Ryan White HIV/AIDS Program Parts C and D Stakeholders Call

Health Resources and Services Administration | HIV/AIDS Bureau |
Division of Community HIV/AIDS Programs

October 20, 2022

HRSA
Ryan White HIV/AIDS Program

HRSA
Health Resources & Services Administration

Ryan White HIV/AIDS Program
Parts C and D Stakeholders Call

October 20, 2022

Mahyar Mofidi, DMD, PhD
Captain, United States Public Health Service
Director, Division of Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Meeting Agenda

- DCHAP Program Updates
- Best Practices for Reproductive Health and Family Planning for People with HIV

HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

HRSA HIV/AIDS Bureau
Monkeypox Vaccine Distribution Initiative

Background: MPx Outbreak in the U.S.

- On August 4, 2022, the MPx outbreak was declared a public health emergency in the U.S.

- As of October 18, there are **more than 27,000 confirmed cases** of MPx in the U.S. and the outbreak continues to spread nationwide.

- Gay, bisexual, and other men who have sex with men (MSM), as well as transgender persons, have been particularly affected by this outbreak.

HRSA MPx Vaccine Distribution Initiative

- In August 2022, HRSA received an allotment of the JYNNEOS vaccine for MPx for rapid distribution to Ryan White HIV/AIDS Program (RWHAP) recipients, to help reduce the outbreak among those most affected.

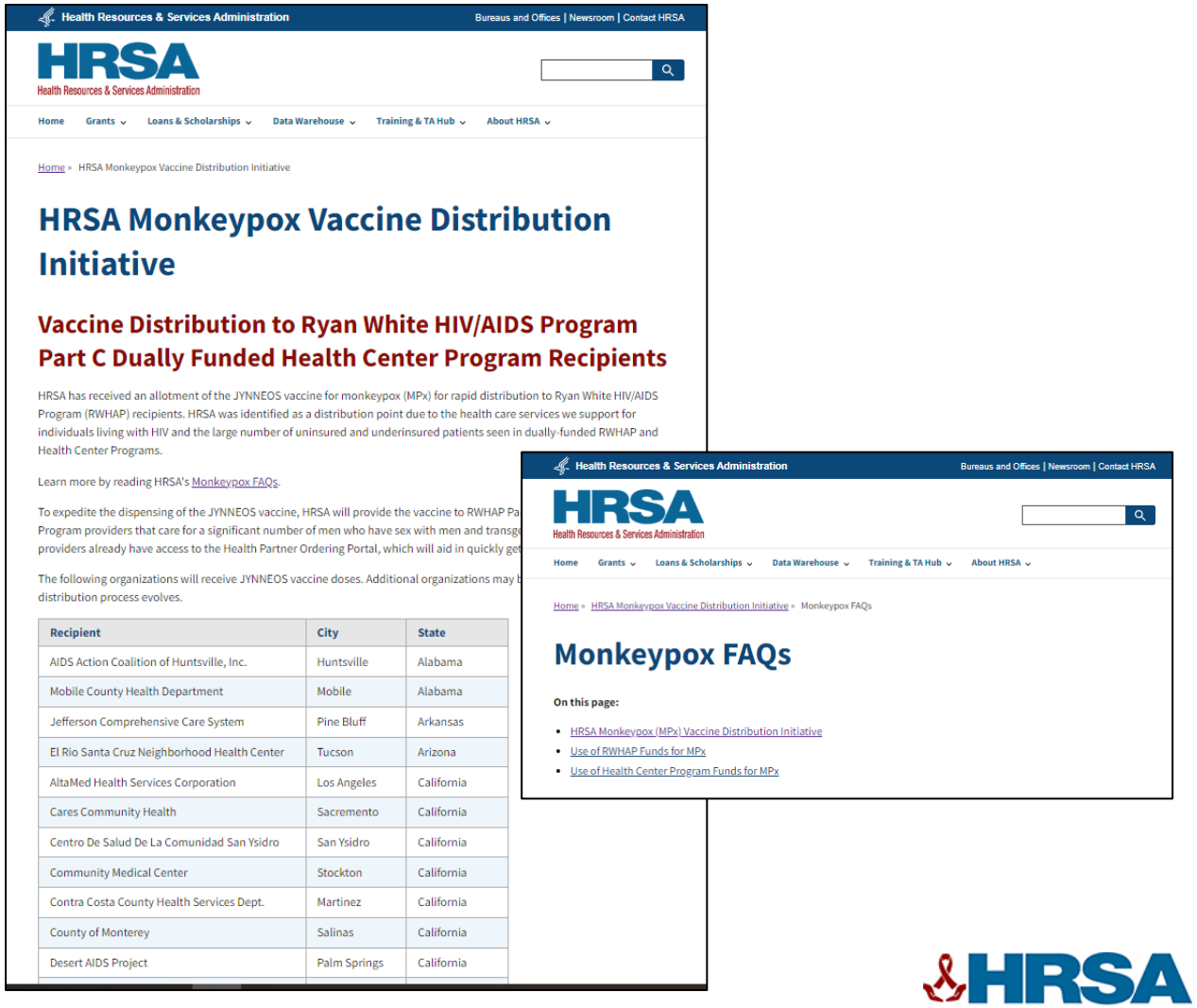
- HRSA was identified as a distribution point due to the health care services we support for individuals living with HIV and the large number of uninsured and underinsured patients seen in dually-funded RWHAP and Health Center Programs.

- To expedite dispensing of the JYNNEOS vaccine, HRSA provided the vaccine to RWHAP Part C dually funded Health Center Program providers that care for **a significant number of men who have sex with men and transgender persons**.
  - The identified providers already had access to the Health Partner Order Portal (HPOP), which aided in quickly getting the vaccine to clients.

HRSA MPx Vaccine Distribution Initiative

- For additional information about this initiative and to view the list of providers who received the vaccine to date, please visit: https://www.hrsa.gov/monkeypox

- Also review HRSA's MPx FAQs: https://www.hrsa.gov/monkeypox/faqs



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HRSA Monkeypox Vaccine Distribution Initiative

Vaccine Distribution to Ryan White HIV/AIDS Program Part C Dually Funded Health Center Program Recipients

HRSA has received an allotment of the JYNNEOS vaccine for monkeypox (MPx) for rapid distribution to Ryan White HIV/AIDS Program (RWHAP) recipients. HRSA was identified as a distribution point due to the health care services we support for individuals living with HIV and the large number of uninsured and underinsured patients seen in dually-funded RWHAP and Health Center Programs.

Learn more by reading HRSA's Monkeypox FAQs.

To expedite the dispensing of the JYNNEOS vaccine, HRSA will provide the vaccine to RWHAP Pa
Program providers that care for a significant number of men who have sex with men and transg
providers already have access to the Health Partner Ordering Portal, which will aid in quickly ge

The following organizations will receive JYNNEOS vaccine doses. Additional organizations may b
distribution process evolves.

Recipient	City	State
AIDS Action Coalition of Huntsville, Inc.	Huntsville	Alabama
Mobile County Health Department	Mobile	Alabama
Jefferson Comprehensive Care System	Pine Bluff	Arkansas
El Rio Santa Cruz Neighborhood Health Center	Tucson	Arizona
AltaMed Health Services Corporation	Los Angeles	California
Cares Community Health	Sacramento	California
Centro De Salud De La Comunidad San Ysidro	San Ysidro	California
Community Medical Center	Stockton	California
Contra Costa County Health Services Dept.	Martinez	California
County of Monterey	Salinas	California
Desert AIDS Project	Palm Springs	California

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Monkeypox FAQs

On this page:

- HRSA Monkeypox (MPx) Vaccine Distribution Initiative
- Use of RWHAP Funds for MPx
- Use of Health Center Program Funds for MPx

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Ryan White HIV/AIDS Program

HRSA MPx Vaccine Distribution Initiative

- HRSA's HIV/AIDS Bureau has been reaching out to **dually funded RWHAP Part C and Health Center Program recipients who are currently not in the Health Partner Order Portal (HPOP)** to determine their interest in receiving the MPx vaccine.

- HRSA does not have the MPx vaccine for distribution at this time. However, we want to be prepared to quickly distribute the vaccine to RWHAP recipients, if the vaccine becomes available again to HRSA HAB for distribution.

MPx Technical Assistance Resources

HRSA MPx Technical Assistance Resources

- HRSA HAB Monkeypox Information: https://ryanwhite.hrsa.gov/resources/monkeypox
- HRSA HAB Program Letters: https://ryanwhite.hrsa.gov/grants/program-letters
  - August 17, 2022: *Monkeypox Vaccine Distribution Initiative for RWHAP Part C Dually Funded Health Center Program Recipients*
  - August 8, 2022: *Monkeypox Guidance for Ryan White HIV/AIDS Program Recipients*
- HRSA MPx Vaccine Distribution Initiative: https://www.hrsa.gov/monkeypox
- MPx FAQs: https://www.hrsa.gov/monkeypox/faqs

CDC MPx Vaccine Resources

- CDC MPx website: https://www.cdc.gov/poxvirus/monkeypox
- MPx Vaccine Information for Healthcare Professionals: https://www.cdc.gov/poxvirus/monkeypox/clinicians/vaccines/index.html
- Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines During the 2022 MPx Outbreak: https://www.cdc.gov/poxvirus/monkeypox/health-departments/vaccine-considerations.html
- JYNNEOS Vaccine Information for Healthcare Professionals, including vaccine schedule, dosing regimens, and administration guidance: https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/jynneos-vaccine.html
- CDC summary on vaccine storage and handling: https://www.cdc.gov/poxvirus/monkeypox/pdf/Storage-and-Handling-Summary.pdf

Questions

Please send any questions to: DCHAP_MPX@hrsa.gov

DCHAP Program Updates

RWHAP Part D WICY Basic Training Program: Purpose, Structure and Timeline

- **Purpose:** Provide recipients with ongoing knowledge about implementing a RWHAP Part D (i.e., program requirements, best practices in the field, useful tools for program start-up and implementation, etc.)
- **Topics categorized into 3 units: Administrative, Fiscal and Clinical**
- **Chapters will include:**
  - Legislative and programmatic expectations
  - Best practices & evidence-informed interventions
  - Sample documents & relevant resources
- **Trainings will be offered virtually and available online**
- **Timeline**
  - **November 10, 2022 from 2:00 pm - 4:00 pm ET**
  - Additional units/chapters: winter, spring, and summer 2023

HRSA Ryan White HIV/AIDS Program

Leveraging RWHAP Part D

RWHAP Part D Communities of Practice

- **Purpose:** Facilitate the delivery of evidence-informed interventions and promising strategies to improve family-centered services to WICY with HIV in HRSA-funded RWHAP Part D provider organizations and HRSA-funded organizations serving similar populations.

  The Communities of Practice will focus on three important areas:
  - Youth transitioning from youth services to adult care
  - Trauma informed care
  - Pre-conception counseling, including sexual health

- **Period:** 2023-2026

FY 2023 Notices of Funding Opportunity

- RWHAP Part C Capacity Development
- RWHAP Part D WICY Supplemental
- RWHAP Part F Community Based Dental Partnership Program
- RWHAP Part F Dental Reimbursement Program

Important Dates: Upcoming Federal Financial Report (FFR) Deadlines

RWHAP Part D	Budget period ends…	FY 21 FFR Due Date
August Start	7/31/2022	10/30/2022

RWHAP Part F CBDPP	Budget period ends…	FY 21 FFR Due date
July Start	6/30/2022	10/30/2022

Notices of Award (NoA)

- **RWHAP Part D WICY: Existing Geographic Service Areas (HRSA-22-037, HRSA-22-156)**
  - Awards for both NOFOs have been released.
  - If any conditions of award (COA) were placed on your award, please work with your project officer to revise and correct them.
  - HRSA HAB released funding for all FY 2022 RWHAP Part D Supplemental awards in September. Due to the availability of funds, Supplemental awards were limited this year.

- **RWHAP Part C Capacity Development (HRSA-22-019)**
  - HRSA HAB released funding for all FY 2022 RWHAP Part C Capacity Development awards in September.

- **RWHAP Part D Supplemental (HRSA-22-037 and HRSA-22-156)**
  - HRSA HAB released funding for all FY 2022 RWHAP Part D Supplemental awards in September.

RWHAP Part D Allocation and Expenditure Reports

- **Allocation**
  - FY 2022 RWHAP Part D Allocation Reports were due on **September 30, 2022.**
- **Expenditure**
  - FY 2021 RWHAP Part D Expenditure Reports are due on **October 31, 2022.**

Please work with your project officer (PO) if you need additional time to submit these reports, or if you require the assistance of Ryan White Data Support with the submission of these reports in the Program Terms Reporting (PTR) system.

Funding Announcement: RWHAP Part F Community-Based Dental Partnership Program (HRSA-23-051)

- Release Date: **October 14, 2022**
- Deadline for all applications is **December 16, 2022** in Grants.gov
- The period of performance is five (5) years
- There is funding available for the addition of one new service area
- Eligible applicants may apply to any of the 12 existing geographic service areas listed in Appendix A
- Eligible applicants may also apply for a new geographic service area, as defined by the applicant
- If applying to more than 1 service area, you must submit a separate application for each service area

Funding Opportunity Number	Project Start Date	Period of Performance
HRSA 23-051 12 existing service areas **One new service area**	July 1	July 1, 2023 through June 30, 2028

HRSA Ryan White HIV/AIDS Program

For More Information

Applicants who need additional information on HRSA-23-051 should email the HRSA contacts listed on the NOFO. Do not contact your project officer.

Program Contact **Overall program issues and/or technical assistance**	**Grants Contact** **Business, administrative, or fiscal issues**
Dana Hines AskPartFDental@hrsa.gov	Eric Brown EBrown@hrsa.gov

RWHAP Best Practices Compilation

How is your organization innovating to reduce health disparities along the HIV Care Continuum?

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is looking for innovative and promising strategies for its new compilation of best practices.

The compilation is part of HRSA HAB effort to catalogue and display best practices implemented successfully in Ryan White HIV/AIDS Program health care and treatment settings.

Do you have a novel approach or promising innovation to share?
Please submit it online:
TargetHIV.org/bestpractices

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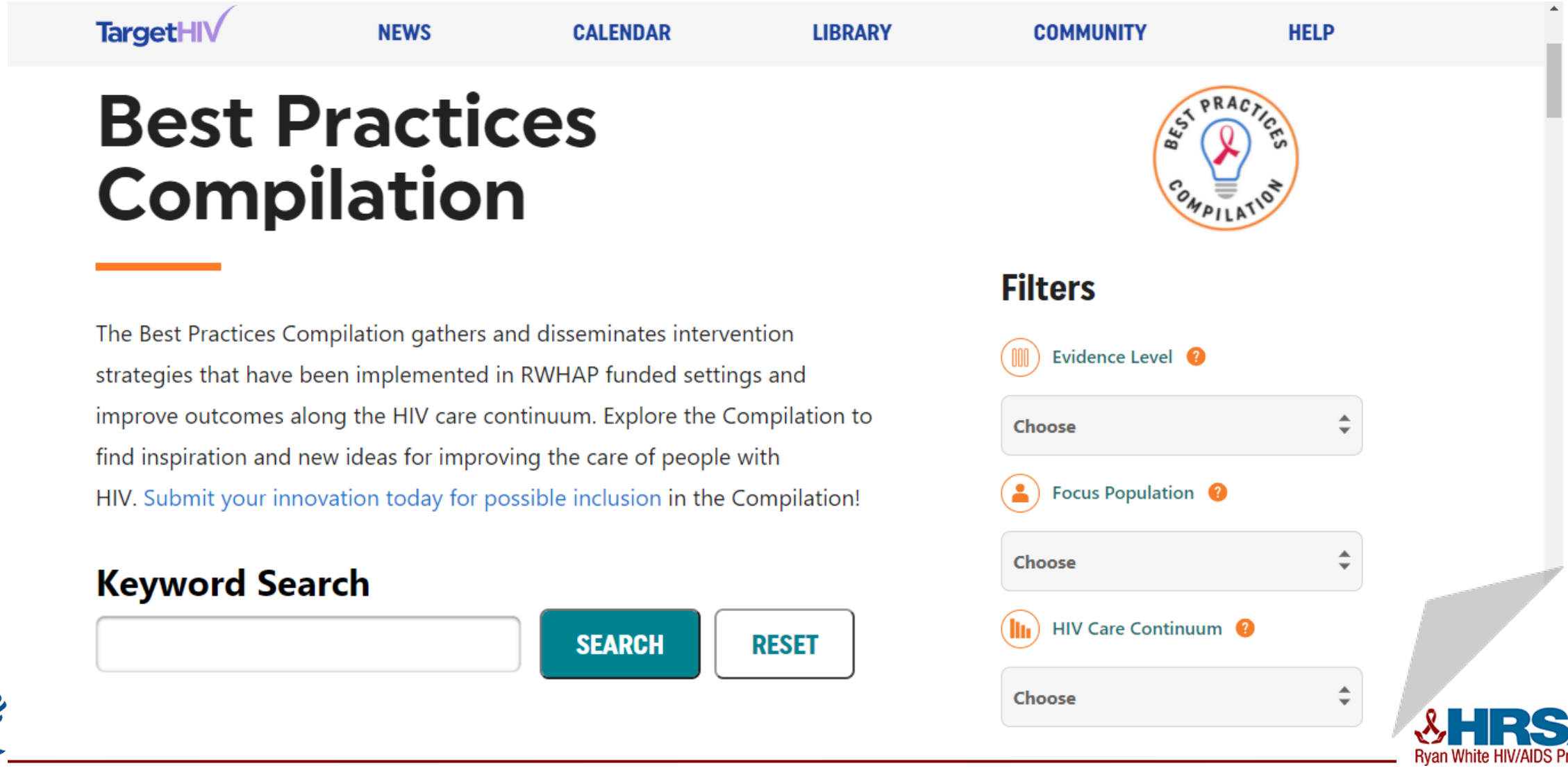
RWHAP Best Practices Compilation (cont.)



HRSA Ryan White HIV/AIDS Program

Mark Your Calendar

- Upcoming HAB You Heard Webinars
  - October 26, 3:00-4:00 PM ET

2023 Stakeholder Webinar Schedule

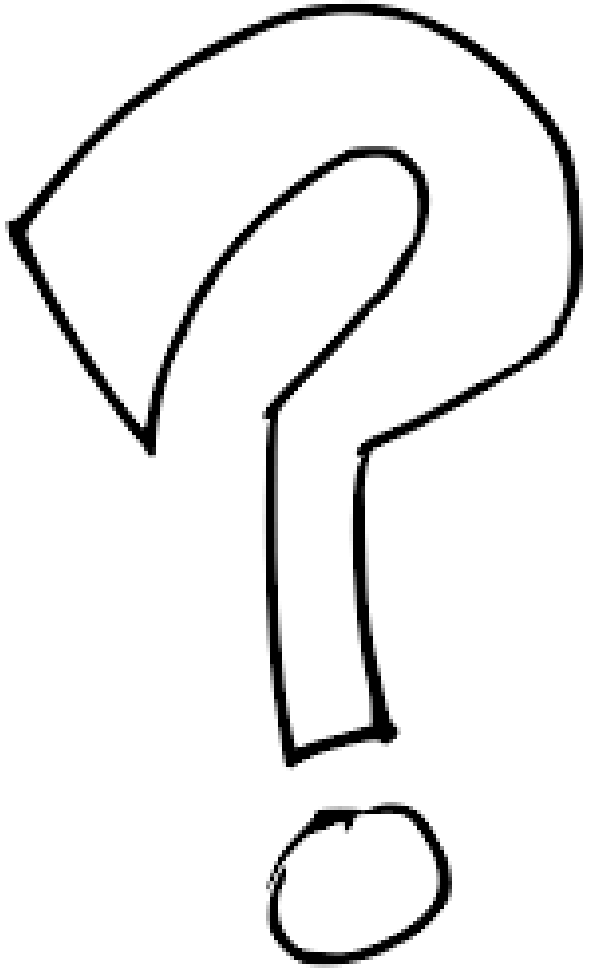
SAVE THE DATE

HAB's DCHAP Stakeholder Webinars

Day and Date	Time
Thursday, April 20, 2023	2 pm – 4 pm ET
Thursday, July 20, 2023	2 pm – 4 pm ET
Thursday, October 19, 2023	2 pm – 4 pm ET

HRSA Ryan White HIV/AIDS Program

Questions



Contact Information

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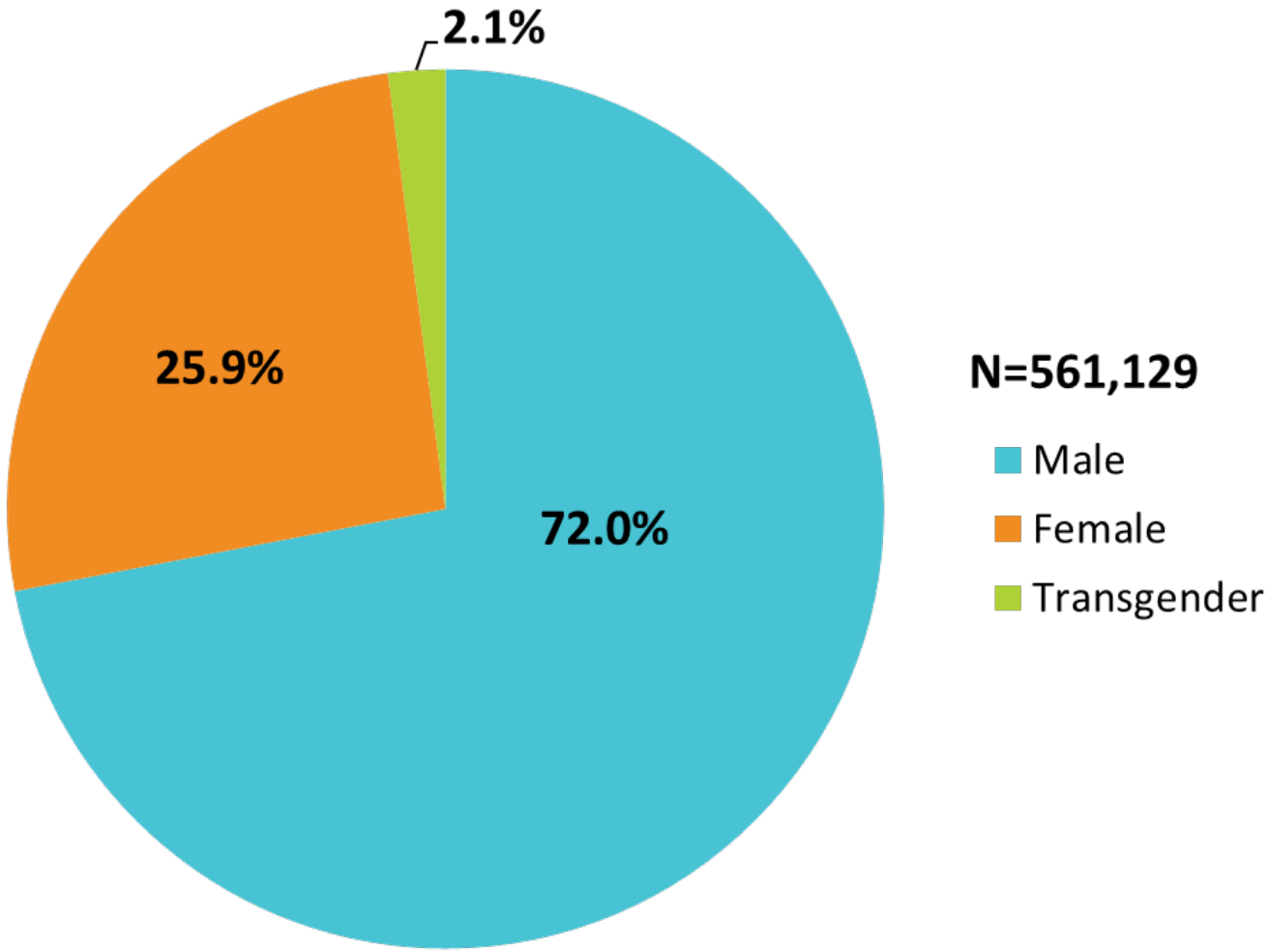
Best Practices for HIV Reproductive Health and Family Planning

Clients Served by the Ryan White HIV/AIDS Program, by Gender, 2020—United States and 3 Territories

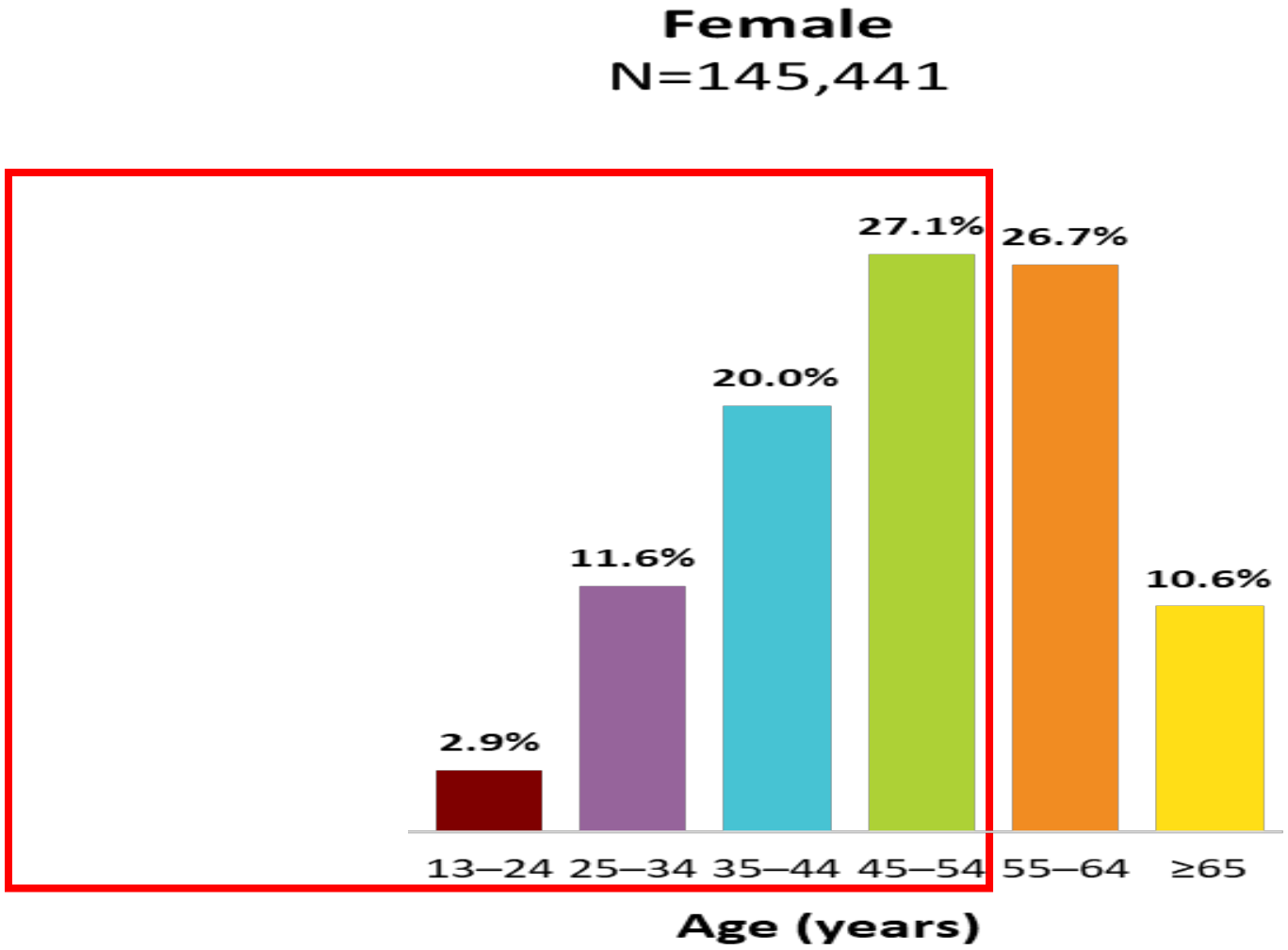


[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

HRSA Ryan White & Global HIV/AIDS Programs

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2019. Does not include AIDS Drug Assistance Program data.

Women Aged 13 Years and Older Served by the Ryan White HIV/AIDS Program, by Age Group—United States and 3 Territories, 2020



- More than half of the women served by our program are of reproductive age.
- However, the estimated number of women with HIV giving birth in the US is fairly low.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2019. Does not include AIDS Drug Assistance Program data.

Pregnant Women with HIV Served by RWHAP

Table 1: Number of Pregnant Women with HIV Served by the RWHAP-2015-2019				
Year				
2015	2016	2017	2018	2019
2833	2377	2685	2257	3040

Source: Data Management Branch/Division of Policy & Data
HIV AIDS Bureau

HRSA Ryan White HIV/AIDS Program

RWHAP Part D Program

- As of 2020, the RWHAP (all Parts combined) serves nearly **145,441** women, infants, children, and youth with HIV.

- **RWHAP Part D: Women, Infant, Children and Youth**
  - Of WICY clients served by Part D, most are women, followed by youth 13-24.
  - Funds outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth with HIV.
  - 70, 971 clients served by RWHAP Part D

DCHAP Reproductive Health Measures

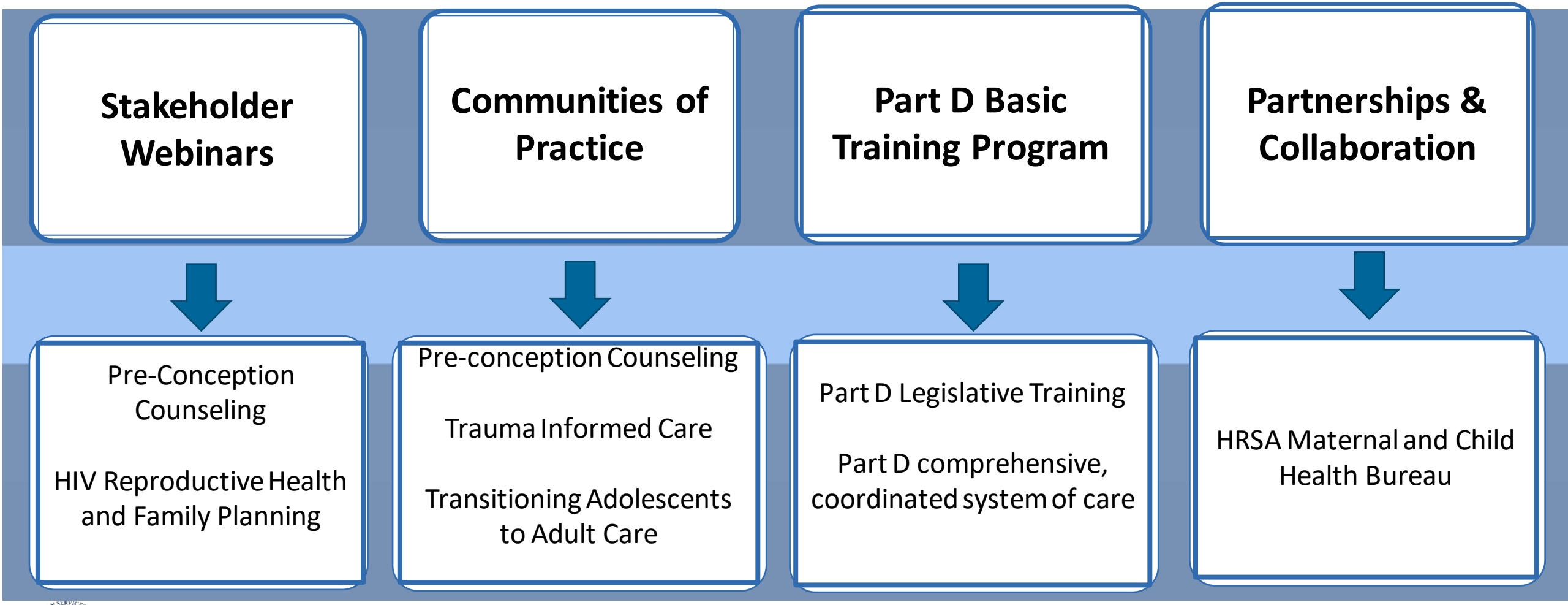
- **Reproductive Health Measures**
  - Pregnancy testing before initiation of or change in anti-retroviral therapy
  - Pre-conception counseling in person with reproductive potential at every visit
  - Syphilis testing once per measurement year
- **Perinatal Clinical Performance Measures**
  - Exposed infants received appropriate ART for 6 weeks after birth
  - Exposed infants receive PCP/PJP prophylaxis
  - Exposed infant record with mother's ARV history
- **System Coordination**
  - Coordination of activities with other providers under Title V Maternal and Child Health (MCH) Block Grant Program *(Legal)*

Key Findings From Site Visits: Family Planning & Reproductive Health

Pre-Conception Counseling	Cervical Cancer Screening	Pregnancy Testing	Title V Collaboration
Of 16 grant recipients who had clients that met the inclusion criteria for this measure, n=11 (69%) had findings in this category. *Five grant recipients did not have clients who met the inclusion criteria for this measure.	Of the 18 grant recipients who had clients that met the inclusion criteria for this measure, n=9 (50%) had findings in this category. * Three grant recipients did not have clients who met the inclusion criteria for this measure.	Of the 15 grant recipients who had clients that met the inclusion criteria for this measure, n=11 (73%) had findings in this category. * Six grant recipients did not have clients who met the inclusion criteria for this measure.	Of the three grant recipients who had Part D funding, n=2 (67%) had a Title V finding. *18 grant recipients were either Part C only or Part F grant recipients and did not meet the inclusion criteria for this measure.

As of August 29, 2022: Total Number of 2022 Site Visits=21
Part C only-15, Part D only=1, Part C&D=2, & Part F=3

DCHAP Activities Focusing on Reproductive Health



HIV Reproductive Health and Family Planning

Real World Experiences and Best Practices

HEALTH SERVICES CENTER, INC.

STRATEGIES TO ADDRESS HEALTHCARE BARRIERS AND FAMILY PLANNING FOR PREGNANT CLIENTS AND OTHER WICY POPULATIONS IN THE RURAL SOUTH

Dr. Barbara Hanna, Executive Physician
Dr. Cathy Simpson, Evaluator
Kelly O. Turner, MS, ADC, RW Programs Coordinator

LEARNING OBJECTIVES

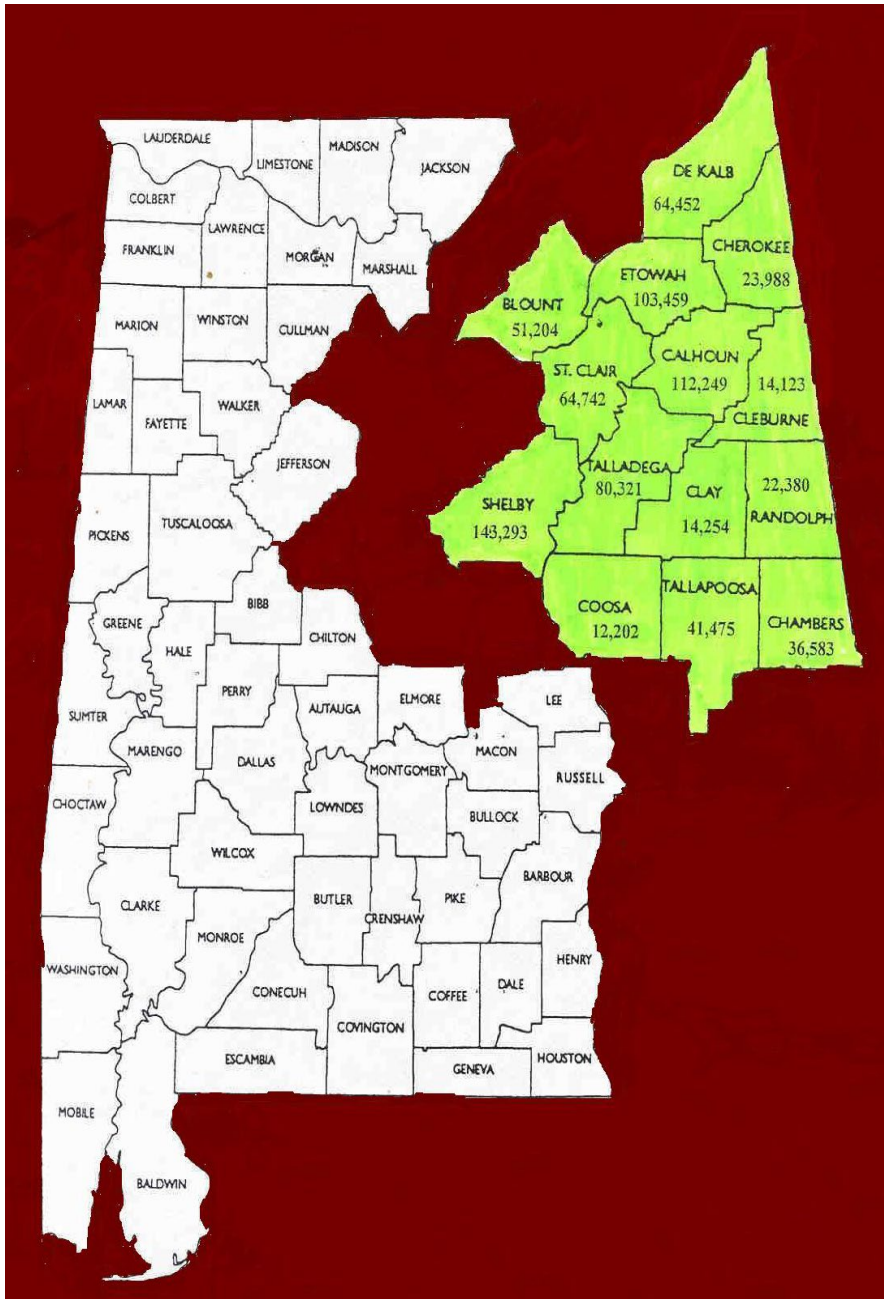
- Provide an overview of Health Services Center, Inc. and WICY services
- Describe barriers to care in a rural setting.
- Discuss strategies for addressing barriers to care in a rural setting.
- Identify Best Practices for Family Planning for WICY
- Identify Best Practices for Engaging WICY Populations, especially Pregnant Clients

HEALTH SERVICES CENTER, INC. HOBSON CITY, ALABAMA

- Opened in 1987 as a support agency for people living with HIV/AIDS in the Calhoun County, Alabama area.
- Provides HIV medical care and supportive services to HIV-positive Alabamians residing in a 14-county area through Parts C and D funding.
- Currently serves 567 clients
  - 147 Women
  - 6 MTF Transgender
  - 42 youth
  - 3 children
  - 4 pregnant women
  - No babies born with HIV

HSC Service Area

- 14 Northeast Alabama counties = 9,001 square miles
- HSC's service area is larger than the District of Columbia, Connecticut, and Rhode Island combined.
- 80% rural
- 100% medical, behavioral health, dental health provider shortage area



HEALTH SERVICES CENTER, INC.
CLINIC SITES

HEALTH SERVICES CENTER
"WHAT DO WE OFFER OUR CLIENTS?"

Core Medical	Supportive Services	Preventive Services & Screening

• HIV Medical Care
• Health Insurance Assistance and Copays
• Financial Assistance
• Substance Abuse Treatment
• Mental Health
• Telehealth
	• Case Management
	• Peer Groups
	• Nutrition services and support
	• Transportation
	• Mental Health Treatment
	• Housing
	• Financial Assistance and Emergency financial support
	• Referrals for specialty medical and mammograms
		• HIV Prevention
		• STI screenings
		• PrEP Services
		• Intimate Partner Violence Screening and Services
		• Substance Abuse Prevention
		• Cancer screenings
		  • Cervical and breast
		  • Pelvic exams
		  • Anal paps

BARRIERS TO CARE IN RURAL SETTINGS

- **Economic**
  - Poverty
- **Education Access**
  - Lack of Education
- **Health Care Access & Quality**
  - Geographic Distance
  - Lack of behavioral health resources
  - Uninsured/Underinsured
- **Neighborhood/Environment**
  - Housing/Homelessness
  - Lack of Childcare Services
  - Lack of Transportation
- **Social & Community Context**
  - Racial inequality
  - Stigma

STRATEGIES TO OVERCOMING BARRIERS IN A RURAL SETTING

- **Health Care Access & Quality**
  - Services for patient family members
  - Case management wrap around services
  - Health Service Provider Partnerships/Collaboration
  - Community relationships with other providers, hospitals, social services and clinics
  - Community stakeholder buy-in
- **Social & Community Context**
  - Client satisfaction surveys, quality management groups and programs advisory groups.
  - Community education and outreach events
    - World AIDS Day events
    - Local educational conference hosted by HSC

FAMILY PLANNING SERVICES

- Individual sessions with providers
- Provision of condoms provided by prevention staff in lobbies as well as during individual sessions with providers
- Referrals for birth control pills, implants, rings, etc.
- Transportation provided to referral appointments
- Focus on achieving viral suppression prior to pregnancy

PREGNANT CLIENTS

- Work with patients to assist in achieving VL suppression.
- Partner with Gynecologists in rural areas to ensure antiretrovirals are administered prior to deliveries in cases where patient is not virally suppressed
- Obtain releases from patients to allow collaborations with OBGYN.
- Partner with pediatricians to ensure infant care is conformed to best practices and follow infants for 2 years
- Referred to Family Clinic in Birmingham for care-transportation and coordination provided by HSC

BEST PRACTICES FOR ENGAGING PREGNANT CLIENTS

- Transportation
- Comprehensive services
- Targeted case management
- Collaboration with rural OBGYN
- Pre-staging Medications
- Viral suppression

CONCLUSION

- Barriers to rural HIV care for Pregnant Clients are difficult but can be overcome using a combination of the discussed best practices.
- Collaboration is critical to achieve VL suppression.
- Comprehensive care is important

CONTACT INFORMATION

- Kelly O. Turner, MS, ADC
- kturner@hscal.org
- 1-256-832-0100 EXT 340

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Integration of Family Planning Services and HIV Care

Ian Joseph Bishop, MD MPH

Director, Division of Family Planning
Associate Program Director, Residency in Obstetrics and Gynecology
Department of Obstetrics, Gynecology, and Reproductive Science
University of Miami Miller School of Medicine
Jackson Memorial Hospital

DCHAP's Stakeholder Webinar, October 2022

UNIVERSITY OF MIAMI

OUTLINE

- Highlight high rates of unintended pregnancy for those with HIV.
- Review trends in fertility intentions & contraceptive uptake among those with HIV.
- Develop an integrated approach to HIV care and family planning services.

Overview of
Ryan White Programs

University of Miami Miller School of Medicine / Jackson Health System
Miami-Dade County, Miami, Florida

Part D: The Miami Family Care Program (OB/GYN, Pediatrics, Psychiatry)

Initially funded as one of the original Pediatric Demonstration Projects;
Comprehensive perinatal, adolescent and pediatric care & treatment;
Serves ~ 700 pregnant persons, children & adolescents annually.

Part C: Comprehensive Care Program (Medicine, OB/GYN, Psychiatry)

Funded since the 1990s to serve adults living with HIV;
Primary care, specialty HIV care, women's health services, mental health on site;
Serves ~3000 persons living with HIV annually.

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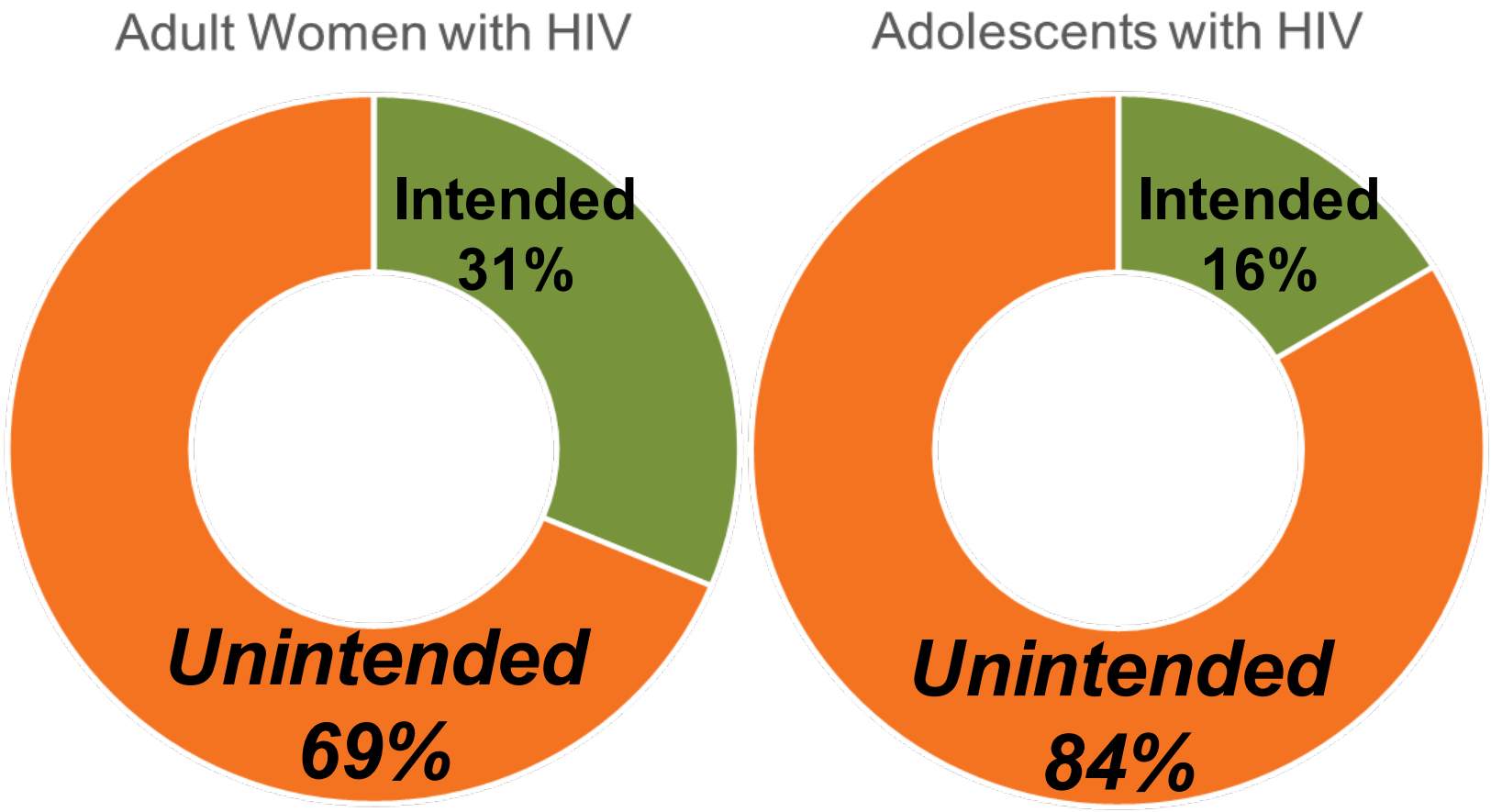
Unintended Pregnancy in the United States
Women with HIV



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Murphy, 2021.

The *Overwhelming* Modern Contraceptive Mix

“If you don’t say anything, you won’t be called on to repeat it.” – Calvin Coolidge

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Provider Discussions of Contraception & Pregnancy Intentions

- Often patient initiated:
  - Only 57% reported *"always"* or *"often"* discussing potential pregnancy or fertility intentions.

- Often only focused on condom use:
  - 87% reported discussion of condom use
  - Only 57% reported discussion of other contraceptive methods.

- Often thought of as another provider's responsibility:
  - Providers reports that *"these discussion were the responsibility of other staff."*
  - 39% of providers reported being *"not comfortable"* prescribing contraception themselves.

Rahangdale, 2014.

Fertility Intentions

- Among pregnant women with HIV, only 36% of couples had discussed and agreed on their last pregnancy[1]
- 50% had no desire to become pregnant[2]
- 33% had not sought medical advice to prepare for pregnancy[2]
- 68% reported using inconsistent or no contraception in the month they became pregnant[2]
- 59% reported becoming pregnant without clinical consultation[2]

Rahangdale, 2014. [1]
Loutfy, 2009. [2]

Trends in Contraceptive Use

- Condoms often dominate form of contraception among women with HIV – *dual protection*.
- Between 1998 and 2010:
  - Long-Acting Reversible Contraception (LARC) use rose among women from 4.8% to 13.5%, but not among women living with HIV (0.9% to 2.8%).
  - Use of highly effective contraceptives ranged from 15.2% in 1998 to 17.4% in 2010.

Trends in Contraceptive Use

- Lower proportion of women with HIV used prescription contraceptive methods (2008: 17.5%; 2014: 28.9%) compared with women at risk for HIV (2008: 28.8%; 2014: 39.8%, *P*<.001 for both).

- Women with HIV had lower odds of using long-acting reversible contraception (aOR 0.67, compared to no method) or short-acting hormonal method (aOR .059, compared to no method).

- In 2014, women with HIV using ART were significantly more likely to use NO method (78.6% vs 64.1%) and significantly less likely to use short-acting hormonal contraception (11.0% vs 22.7%) compared to women living with HIV not using ART.

Haddad, 2021.

Reproductive Healthcare Desires

- 127 women with HIV receiving care at an urban ID clinic.
- Permanent contraception (sterilization) was most common form (44.4%) and condoms (41.3%).
- Less than 1% used LARC, and only 22.9% used any hormonal contraceptive.
- Only 50.6% had spoken with a provider within last year about contraceptive plans.
- High degree of sterilization regret (36.4%), and 18.2% of sterilized women desired future fertility.

Badell, 2012.

Barriers to Contraceptive Counseling, Provision, and Uptake

- Common factors influencing nonuse of contraception are:
  - Lack of female decision-making power.
  - Poor economic resources.
  - Low quality care of family planning services.

Grabbe, 2009.
Hamid, 2006.

Barriers to Integration of Family Planning and HIV Care

- Disjointed services in many regions.
- Clinic staff often view family planning and HIV care as mutually independent services and are not trained to administer them together.
- Confusion about recommendations on safety and efficacy of contraceptive methods for those taking ARVs.

University of Miami Miller School of Medicine / Jackson Health Systems

- 1,000 persons evaluated / pre-screened annually
- Cisgender (98.8%) and Transgender (1.2%)
- Nurse Practitioners / Family Nurse Practitioners / Nurse Midwives
- Approximately 75% seen in-person:
  - Ob/Gyn Specialty Care Service

    OR
  - Co-located within Primary Care
- Support staff coordinate care
  - Patient Navigators, Schedulers, Eligibility/Insurance Liaison
  - Multi-lingual Staff

University of Miami Miller School of Medicine / Jackson Health Systems

- Paired a trained OBGYN nurse practitioner with routine HIV care.
- Available for curbsides/consultations in ("one stop care"):
  - Family planning/contraception.
  - Preconception counseling.
  - Screening for STIs.
  - Cervical/anal dysplasia screening.
  - Menstrual problems.
  - Menopause, etc.

- Family planning during antenatal care:
  - Method before leaving the hospital after delivery.

Best Practices

- Comprehensive contraception counseling and provision is not only integral to reducing rates of unintended pregnancy, but also HIV transmission and maternal mortality.
- Link programs by offering one-stop comprehensive care.
- Promote integrated family planning/HIV services.
- Ensure access to all appropriate modern contraceptive methods and evidence-based guidance using CDC MEC – *contraceptive equity.*
- Develop trained, motivated, respectful, caring, and compassionate healthcare providers to offer integrated reproductive health services at single visits based on their needs.

CITATIONS

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Thank you!

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National Perinatal HIV Hotline: Calls on Breastfeeding/Chestfeeding

HRSA HAB DCHAP Stakeholder Webinar

Lealah Pollock, MD MS

October 20, 2022

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No disclosures

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National Perinatal HIV Hotline

- The National Clinician Consultation Center (NCCC) is a free telephone consultation service for clinicians, by clinicians.
- The Perinatal HIV Hotline is 24/7, staffed by obstetricians, family doctors, infectious disease specialists, pharmacists, nurse practitioners, and pediatric HIV specialists.
- In 2016-2021, we received 513-643 calls per year from all over United States and US territories.
- Virtual since 3/2020, but part of UCSF, offices at Zuckerberg San Francisco General.

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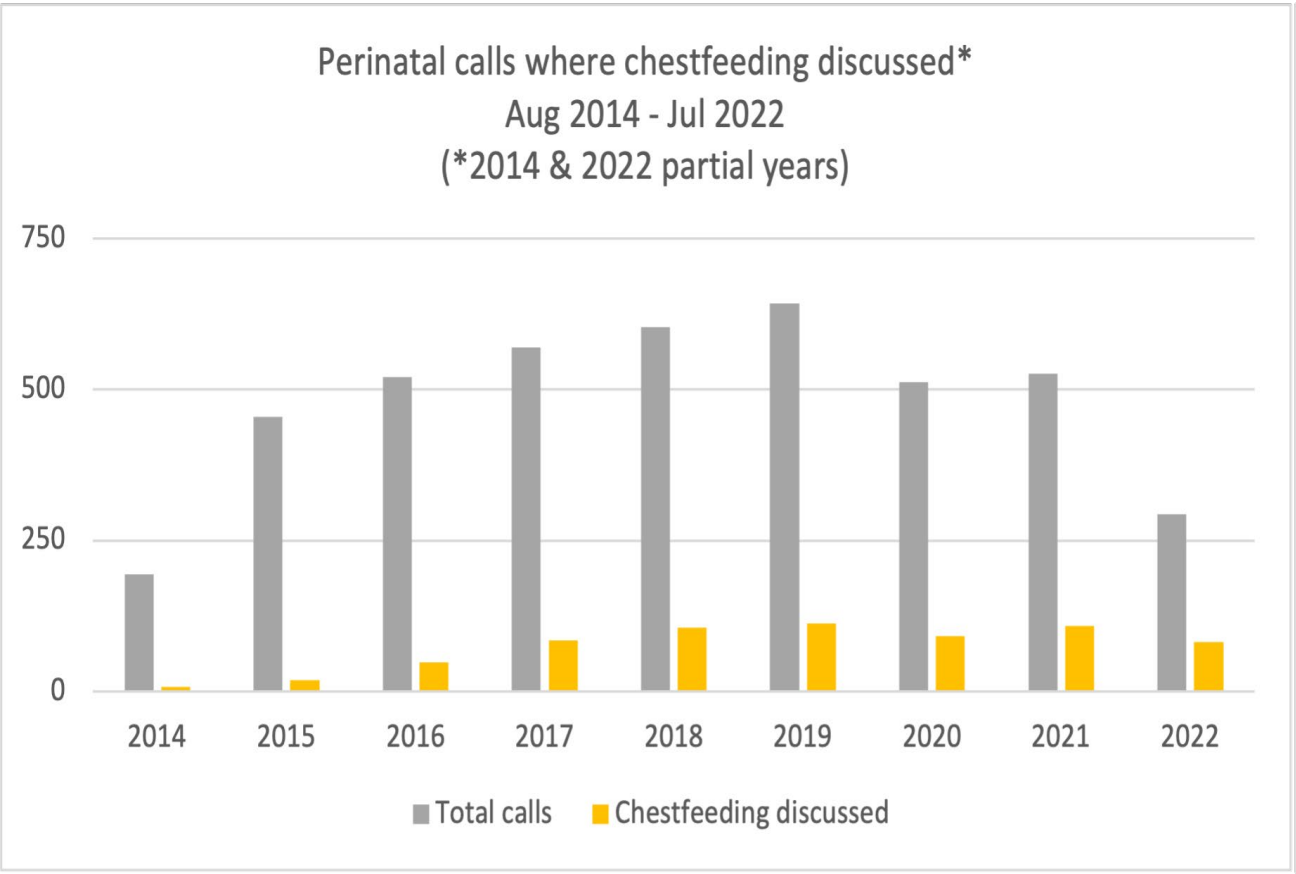
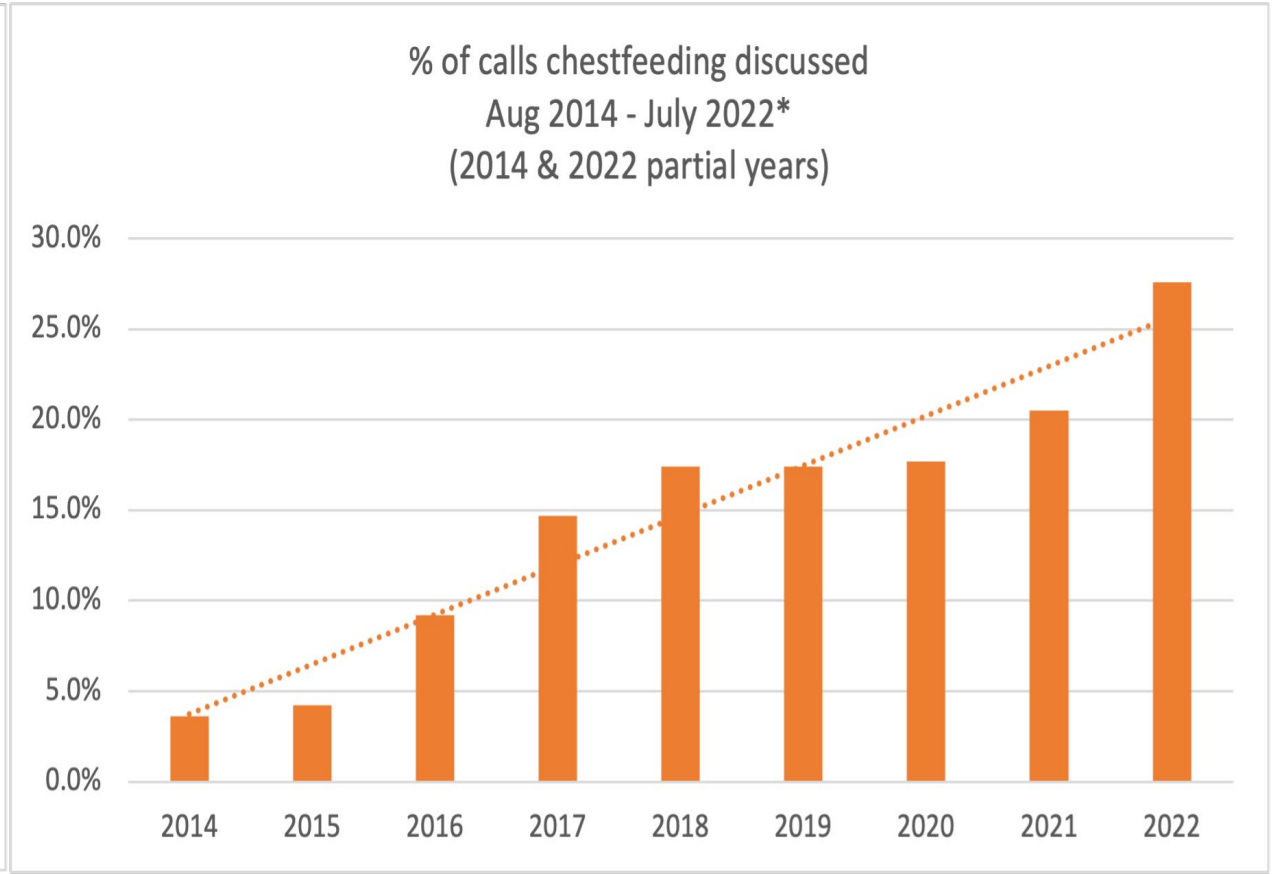
Increase in Calls on Breast/Chest-feeding





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Background

- WHO recommends exclusive breastfeeding for 6 months and continuing breastfeeding up to 12 months or 24 months while being fully supported for ART adherence.

- BHIVA, DHHS, and EACS all have some version of: “People living with HIV shouldn’t breastfeed, but, if they insist, providers should support them.”

- The balance of the risks and benefits of breastfeeding differs by availability of clean water and prevalence of diarrheal illness and malnutrition

Infant Feeding Recommendations in DHHS Perinatal Guidelines

- Until 2015: No breastfeeding
- 2015: Individuals may face environmental, social, familial, and personal pressures to consider breastfeeding, despite the risk of HIV transmission via breast milk.
- 2018: Full section on breastfeeding was added
- **2022: In the process of moving discussion toward shared decision making**

*** CDC has chosen to refer to the Perinatal Guidelines on breastfeeding/chestfeeding in place of having their own recommendations**

Claire Gasamagera, HIV advocate

Quote from the Well Project poster: *Breastfeeding with HIV: Optimizing Informed Choices in the Era of "U=U"*

"As a woman born with HIV in Africa, people have told me what to do with my body my whole life. When I moved to the US, I was confused when they told me I couldn't breastfeed, another example of someone else deciding what was best for me. I wish women living with HIV in the US could be empowered to make informed decisions when it comes to breastfeeding. I urge providers to trust women living with HIV and provide them with information and services to help support their choices."

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Does U=U for **transmission through breast/chest milk?**

Slides adapted from Lynne M. Mofenson, M.D., Senior HIV Technical Advisor, Elizabeth Glaser Pediatric AIDS Foundation

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What do we know about Breast/Chest Milk Transmission

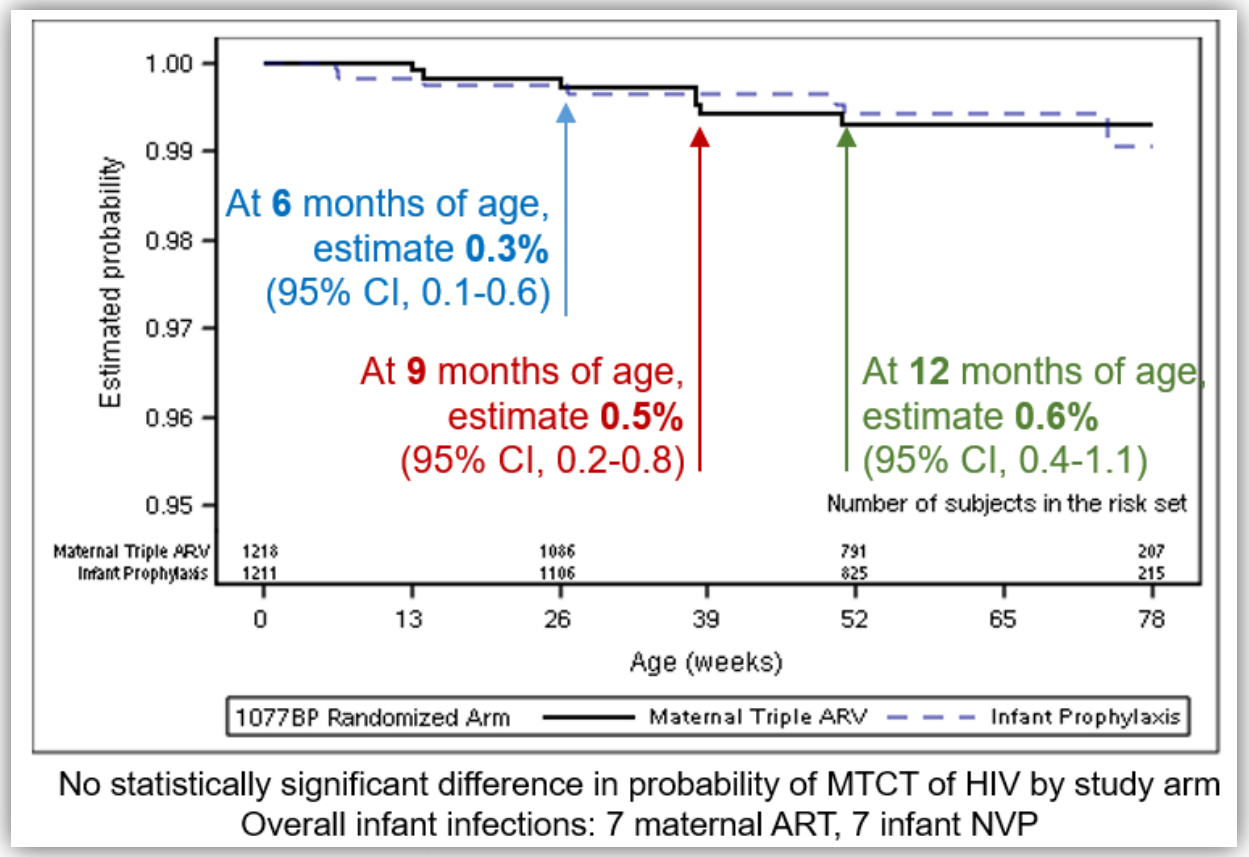
. . . *in the absence of ART*

- Substantial proportion of transmission occurs before **1-2 months of age**; as high as an absolute risk of 6%.
- ? high T-cell content of colostrum/early breast/chest milk ?
- Continuous risk throughout lactation, ~ **0.6-0.9% per month.**
- Thus, for people not on ART who breast/chest feed for 18-24 months, **overall risk of postnatal transmission can be as high as 21-27%.**

What is the risk of transmission in context of effective treatment?

PROMISE Randomized Trial – Postpartum Component

- Women with HIV and CD4 ≥350 cells/mm3 and their uninfected breastfeeding infants randomized to start either maternal ART (n=1220) or infant NVP (n=1211) at 6-14 days postpartum at 14 sites in 7 countries.
- Plasma viral load measured at baseline and 6, 14, 26, and 50 weeks postpartum.



No statistically significant difference in probability of MTCT of HIV by study arm
Overall infant infections: 7 maternal ART, 7 infant NVP

Transmission rates were very low ! (but not zero)

Were all the failures in the ART arm to women who were viremic??

Flynn P et al. JAIDS. 2018;77:383-92

PROMISE IMPAACT 1077 Promoting Maternal and Infant Survival Everywhere

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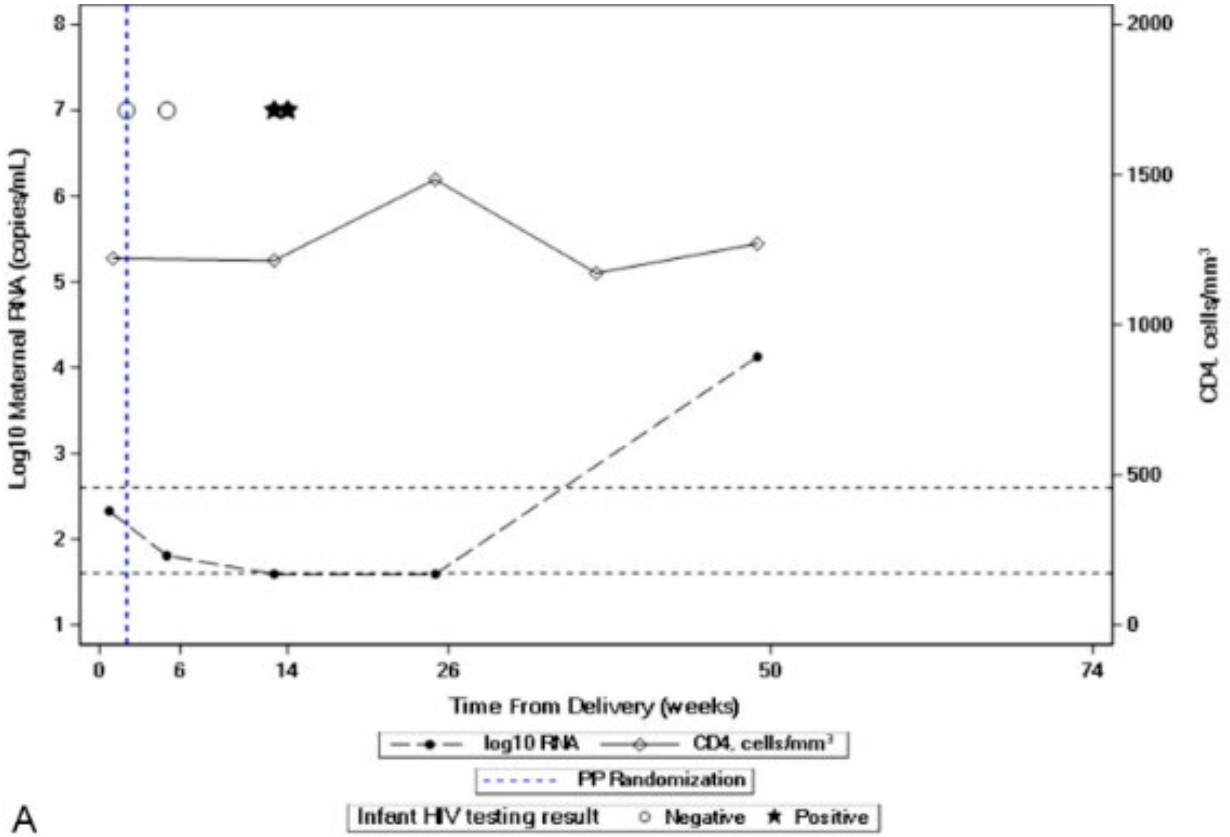
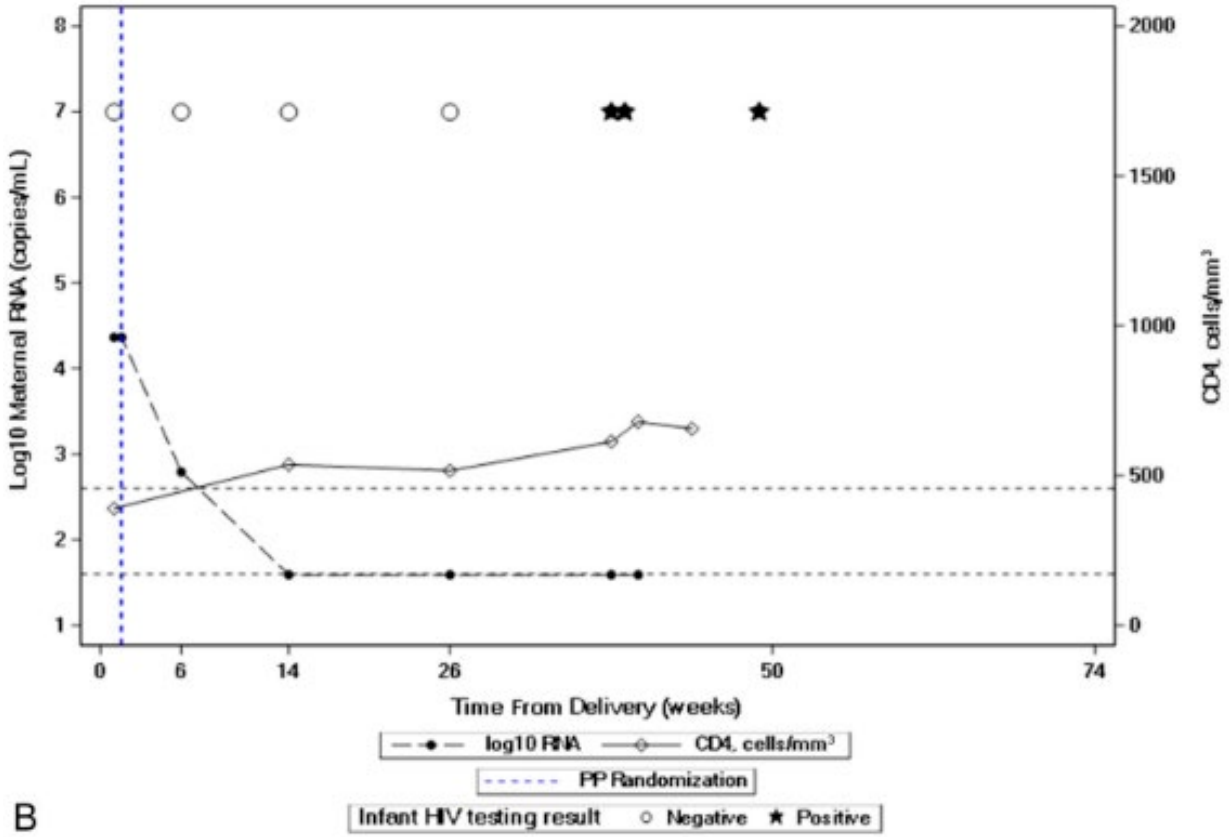
Two transmissions with undetectable viral load in PROMISE



A



B

Both detectable at delivery, then suppressed.

? Would this have happened if suppressed earlier?

Flynn JAIDS 2021

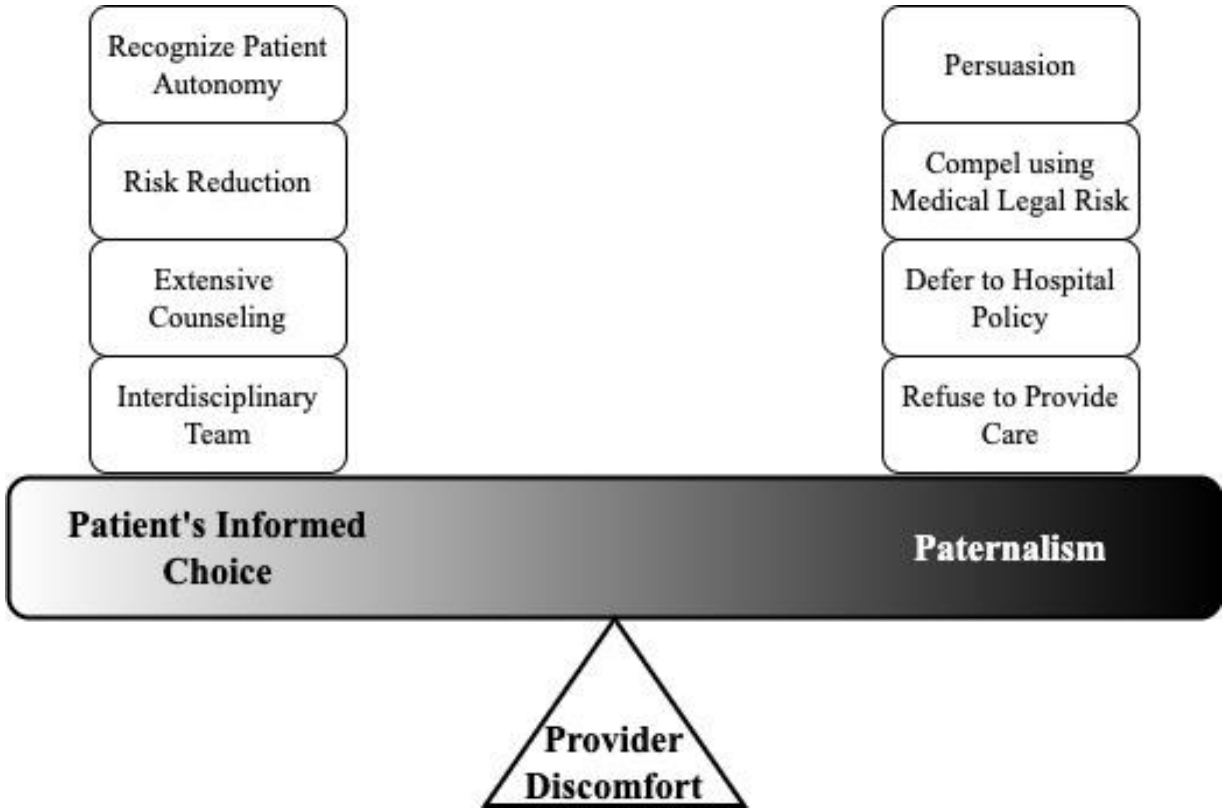
How are Providers Navigating this in the US?

- 2021 survey of US-based providers
- 100 respondents
- 10% had an institutional protocol for care of people who breast/chestfeed
- 42% had cared for someone who breast/chestfed

Lai et al. Poster at Pediatric Academic Society 2022

How are Providers Navigating this in the US?

Provider Discomfort	
Personal ethics: "I feel the need to protect the infant and think it isn't ethical to put the infant at increased risk, therefore we have to this point have only allowed women with stable suppressed viral loads to [breastfeed] their infants."	
Adverse outcomes: "One transmission. isn't that enough?"	
Provider disagreement: "Some of the providers in our small group believe that our guidelines should be liberalized…Other providers feel that we should not allow BFing among WLHIV under any circumstance. It has been difficult to get consensus."	
Lack of guidelines or data: "I would not feel comfortable because there aren't specific guidelines or literature to support the care, however I'm very interested in learning more for those who are interested in breastfeeding to be able to support that decision."	
Patient's Informed Choice	**Paternalism**
Recognize patient autonomy: "I will always support and provide care for an individual who desires to BF even if it is not my recommendation. Ultimately even though it makes me uncomfortable, what's best for the patient is to remain engaged in care."	***Persuade the patient:*** "I would likely try to persuade her to formula feed instead."
Extensive Counseling: "Provide them information so they can make an informed decision. If there is increased risk of transmission I would be sure they understood this."	***Compel using medical legal risk:*** "Mother with HIV (undetectable prior to and during pregnancy)… decided NOT to breastfeed because CPS was called during delivery hospitalization, and mother was fearful of legal implications."
Reduce patient risk of transmission: "I would try to help her get to a place where she was as low-risk as possible to breastfeed, i.e. on meds and virally suppressed with good lactation support."	***Defer to hospital policy:*** "Our hospital policy is a strict no breastfeeding with HIV no matter the viral load or compliance with treatment."
Rely on provider teamwork and an interdisciplinary team: "Our Perinatal team reviews and discusses options and joint patient-provider decision making…express our formal recommendation."	***Refuse to provide care:*** "Some clinical staff have refused to care for PLWHIV who choose to breastfeed (even if the person fits ideal conditions). It has been very time consuming and emotionally distressing (both for providers and for PLWHIV) to discuss breastfeeding as an option."



Poster at Pediatric Academic Society 2022

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Ethical Arguments

- Bodily autonomy
- Exacerbating health inequities

"Current recommendations against breastfeeding likely further disadvantage already disadvantaged women and infants, largely due to existing socioeconomic and racial disparities. Unfortunately, minority women suffer disproportionately from diseases breastfeeding may prevent, such as obesity, hypertension, heart disease, stroke, depression, and female cancers."

Gross, Journal of Law Medicine and Ethics 2019

Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities

- Loretta Ross, founder of SisterSong and one of the founders of Reproductive Justice

Image credit: Repeal Hyde Art Project

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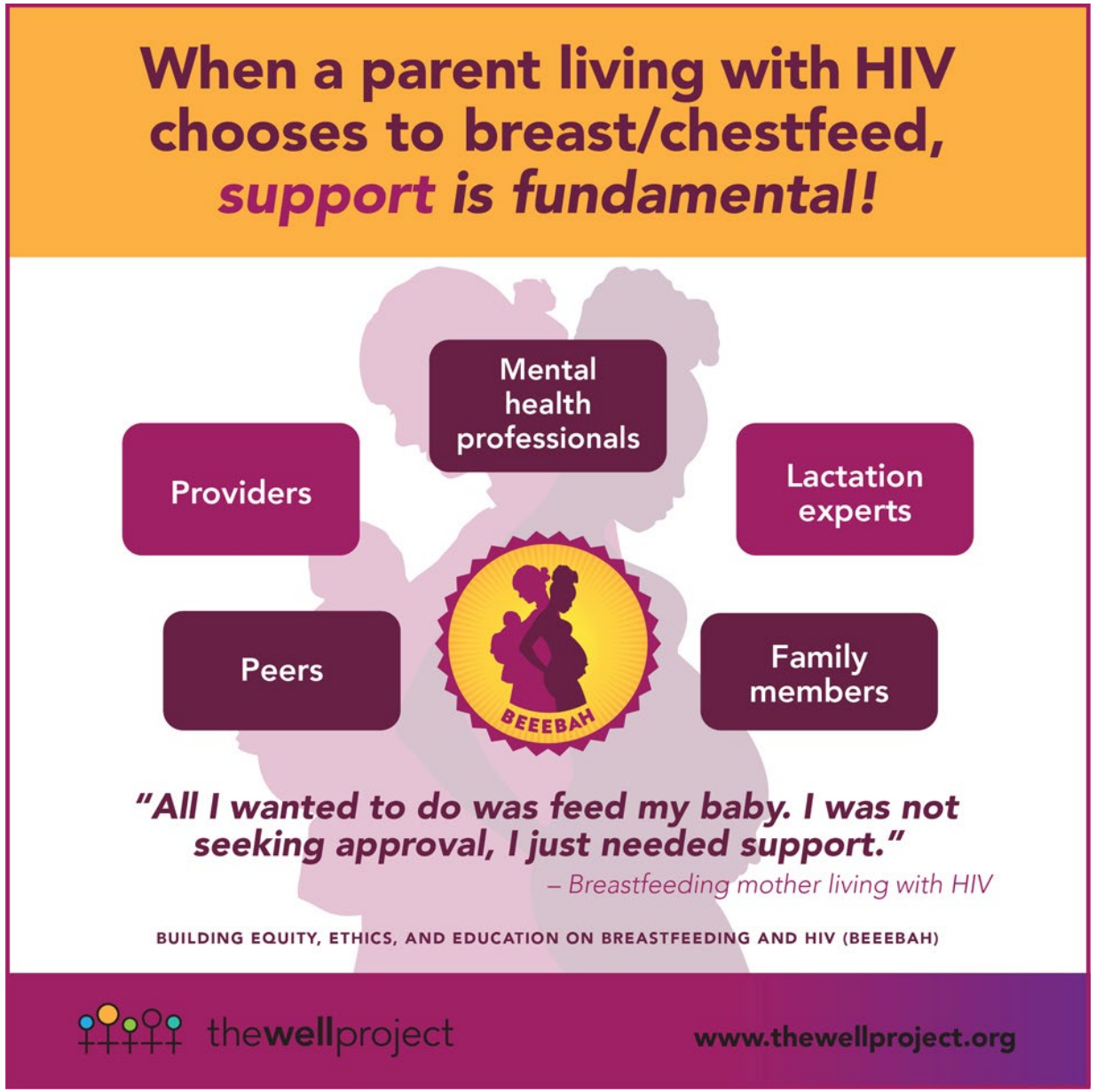

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HIV/AIDS Warmline **800-933-3413**	HIV treatment, ARV management, complications, and co-morbidities
Perinatal HIV Hotline **888-448-8765**	Pregnancy, breastfeeding and HIV
Hepatitis C Warmline **844-HEP-INFO/ 844-437-4636**	HCV testing, staging, monitoring, treatment
Substance Use Warmline **855-300-3595**	Substance use evaluation and management
PrEPline **855-HIV-PrEP**	HIV Pre-exposure prophylaxis
PEPline **888-448-4911**	Occupational & non-occupational exposure management

This National Clinician Consultation Center program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $2,633,756 with 0% financed with non-governmental sources.
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AETC AIDS Education & Training Center Program
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Thank you!

To learn more, please visit
nccc.ucsf.edu

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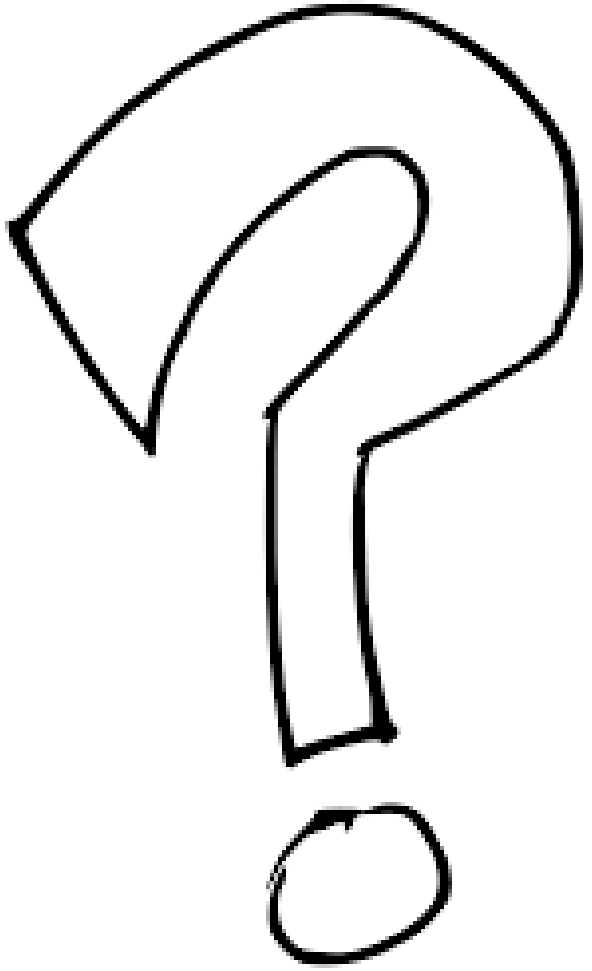
Questions



Thank You!

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