Integrating PrEP into Antenatal Care for HIV-negative pregnant women in South Africa

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BACKGROUND

- HIV incidence is high during pregnancy and postpartum.
- Oral tenofovir disoproxil fumarate/emtricitabine pre-exposure prophylaxis (PrEP) was introduced in South Africa in 2016 and has increasingly become part of HIV prevention in standard of care.
- PrEP was included in standard of care for pregnant and breastfeeding women in 2021.

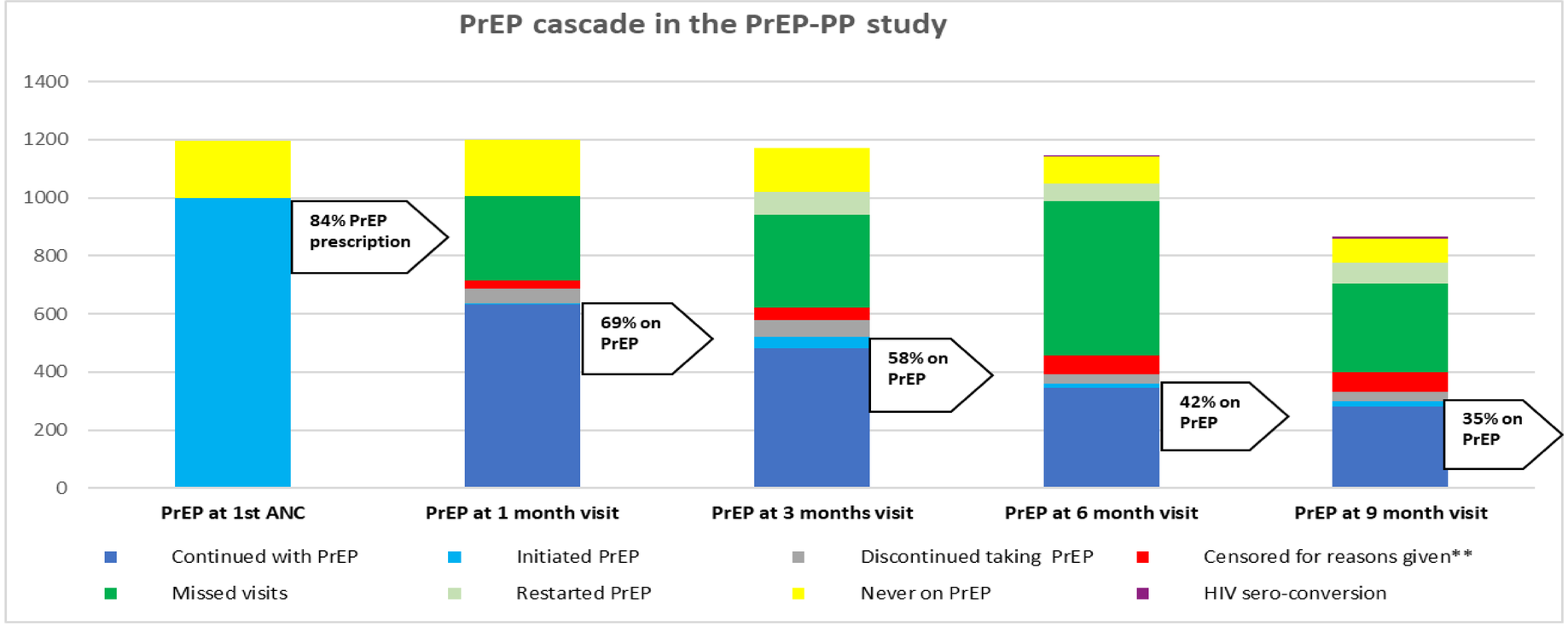
METHODS

- Enrolled pregnant women >15 years old without HIV at first antenatal care (ANC) visit between August 2019 and October 2021 in Cape Town, South Africa.
- HIV counselling and testing was offered, followed by HIV prevention counseling, including on safety & effectiveness of PrEP.
- Participants were offered PrEP and followed up until 12 months postpartum.
- On PrEP was defined as self-report confirmed PrEP intake

RESULTS

- 2448 pregnant women without HIV were screened at first ANC visit:
  - 17% (409) declined participation in study
  - 49% (1200) were screened and enrolled
  - 34% (839) were screened and ineligible
- Of the 1200 women enrolled, 84% (1013) accepted a PrEP prescription at baseline and 16% (187) did not.
- **PrEP continuation:**
- 69% (829) returned at 1 month and confirmed to initiate PrEP
- 58% (481) at 3 months
- 42% (345) at 6 months
- 35% (289) at 9 months.

High PrEP initiation at first ANC visit, followed by rapid drop off in PrEP continuation, especially in postpartum period.
There is an urgent need for PrEP integration into ANC and postpartum care including interventions to improve PrEP continuation.



CONCLUSIONS

- Our study implemented PrEP cascade into ANC and postpartum care.
- Despite high PrEP initiation at first ANC visit, a large proportion of women did not return for the 1-month refill visit.
- <50% of women continued after 6 months when in postpartum period, and 9% (73) of women restarted PrEP at the 9-month visit.
- More than half of the women who initially did not take PrEP at enrolment, initiated PrEP later 56% (104)
- **There is urgent need to facilitate integration of PrEP into ANC and postpartum care.**
- **Crucial to develop interventions to improve PrEP continuation, especially in postpartum care.**

ADDITIONAL KEY INFORMATION

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