

Transcript Details

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Closing Gaps in HIV Care During Pregnancy

Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. William Short, who's an Associate Professor of Clinical Medicine in the Division of Infectious Diseases at the University of Pennsylvania Perelman School of Medicine in Philadelphia. He'll be discussing how HIV care during pregnancy is evolving to address unmet needs. Here's Dr. Short now.

Dr. Short:

So when I think about the most significant unmet needs in caring for pregnant women living with HIV today, I really think of three things. So one, I think of the information needed to care for pregnant women, such as pharmacokinetics and safety, which we know are often delayed after a drug receives FDA approval—sometimes on the order of six years.

The second one is when we think about caring for someone during pregnancy, it's really important that they come into care, they come in early, and we make sure everything's set. And I find now that one of the problems we have is late entry to prenatal care, and so that really causes a lot of delays and sometimes missed opportunities.

And the last one, I think, is really understanding what has evolved with infant feeding. So we know the guidelines shifted in 2023 to really be about focusing on not a preferred method of feeding, but really about a choice. And so it's really about having the discussion. We know data now has shown us that with a person who wants to breastfeed who's on antiretroviral therapy and virally suppressed, the rate of transmission is very low—around less than one percent. It's not zero. And I think it's about taking that and really getting it out to providers. And obviously, there's a lot of mixed opinions and feelings about this, but I think this is one of the really big highlights in the field that has really been an unmet need, especially for pregnant women.

So HIV treatment has continued to evolve. The HIV therapeutic landscape has really broadened. But I think what's been really key in the area of HIV therapeutics is the development and approval of the first complete long-acting injectable regimen. And unfortunately, like everything I just brought up, an unmet need is that key data around pregnancy, such as the pharmacokinetics and safety, have lagged behind.

So I think those advances in hearing about long-acting use in pregnancy and any data that's out there is really going to help because we know from all the data in non-pregnant individuals that patients want and prefer long-acting. They want to get rid of that daily pill. They want to get rid of that constant reminder about their HIV status. So that really becomes important.

And then we also have the same thing happen in the PrEP landscape, right? We now have multiple options for patients who want to use it, and we know that pregnancy is a period where there's an increased risk of HIV acquisition, so PrEP really becomes important in that landscape.

So looking ahead, I think what's really important for clinicians to consider with all these advances is: how do you take those advances and integrate them into the care of pregnant women living with HIV? It's really about a shared decision-making model. It really is about me coming in the room with my expertise and knowledge of what's going on and actually sitting and talking with the patient in front of me and showing them the options and really coming up with a decision together. And that's really important; an 'I'm coming to tell you this is what you need to take' approach doesn't always work. It really is helpful when you have the patient involved in that decision-making process.

Announcer:

That was Dr. William Short talking about the management of HIV during pregnancy. To access this and other episodes in our series,

visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!