PREGNANCY AND BIRTH OUTCOMES IN PREP EXPOSED & UNEXPOSED PREGNANT SOUTH AFRICAN WOMEN

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BACKGROUND

- There are few safety data on the use of oral PrEP in pregnancy presenting a barrier to implementation in some settings

METHODS

- Based at a primary care facility in Cape Town, the **PrEP in pregnancy and postpartum (PrEP-PP) study** offered HIV prevention counseling and PrEP to consenting pregnant women (≥16 years) without HIV from their first antenatal care (ANC) visit through 12 months' postpartum
- We compared **pregnancy and birth outcomes including pregnancy loss** (miscarriage, stillbirth, termination) and **birth outcomes** (birthweight [median], low-birth weight [<2500 grams], pre-term [<37 weeks' gestation] and neonatal death) between PrEP exposed (any PrEP use while pregnant) vs. unexposed (no PrEP use in pregnancy), abstracted from routine health records, and compared these with clinic-wide statistics from the same period
- Analysis of miscarriage and stillbirth were restricted to women who entered before 20 and 28 weeks, respectively
- Analysis of birth outcomes included all women with available data

Rate of adverse pregnancy and birth outcomes high in the population

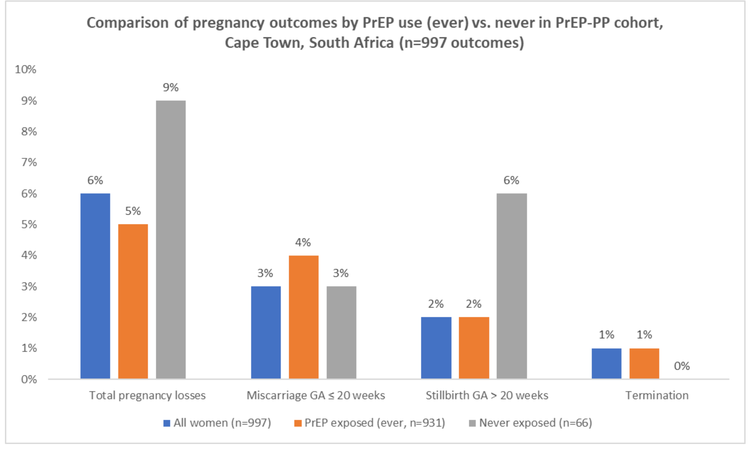
PrEP exposure in pregnancy is not associated with any increased adverse pregnancy or birth outcomes

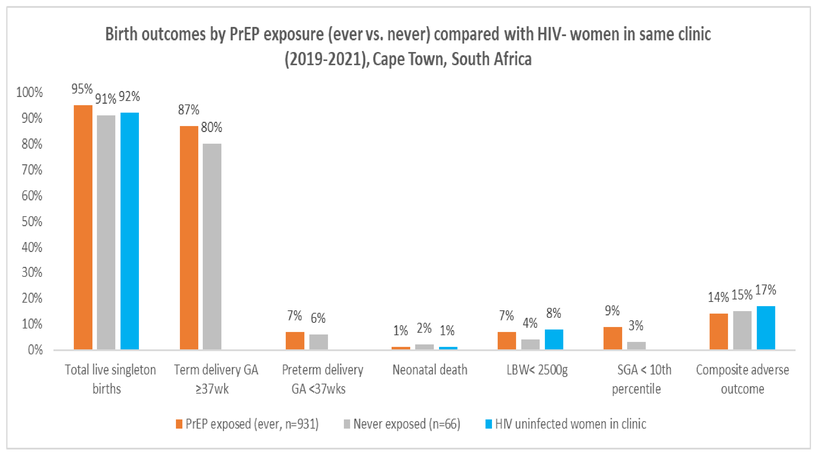
Oral PrEP should be integrated into PMTCT and ANC care in high HIV incidence communities

PrEP-PP
Pre-exposure Prophylaxis in Pregnancy & Postpartum

RESULTS

- Between August 2019 and January 2022, we ascertained n=997 pregnancy outcomes
  - Median gestation at first ANC= 23 weeks [IQR, 14-31]
  - Median maternal age=26 years [IQR, 22-31]
- 93% (n=931) were PrEP exposed
- Overall, 94% had singleton live births
- We recorded 5% miscarriages or stillbirths in the PrEP exposed group vs. 9% in the unexposed group (p=0.06)
- **There were no differences in birth outcomes between the PrEP-exposed vs. unexposed (composite adverse birth outcome=14% in both groups; p=0.99).**
- **Among the PrEP exposed, there was no association with duration of antenatal exposure and birth outcomes (p=0.84).**
- Comparing statistics on birth outcomes in HIV-uninfected women, the frequency of adverse birth outcomes was similar to levels in the PrEP exposed cohort (p>0.05).





CONCLUSIONS

While the overall frequency of adverse pregnancy and birth outcomes is high in this setting, **these reassuring data suggest no differences in pregnancy outcomes comparing women exposed to PrEP to women with no exposure to PrEP.**

ADDITIONAL KEY INFORMATION

Clinical trials reference: NCT03902418

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