PrEP use may be one of several options to help protect the HIV-negative male or female partner in a heterosexual HIV-discordant couple during attempts to conceive\(^1\,\)\(^2\).
Key Points

• Provide education about PrEP and other methods of conception that minimize the risk of HIV transmission to both members of an HIV-discordant couple whenever possible.
• During counseling, include discussion of what is currently known and unknown about
  » Potential benefits
  » Potential risks
• If you prescribe PrEP, include the following in counseling:
  » Importance of adherence to daily doses of medication
  » Importance of continuing condom use after conception to protect against sexually transmitted infections and to add protection against HIV infection
  » Signs and symptoms of acute HIV infection and the need for urgent HIV testing if HIV infection is suspected

For an HIV-negative man planning pregnancy with an HIV-positive female partner

Options
Reducing the risk of HIV acquisition by an HIV-negative man during conception can be achieved by use of the following, singly or ideally in combination:

• Antiretroviral treatment of the HIV-positive female partner to achieve an undetectable viral load
• STI diagnosis and any indicated treatment for both partners before conception attempts
• Daily, oral doses of TDF/FTC beginning 1 month before a conception attempt and continuing for 1 month after a conception attempt
• Intravaginal insemination (either at home or in the clinic) with a fresh semen sample

OR

• Limit sex without a condom (natural conception) to peak fertility times identified by home or laboratory tests for ovulation.

Potential Benefits of PrEP use
In clinical trials with heterosexually active adults, daily oral PrEP with TDF/FTC was safe and reduced the risk of HIV acquisition by an average of 63%–75%. Higher levels of protection (≥90%) were found among persons whose drug levels in their blood indicated that they had consistently taken the medication.

Potential Risks of PrEP use
In PrEP trials, follow-up with persons taking medication has been conducted for an average of 1–4 years. Although no serious health risks were associated with PrEP use by HIV-uninfected adults, the long-term safety of PrEP has not yet been determined.
For an HIV-negative woman planning pregnancy with an HIV-positive male partner

Options
Reducing the risk of HIV acquisition by an HIV-negative woman during conception can be achieved by use of the following, singly or ideally in combination:

- Antiretroviral treatment of the HIV-positive male partner to achieve an undetectable viral load
- STI diagnosis and any indicated treatment for both partners before conception attempts
- Daily, oral doses of TDF/FTC beginning 1 month before a conception attempt and continuing for 1 month after a conception attempt
- Intravaginal or intrauterine insemination, or intracytoplasmic sperm injection with a semen sample processed by "sperm washing" and confirmed to have a negative test result for the presence of remnant HIV

OR

- Limit sex without a condom (natural conception) to peak fertility times identified by home or laboratory tests for ovulation in the female partner.

Potential Benefits of PrEP use
In clinical trials with heterosexually active adults, daily oral PrEP with TDF/FTC was safe and reduced the risk of HIV acquisition by an average of 63%–75%. Higher levels of protection (≥90%) were found among persons whose drug levels in their blood indicated that they had consistently taken the medication.

The risk of HIV acquisition increases during pregnancy, as does the risk of HIV transmission to an infant born to a mother who becomes infected during pregnancy or breastfeeding. Therefore, an HIV-negative woman whose sexual partner/spouse has HIV infection may benefit from continuing PrEP use throughout her pregnancy and breastfeeding to protect herself and her infant.

Potential Risks of PrEP use
In PrEP trials, follow-up with persons taking medication has been conducted for an average of 1–4 years. Although no serious health risks were associated with PrEP use by HIV-uninfected adults, the long-term safety of PrEP has not yet been determined.

In PrEP trials women were taken off medication as soon as pregnancy was detected. During these trials, no health problems have been associated with PrEP use by women in early pregnancy or for their offspring. However, the long-term safety of PrEP taken HIV-uninfected women after fetal (during pregnancy) or infant (during breastfeeding) exposure is not yet determined.

No adverse effects have been found among infants exposed to TDF/FTC when the medications were taken as part of a treatment regimen for HIV-infected women during pregnancy or during breastfeeding (for which data suggest limited drug exposure).

If you prescribe PrEP to a woman while pregnant, you are encouraged to prospectively and anonymously submit information about the pregnancy to the Antiretroviral Use in Pregnancy Registry (http://www.apregistry.com/).
References


