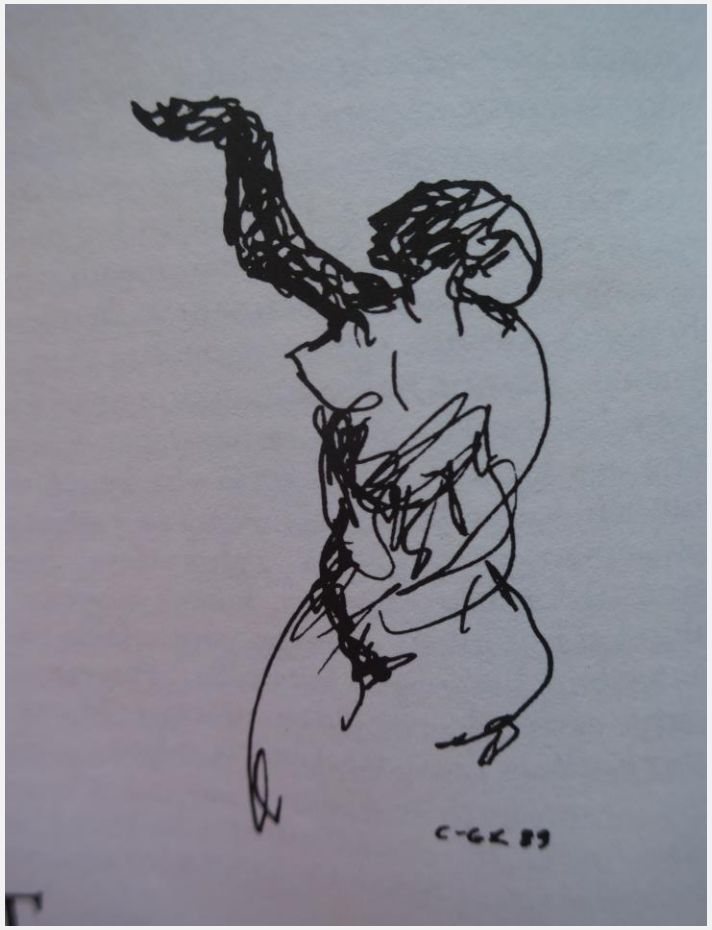
- Meeting with mother, medication planning
- Big blood count, check contra-indications to start medication, no breastfeeding
- HI –virus load
- Big blood count (anemia, symptoms of primary infection)
- Anemia? Any symptoms of primary illness - need to raise dose of medication. Plan to stop HIV medication in week 4

FOLLOW-UP OF CHILDREN TO HIV+ WOMEN

• 2 months:	• Big blood count, HI- virus load. Any symptoms?
• 4 months:	• HI-virus load (big blood count). • If HI- virus load negative x 3 child is not infected • Give a BCG vaccination
• 18 months:	• If HIV AgAb antibodies have disappeared stop the follow up, contact only when 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



THANK YOU!

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- Nuno Nobre. Quality of Life of People Living with HIV/AIDS in Finland. Department of Public Health, Faculity of Medicine. Doctoral Programme in Population Health, University of Helsinki, Finland 2018
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