

PERSISTING BARRIERS FOR U=U IN FAMILY PLANNING AND ASSISTED REPRODUCTION OF PLHIV

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Background

Despite its robust scientific evidence, the concept of U=U is inconsistently disseminated among healthcare providers, including specialists practicing in the context of family planning and assisted reproduction.

Methods

In this study, a self-completion questionnaire was applied for participants of an assisted reproduction seminar in Sao Paulo, Brazil, on May-2019. The survey included demographics, training characteristics, and attitudes on family planning and assisted reproduction for people living with HIV (PLHIV). A case vignette describing a serodiscordant couple planning to conceive (a man living with HIV under antiretroviral treatment with good adherence and undetectable viral load for ≥ 1 year; an HIV-uninfected healthy female partner), was presented for illustration. We explored if age, time since graduation and care for serodiscordant couples in routine practice were associated with survey responses.

Results

110 participants were included in the study. Most (87%) were female, with a median age of 35 years (range 20-60), and median time since graduation of 11 years (IQR 7-15). Overall, 82% were obstetrician-gynecologists and 53% reported to routinely care for serodiscordant couples. Most participants (96%) declared to strongly agree/agree that they would encourage the vignette couple to attempt pregnancy. However, only 38% declared to strongly agree/agree they would recommend conceiving naturally. Seventy participants (64%) reported to strongly agree/agree they would refer the couple for assisted reproduction even without evidence of infertility. Finally, 56% of the participants declared to strongly agree/agree that, in case assisted reproduction is used, sperm-washing techniques would always be indicated (Table 1). We found no statistically significant associations between age, time since graduation and routine care for serodiscordant couples and recommendations for conceiving naturally or referral for assisted reproduction despite lack of infertility.

Conclusion

Our findings show a critical gap between existing evidence for U=U and attitudes among specialists working with family planning and assisted reproduction. Additional training and education approaches on U=U should be implemented for these providers in order to improve care for serodiscordant couples planning to conceive.

Table 1: Responses to the serodiscordant couple vignette

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
A serodiscordant couple is planning to have a baby. The man lives with HIV, is under antiretroviral treatment with good adherence; he has undetectable plasma HIV viral load for ≥ 1 year. His partner is an HIV-uninfected woman without any comorbidities.					
Would you encourage the couple to conceive? (%)	46 (42)	60 (55)	2 (2)	2 (2)	0 (0)
Would you recommend conceiving naturally? (%)	12 (11)	30 (27)	18 (16)	36 (33)	14 (13)
Would you refer the couple for assisted reproduction even without evidence of infertility? (%)	24 (22)	46 (42)	10 (9)	28 (25)	2 (2)
In case assisted reproduction, is sperm-washing always be indicated? (%)	22 (20)	40 (36)	40 (36)	6 (5)	2 (2)