

# CONTRACEPTIVE METHODS IN WOMEN LIVING WITH HIV AFTER A PREGNANCY: CONDESA'S CLINICS, MEXICO CITY

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**BACKGROUND:** 82% of pregnant breastfeeding women living with HIV globally accessed antiretroviral treatment in 2022, this has led to a 58% reduction in new HIV infections among children from 2010 to 2022<sup>1</sup>. In Mexico, 37 cases of perinatal HIV transmission were reported in 2023, compared to 133 in 2018<sup>2</sup>. Contraceptive methods are a strategy to prevent perinatal HIV transmission, considering women's reproductive desire. This study describes the contraceptive methods provided to women living with HIV in two public Specialized Clinics in Mexico City.

**METHODS:** Cross-sectional study, of a cohort of pregnant women living with HIV in Condesa Cuauhtemoc and Condesa Iztapalapa Specialized Clinics, Mexico City. From August 2013 until March 2024.

**RESULTS:** 282 WLHIV, 47.8% (135) Chronic HIV women who knew their HIV diagnosis previous to their pregnancy and 52.1% (147) with newly diagnosed HIV during pregnancy. The formulations of contraceptives examined: Implanon®, Jadelle®, Mirena®, MiaCare®.

## SOCIODEMOGRAPHIC CHARACTERISTICS

<b>Age at HIV diagnosis</b>	23.5 years old (SD 7.5)
<b>Years living with HIV</b>	7.5 years (SD 5.5)
<b>Current age</b>	31 years old (SD 6.4)
<b>Education level</b>	
<b>Illiteracy</b>	5.6% (16)
<b>Elementary school</b>	24.4% (69)
<b>Middle school</b>	42.5% (120)
<b>High school</b>	20.5% (58)
<b>University</b>	6.3% (18)
<b>Postgraduate</b>	0.3% (1)
<b>Occupation</b>	
<b>Unpaid employment</b>	72.3% (204)
<b>Employment</b>	21.6% (61)
<b>Student</b>	2.8% (8)
<b>Unhoused</b>	2.8% (8)
<b>In prison</b>	0.3% (1)
<b>Civil status</b>	
<b>Common-law union</b>	73.7% (208)
<b>Single</b>	26.2% (74)
<b>Partner HIV status</b>	
<b>Serodiscordant</b>	50% (143)
<b>Concordant</b>	39.3% (113)
<b>Unknown</b>	3-5% (26)
<b>Age of beginning of sexual life</b>	16.7 years old (SD 2.7)
<b>Number of pregnancies</b>	2.3 (SD 1.5)
<b>Number of sexual partners</b>	
<b>1-3</b>	59.5% (168)
<b>4-6</b>	27.3% (77)
<b>More than 6</b>	2.1% (37)
<b>Resolution of pregnancy</b>	
<b>C-section birth</b>	87.9% (248)
<b>Natural birth</b>	6.3% (18)
<b>Legal interruption</b>	2.4% ( )
<b>Spontaneous abortion</b>	3.1% (9)

<b>CONTRACEPTIVE METHODS (n=282 women)</b>	
<b>Definitive family planning or sterilization</b>	57% (161)
<b>Intradermal implants</b>	19.1% (54)
<b>Hormonal intrauterine device</b>	10.9% (31)
<b>No family planning method</b>	12% (34)
<b>Unknown</b>	0.7% (2)

For women with sterilization and long-acting reversible contraception (such intrauterine device, implants), we always recommended the simultaneous use of a condom to provide protection against other sexually transmitted infections (STIs). We don't use oral contraceptive pills (OCPs) to prevent suboptimal adherence to ART and women can forget to take the pill every day.

<b>Mean age of women with:</b>	
<b>Definitive contraceptive method</b>	32.3 years old (SD 5.96)
<b>Hormonal intrauterine device</b>	29.3 years old (SD 6.84)
<b>Hormonal implants</b>	27.4 years old (SD 5.93)
<b>Women who declined contraceptive methods</b>	31.8 years old (SD 7.14)

Cesarean section was associated with acceptance of definitive contraceptive method (p<0.05).

Virologic suppression 66.6% (188), virologic failure 6.3% (18), lost to follow-up 25.1% (71), death 7%(5). Viral load at the end of pregnancy <1000 c/ml 96% (271) and mean CD4 418 c/ul (SD 236)

**CONCLUSION:** The acceptance of any contraceptive method in our population was high, always considering women's reproductive desire; however, we will continue to work in achieving 100% acceptance of a contraceptive method. Through this strategy, we aim to reduce mother to child HIV transmission.

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