High Uptake of CAB-LA PrEP Offered to Postpartum Women on the Maternity Ward in Botswana

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BACKGROUND

- The risk of HIV acquisition is high in the postpartum period and can result in vertical transmission via breastfeeding
- The Tshireletso study evaluated implementation of long-acting cabotegravir (CAB-LA) pre-exposure prophylaxis (PrEP) shortly after delivery, while women were still admitted to the postnatal ward
- This study assessed the uptake of CAB-LA PrEP among postpartum and breastfeeding women in Botswana from November 2023 – May 2025

METHODS

- Tshireletso offered CAB-LA PrEP to women without HIV who were admitted to the post-natal ward <14 days after delivery at two major delivery sites in Gaborone and Molepolole
- Women were eligible based on epidemiologic HIV risk criteria: age 18-30 years, or age >30 with <3 pregnancies
- Women who were medically unstable, taking contraindicated medication, moving out of the study area, or planning to get care outside government clinics were excluded

RESULTS

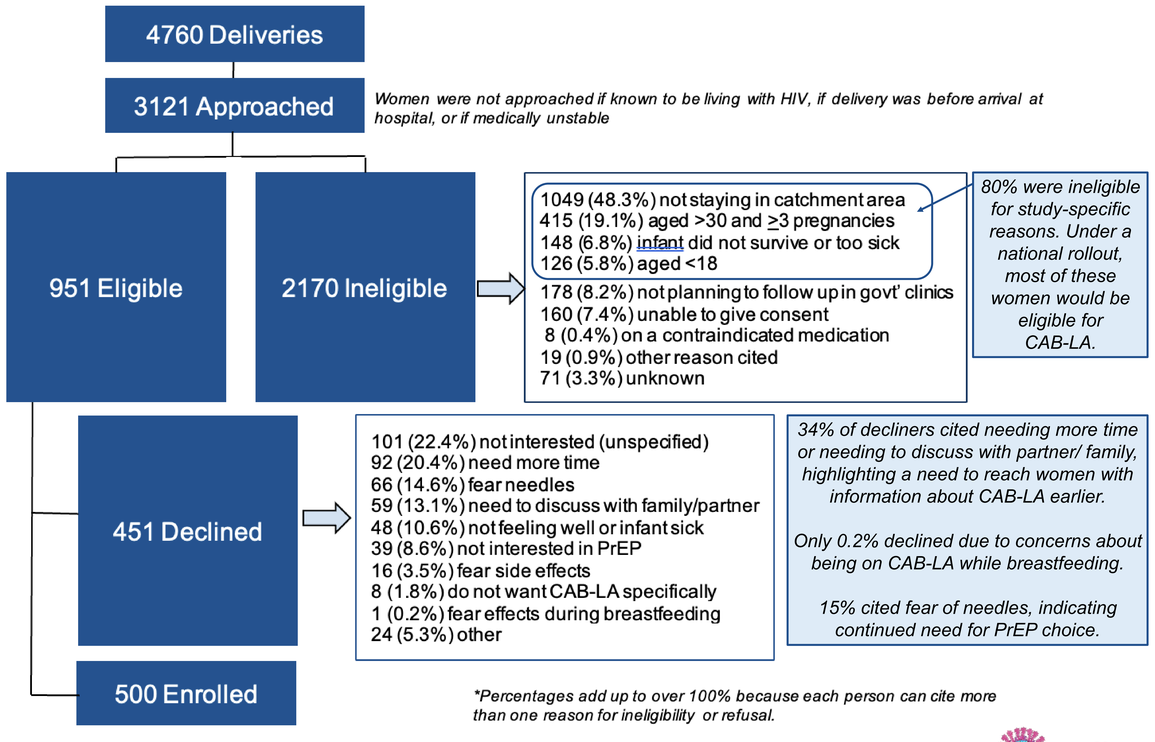
- The median age of enrolled women was 23 (IQR 20-27)

There was high uptake (>50%) of CAB-LA PrEP when offered to postpartum women in Botswana immediately after delivery. Initiating PrEP on the maternity ward may be an impactful strategy to improve PrEP uptake in young women.

Table 1: Maternal Demographics

Variable	Frequency (N=500)	Percentage (%)
Maternal Age (at enrollment)		
18-24 years	312	62.4
25-29 years	134	26.8
>=30 years	54	10.8
Parity		
1	246	49.2
2	154	30.8
>=3	100	20.0
Marital Status		
Single	477	95.4
Cohabitating	22	4.4
Married	1	0.2
Highest Education Level Completed		
None/ primary	11	2.2
Primary	11	2.2
Junior Secondary	191	38.2
Senior Secondary	210	42.0
Tertiary	77	15.4
Current Occupation		
Unemployed/ housewife	357	71.4
Self-employed	41	8.2
Salaried	73	14.6
Student	29	5.8
Feeding Plan for Child		
Exclusively breastfeeding	478	95.6
Combination breastmilk/formula	15	3.0
Exclusively formula	7	1.4

Figure 1: Enrollment Flowchart for the Tshireletso Study



*Percentages add up to over 100% because each person can cite more than one reason for ineligibility or refusal.

Table 2: Maternal Sexual History and Perceptions

Variable	Frequency (N=500)	Percentage (%)
Prior HIV PrEP use		
Any history of HIV PrEP use	70	14.0
Currently using HIV PrEP at time of enrollment	4	0.8
Condom use		
Any history of condom use	263	52.6
Currently using condoms at time of enrollment	52	10.4
Number of sexual partners in past 12 months		
>1	82	16.4
>2	26	5.2
Number of sexual partners >=5 years older (in past 12 months)		
>=1	310	62.0
>=2	26	5.2
Know/suspect any partners had other sexual partners		
Yes	192	38.4
No	295	59.0
Any history of exchanging sex for money/goods		
Yes	20	4.0
No	477	95.4
Partner HIV status (of those with current partner, N=344)		
Positive	19	5.5
Negative	262	76.2
Do not know status	63	18.3
Perceived lifetime risk of HIV		
At least some risk of getting HIV	353	70.6
At least some risk of baby getting HIV	159	31.8
Perceived HIV stigma (strongly agree/agree)		
People taking PrEP receive praise for being responsible	487	97.4
People taking PrEP are seen as promiscuous	147	29.4
People taking PrEP receive negative judgement	136	27.2

CONCLUSIONS

- Uptake of CAB-LA PrEP offered to postpartum women based on local epidemiologic risk factors (not individual risk factors) was high (over 50%)
- Maternity wards represent a practical and strategic entry point for initiating CAB-LA PrEP in young women

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