**Clinical Chats Official Podcast Transcript**

**Title:** HIV, Pregnancy, and Reproductive Justice

**Speaker:** Dominika Seidman, MD, MAS

**Duration:** 00:28:51

**Katherine Atcheson (**[**00:05**](https://www.rev.com/transcript-editor/shared/HttgLUGPzJS7ALV0bn_s1c7SE_j8S3567-s_MlctL7aZcBsNy1w5VjB-_OKP2v8UkbkicKCXnYlsY6MbNZwNcVOfMSU?loadFrom=DocumentDeeplink&ts=5.22)**):**

Hello and welcome to Clinical Chats, a podcast for sexual and reproductive healthcare professionals. Clinical Chats, formerly known as the Family Planning Files, is a program from the Clinical Training Center for Sexual and Reproductive Health, or CTC-SRH, formerly known as the National Clinical Training Center for Family Planning, or NCTCFP. And is funded by the Office of Population Affairs in order to enhance the knowledge of Title X clinicians and other staff. I'm your host, Katherine Atcheson. In today's podcast, the last installment of our multi-episode series on reproductive justice issues, we'll be discussing HIV, pregnancy and how clinicians can support reproductive justice for patients desiring pregnancy who are also affected by HIV. Our guest today is Dominika Seidman, MD, MAS.

**Katherine Atcheson (**[**00:59**](https://www.rev.com/transcript-editor/shared/vvFFyOuR_z1BbkzlVSxENPo3Vbp-IuA4nIB5X4eURjaadx2LZOL41ntAPV24xZql7N5--5GejszElMA-sdc3x0q70iM?loadFrom=DocumentDeeplink&ts=59.01)**):**

Dr. Seidman is an assistant professor in Obstetrics, Gynecology and Reproductive Sciences at UCSF School of Medicine and an investigator at the Bixby Center for Global Reproductive Health. In addition to being board certified in Obstetrics and Gynecology, Dr. Seidman completed fellowships in both family planning and infectious disease, and her work focuses on the intersection of pregnancy care, prevention, and HIV.

**Katherine Atcheson (**[**01:26**](https://www.rev.com/transcript-editor/shared/33-7dTygz5IPfG6xw1B1z9xetQ7TWEFs6VqOciLbfMicF0WVBMJie090n1xpARwimnT5sOEo7j3LWBQxJEofThIHVgw?loadFrom=DocumentDeeplink&ts=86.28)**):**

Welcome to the podcast, Dr. Seidman. We're so excited to speak with you today.

**Dr. Dominika Seidman (**[**01:30**](https://www.rev.com/transcript-editor/shared/2mQxnPk9gstwpJxLYEW_-8MpmB1fnlOGBuGpArWDnvgqkQUVghrfpBboqUuN_sNrSkJ4FIb4PXf284-PIXubejGNJWc?loadFrom=DocumentDeeplink&ts=90.9599999)**):**

Thank you so much, Katherine, for having me and for focusing on this incredibly important topic.

**Katherine Atcheson (**[**01:35**](https://www.rev.com/transcript-editor/shared/WCOvfWhDLABchsyva1Qdc_ymQUq__ORhx9Yp1btTNRBMwpMbZZq4j0BdhB9lZFXITgcZqHCim518JHuzq7x5orek0QI?loadFrom=DocumentDeeplink&ts=95.76)**):**

So, to begin, can you tell our listeners approximately how many people of reproductive age live with HIV in the US currently and about how many babies are born each year to one or both parents who are living with HIV?

**Dr. Dominika Seidman (**[**01:51**](https://www.rev.com/transcript-editor/shared/SqFERHUv4GekS9vqEO9ohDMOFulDr7ItniHbkJ4xpterflJDts_hYeXpKU0rCojXILs6p55pFTBXVgBDJcqf39zQOKs?loadFrom=DocumentDeeplink&ts=111.45)**):**

So, there are... Big picture around a million people in the US living with HIV and around one in four to one in five of those individuals identify as women. We estimate around, almost 10,000 babies each year are born to couples affected by HIV.

**Katherine Atcheson (**[**02:09**](https://www.rev.com/transcript-editor/shared/oRz1-LyQYKoBLNkZzxBFcRrMh6XCetJhCU3QT3tiHuoVB2g20kn_UYyszji6Mz0K62V-Pa3k1e4kdf6fa_gGulJks68?loadFrom=DocumentDeeplink&ts=129.63)**):**

And why is it so important to talk about HIV and pregnancy within the framework of reproductive justice, aside just from the fact that there are thousands of people affected by this?

**Dr. Dominika Seidman (**[**02:23**](https://www.rev.com/transcript-editor/shared/qKKUR4newXot_XijZ9gKQtyszIe6rRpzm27vDke1luqEDmHvB1J5nNAYzQX76RNfDgHl6FfTMMVG9d-3t8oyjjFJ5SA?loadFrom=DocumentDeeplink&ts=143.4)**):**

I can't tell you how much I appreciate that you are focusing on this topic because women, and couples and families affected by HIV for so long have been told first and foremost that they can't or shouldn't reproduce. And then later on, if they were going to build their families, they need to do this in this very strict and confined framework that really is not supportive of people's family-building goals. And really tremendous, tremendous harm was done at the hands of the healthcare system to families affected by HIV through the processes of trying to dictate who should and should not reproduce.

**Dr. Dominika Seidman (**[**03:03**](https://www.rev.com/transcript-editor/shared/FLcTPBOAAk0KH18MaAiYDItDq5DvhgT_dAEkweEkm2xKhEtDWXfOj2TbyHWfAEta803OZgNBGX8mjtrzaIKNEVGkkPk?loadFrom=DocumentDeeplink&ts=183.96)**):**

And we know that one of the core concepts of reproductive justice is to support people to have and build their families when and how they want to in safe and supportive communities. And quite frankly, for many, many years, the medical community was not a safe and supportive community for those individuals. And so, the good news is that I think the medical community has made tremendous progress. We certainly have a lot more to go, but now we really want to correct many of the misconceptions and misinformation that has been shared, some of which was, again, based on science and some of which was based on stigma and discrimination. And so that is why, as I said, I'm really glad we're having this podcast today.

**Katherine Atcheson (**[**03:49**](https://www.rev.com/transcript-editor/shared/x8hv6L5v6GNQmdCxTK81VQPCanQ6iHU0vAuxPzjd3ElxF5Gjzied7zbmAFKBVbNehv80RefulEl5egydRJ4fc1An8Vg?loadFrom=DocumentDeeplink&ts=229.65)**):**

So, to get a little bit more specific, what are some of those common misconceptions seen in the medical community or just society at large about people living with HIV who desire to reproduce or build a family?

**Dr. Dominika Seidman (**[**04:05**](https://www.rev.com/transcript-editor/shared/Tw52mrsu4-TLoXXdYp3undKngyaGv132hkIwKID0Z6sUayWQQ6-iiyy1fxDY267ykOLNlZ_HQOgCbGbcmlMvVrKOKFY?loadFrom=DocumentDeeplink&ts=245.219999)**):**

Great question. So historically, one of the main misconceptions was that every person who is pregnant living with HIV would pass HIV to their child, which is absolutely incorrect. The second really common misconception is that any couple, if one individual has HIV and the other parent does not, there is a common misconception that automatically the other partner in that couple would acquire HIV by deciding to have a baby, which is absolutely incorrect and not supported by the science. There's two other pieces that I would just mention as major misconceptions. One is that everyone living with HIV who's pregnant needs to have a cesarean birth. And then two, everyone who is living with HIV and postpartum can't or should not breastfeed. All of those pieces were recommendations over time by the medical community and have been corrected over time. But again, the misconceptions continue. And so again, we're really trying to wind back the tapes and make sure we make evidence-based recommendations.

**Katherine Atcheson (**[**05:11**](https://www.rev.com/transcript-editor/shared/HDX6qGqwZLrAQWfdRNE238u10_KHm24e9UOQAXCVba5fWZ30FHXHu6X5-x9yETrcUxTN0mXjOji3tw2Dd-HLNYQ6Aqo?loadFrom=DocumentDeeplink&ts=311.13)**):**

So, let's say we have a patient who comes into our Title X clinic and states that she's desiring pregnancy within the next year, and she herself is HIV positive. What sort of preconception counseling and guidance would a clinician, therefore, want to give her that is evidence-based and respectful?

**Dr. Dominika Seidman (**[**05:35**](https://www.rev.com/transcript-editor/shared/FF7gvLZvuuCwwXyn3tsFMdRiLjfeKmXrsTFfFy1OZBT9IhRIiR6uSgtTxDLrKvu5TqAXKs1H3goutMaodCqBl-tC-V8?loadFrom=DocumentDeeplink&ts=335.16)**):**

So first and foremost, the most important piece, I would say, is welcoming that person into care and thanking them so much for the courage to share their pregnancy goals, and intentions and family-building goals are, with the clinician. The second piece is to really reassure that person that their pregnancy can be incredibly uncomplicated and low-risk, and they can meet their pregnancy goals, birthing goals in terms of routine prenatal care and routine birthing practices without really building in too many extra steps. The most important piece to make sure, is that the person is taking medicines for their HIV and that they're taking them consistently. If people are on medicines, taking them consistently, and have an undetectable viral load prior to birth, the likelihood of having a perinatal transmission or passing HIV to their baby is effectively zero. What we've learned over time, we used to think that the goal of preventing perinatal transmission would be achieved by making sure that people had an undetectable viral load, meaning the virus is not detectable in the blood by their third trimester.

**Dr. Dominika Seidman (**[**06:50**](https://www.rev.com/transcript-editor/shared/jc8gmRC2dDhOslzv3Us__6GTUs4THbXMPbnp893Oiitr-kaR3zw1gVWDNCa7FBhj-L0oFJSNUqjjXIRiZkBEBy3msXo?loadFrom=DocumentDeeplink&ts=410.16)**):**

But then there was this incredible French study that showed us that the earlier that people can be undetectable, the more likely we are to prevent perinatal transmission. So, if you are welcoming someone into your clinic in the preconception period, offering that information to them, letting people know that if you're taking your medicines consistently, if your viral load is undetectable before pregnancy and throughout pregnancy, the likelihood of perinatal transmission is effectively zero. That will be incredibly powerful information and it's such an important point to be able to share that with them.

**Dr. Dominika Seidman (**[**07:27**](https://www.rev.com/transcript-editor/shared/9fJq6UgAJYhmAqtWoMRTOrfpwqOn-zSZvKCC80GkT0Tz5jpf3qxdeKq4Je7GlCTKeQ_ssBLMjHEojdnaEZ73ELT55B0?loadFrom=DocumentDeeplink&ts=447.27)**):**

The other piece is to make sure that they are on medicines that are safe in pregnancy. The vast majority of medicines that people are on today are safe in pregnancy. And as a Title X clinic, what I would recommend is either asking the patient if they've shared this information, their goals around conception with their HIV provider, or there is an awesome resource called the National Clinical, NTCC. I'm blocking on the name, but it is a consultation line that is based at UCSF. That is national for providers to call with questions about people living with HIV, and you can call and ask if those medicines are safe in pregnancy. Also, the DHHS guidelines, the perinatal HIV guidelines are an excellent resource to refer to.

**Katherine Atcheson (**[**08:14**](https://www.rev.com/transcript-editor/shared/3PA5BCsTHWW6U9cNKe87M1C2zcJ2OW_SnlpQylahaCnXr1SYez09O3L9FGiLy0I9zGoE8wpYXSmNxfcJqlReExky5IM?loadFrom=DocumentDeeplink&ts=494.7)**):**

To switch the scenario a little bit., let's say our patient comes in and she's desiring pregnancy, and she says she herself is not HIV positive, but the partner she is hoping to conceive with is HIV positive. In that case, what would the clinician advise her?

**Dr. Dominika Seidman (**[**08:35**](https://www.rev.com/transcript-editor/shared/qTRmsvAxc2dMLbqbsTvFP49jhiY6KwcoSci2J5KneJalvdnSFyzdSD2ZgFN9Rk6OORbxxZC0oq_GYfd-byPdkyZRiWk?loadFrom=DocumentDeeplink&ts=515.34)**):**

So again, same approach. First and foremost is welcoming that person into care and saying, "Congratulations, I'm so excited to work with you on building your family." The next piece would be to gather some information about what that individual knows about her partner's HIV care. For example, does she know, or do they know, if their partner is taking medications? Do they know if their partner's viral load is undetectable? They may or may not know that, but that information is one of the most important pieces to help guide our patient around managing the likelihood of their acquiring HIV as they're trying to get pregnant. If their partner is living with HIV, and is taking their medicines consistently, and has a consistently suppressed or undetectable viral load, the likelihood of our patient acquiring HIV through vaginal sex is zero. There has never been a case, and that is based on really powerful data, but there's also incredibly advocacy work that's been done around this.

**Dr. Dominika Seidman (**[**09:38**](https://www.rev.com/transcript-editor/shared/3UkWhdAu4srzZa9U2FlsUQ2hc14k4MkzuhX7_9gW5Xg_KRJaIYXlV9TOTvVyNiEHAULmpltjX8XbS00soZtFVvIT_zo?loadFrom=DocumentDeeplink&ts=578.73)**):**

If people might've seen something called the U=U campaign, undetectable equals untransmittable, meaning if you have an undetectable viral load, it is impossible to transmit HIV to your partner. So, sharing that information with the individual and then helping our patient verify "Do we know if your partner is undetectable?" Many people don't know. One thing that I love to do with my patients in that scenario, if they're open to it, is having a joint visit with the partner, getting a release of information for the partner's provider, and then getting their viral load and touching base with the partner's provider about how we might increase the frequency of checking viral loads as they're trying to get pregnant during pregnancy and potentially during lactation to make sure that they stay undetectable. So that's one piece, relying on the critical data that we know that if someone has an undetectable viral load, it's impossible to transmit HIV to their partner.

**Dr. Dominika Seidman (**[**10:35**](https://www.rev.com/transcript-editor/shared/LO9nV8rpfIpv7Rr--T9Bd4mc5UdZmGHT2KOXJxMOYBXy8Sc_HQ_6_ybw9--da7HrdS4A3FzmKqM7Tge-ShY8oyzh_OM?loadFrom=DocumentDeeplink&ts=635.7)**):**

The second piece is to talk about additional ways to prevent HIV. There are a multitude of ways that include things like, first and foremost, some people decide that they want to use condoms and then have timed intercourse to limit the number of sexual experiences they have without a condom, which is an effective way of preventing HIV if you then combine it with another prevention method. So, for example, potentially you're having sex with a condom, you're waiting for your ovulation period to be happening, then you have sex without a condom. And then potentially, for example, you could use post-exposure prophylaxis for HIV prevention. Just around that exposure when you're having condomless sex trying to get pregnant, just as a reminder, post-exposure prophylaxis is for 28 days to prevent HIV. It's highly effective. It has to be taken within 72 hours of intercourse, and it's safe in pregnancy. So that's one method.

**Dr. Dominika Seidman (**[**11:35**](https://www.rev.com/transcript-editor/shared/zihPhLTnQOVSJjLld0JDSCOUd6-EDy7FGn3HuA4QM2m97i_dYkdkyKJ3bTMQdM3cpsIxWufEP7jMk7YeB0YFuCsr4G4?loadFrom=DocumentDeeplink&ts=695.099999)**):**

And then a third method is to start pre-exposure prophylaxis for HIV prevention, meaning you're taking medicine consistently all the time and you're having condomless sex with your partner. And when pre-exposure prophylaxis is taken every day by people with vaginas, it is also highly, highly, highly effective. So those are kind of three different methods that people can use. Of course, there is always the option as well of going the more costly route of going through, for example, reproductive endocrinology and infertility clinic where people wash the sperm. And that is an incredibly effective way at also preventing HIV, and for many people, it's prohibitively expensive.

**Katherine Atcheson (**[**12:19**](https://www.rev.com/transcript-editor/shared/fOENyNRlzBjajnnMy0-QkIjGA9CtUE4jjdfHw2syKJ-OLU9OijSYLk9f0hr49jX60UPKAzIRwxp9Sw_33N66HUgLysA?loadFrom=DocumentDeeplink&ts=739.8299999)**):**

And so, moving from beyond the conception period and the patient has questions about pregnancy, will she need a specialist pregnancy care if she's taking any of these medications? You've mentioned most of them are safe in pregnancy, but will she need to see any particular sort of doctor or have any particular considerations in her care?

**Dr. Dominika Seidman (**[**12:41**](https://www.rev.com/transcript-editor/shared/wByGQKeCpNigsqPnVWrDNFc3bIZlEkUM2Uxo7Qzg-wkW7RCORUEi0mEDzjj3T8aXQNN6lkX68fnY515m8bl57FYigqA?loadFrom=DocumentDeeplink&ts=761.85)**):**

Great question. So as long as someone is receiving their HIV medicines from someone, people can absolutely receive routine prenatal care with whomever they choose is the right pregnancy care provider for them, whether that is a midwife, or a nurse practitioner, or a physician, family medicine, obstetrician, what have you. I think the most important piece is that there is communication between the pregnancy provider and the HIV provider. And if the pregnancy provider is having difficulty being in communication with that person, again, I would refer people to those guidelines that I mentioned before and the national hotline where people can call in and ask questions about care of people living with HIV who want to be pregnant because they're a really important resource. But big picture, no, we do not consider, especially for people who are in care and on medicines, we do not consider these high-risk pregnancies.

**Katherine Atcheson (**[**13:40**](https://www.rev.com/transcript-editor/shared/FZEX-7ZFKPeUGSIafA5hBUO7GjQXq7_63Uup6Q9hsqy4KnAxr8BYBIh_d5q_P_eYqjSBvhAiqMr7CjNvsXbcAiB5t74?loadFrom=DocumentDeeplink&ts=820.139999)**):**

And I'd like to go back and talk about one of the kind of misconceptions you mentioned earlier that people living with HIV cannot breastfeed. What are the current recommendations around breastfeeding for patients who are either living with HIV or are taking pre-exposure prophylaxis?

**Dr. Dominika Seidman (**[**13:59**](https://www.rev.com/transcript-editor/shared/Qw2Us1TLUf_nN2yjuSSNFDRn6pppgajtqG1tLDMpcykLckEpPmEzutH6g9DlXSTFOyCIJIdZ82hT61vpKb9zCF2oHc4?loadFrom=DocumentDeeplink&ts=839.13)**):**

Great question. So, let's start with people who do not have HIV who are taking PrEP. We absolutely believe that those medicines are safe in pregnancy and in lactation, in breast- or chest-feeding, and we certainly support people to continue those medications. We know that if people acquire HIV while they are breast or chest-feeding, the likelihood of transmission to the baby is significantly higher than if they were living with HIV prior to pregnancy or conception. And so, we really, I think a lot of times, we think, "Oh, we've gotten through the pregnancy, the risk or the likelihood of the perinatal transmission is eliminated." Well, actually, that's not true if people decide to breast or chest-feed. So, we really encourage people who are breast- or chest-feeding, who decided that they needed PrEP during pregnancy, if they continue to have a chance of acquiring HIV. We absolutely think that continuing your PrEP is critical.

**Dr. Dominika Seidman (**[**14:58**](https://www.rev.com/transcript-editor/shared/V70xopaRnA5cNth-FkQXAizIHmOkwG2Y9sQbIdhi4uGeV0qoI7OvgFiyxb4PXxrKV3uHcfbv_9JVpFbDlFZJVbizC5Y?loadFrom=DocumentDeeplink&ts=898.02)**):**

There was actually a really cool study that was done among birthing people and their babies in Southern Africa where they looked at the medicine levels that are transmitted into the baby and into the breast milk. And those levels are incredibly, incredibly low. So based on those data, we think that it is safe to breast or chest-feed while taking PrEP. Now, switching to birthing people who are living with HIV, those recommendations have changed recently, and many people are very confused by them. Big picture over time, in the past, there was confusing recommendations, even to start with. Where historically, places like the United States and other places where there was access to clean water to provide safe formula to babies, the recommendation was not to breast or chest-feed, very clearly do not, because we know that HIV can pass through the breast milk into the baby, resulting in transmission to the child. Based on those recommendations and based on assumption that every person wanted to eliminate any possible risk of transmitting HIV.

**Dr. Dominika Seidman (**[**16:10**](https://www.rev.com/transcript-editor/shared/63YqEoVDflaeCaD6JTMsMD0-HvtFb4Sjc5pMHsCdpxFE4ETXwzG83ffNcMhvV80it-PvL0PPi_jSLRx-NdKIVtBGdmk?loadFrom=DocumentDeeplink&ts=970.529999)**):**

The US guidelines and many international guidelines in places where people had clean access to water was to formula feed. That's in contrast in places in the world where people did not have access to clean water. And the recommendation was including for people living with HIV to breastfeed. Now the reason that matters is for all sorts of reasons, and lots of people move around the world a lot, and it was really confusing for families to be in one place where they were recommended to breastfeed and, in another place, when they were recommended not to breastfeed. Part of the challenge was that the data that was coming out of places where people were breastfeeding was limited and was not a direct comparator to places like the United States and other countries where people have much more frequent access both to HIV medications and to frequent viral loads.

**Dr. Dominika Seidman (**[**17:03**](https://www.rev.com/transcript-editor/shared/0dopUIu2S9Gv3GS5gEC-2gfps5b2bdgHZsl3KSvOrHTCtlPV7vCuO4JPikHpPeCgrTt5hId_0V5BxJ2ea6Gt-odfeYg?loadFrom=DocumentDeeplink&ts=1023.33)**):**

So, fast-forward to now, more and more data have emerged that for people who have an undetectable viral load, it can be safe to breastfeed. And it does not mean that your baby will acquire HIV. The guidelines just recently came out, effectively that breastfeeding is an option for people who continue on their medicines and maintain an undetectable viral load. The challenge in that counseling is that, while we can say that during pregnancy, if people maintain an undetectable viral load from before pregnancy and through pregnancy, their likelihood of passing HIV to their baby is effectively zero. We can't say that about breastfeeding because there are one or two case reports in lower resource settings where there were cases of lactational transmission or transmission through the milk when it seems like people had an undetectable viral load and still there was enough HIV in the milk to pass to the baby, leading to acquisition of HIV in the child.

**Dr. Dominika Seidman (**[**18:12**](https://www.rev.com/transcript-editor/shared/raoBHLtBjimujvdKUhXJgo56ft3LvMe2qUeotPvCDW_lHgNwyzd8c9ABdJj2_iSw3ECMZffWQXa6mJxgyp7PHVzn6WE?loadFrom=DocumentDeeplink&ts=1092.059999)**):**

So again, the emphasis when we talk to people is we can't say that risk is zero. And in people who have continued to take their medicines and have an undetectable viral load, that risk is very, very, very low. So, what we recommend is to have shared decision making with the patients involving a pediatric infectious disease specialist who will help think about how to test the baby and monitor the baby, emphasizing to the birthing person how important it is if they're thinking about breastfeeding to continue to take their medicines in the postpartum period. And we know for so many people, whether they have HIV or not, that the postpartum period is a period of significant stress, and it's hard to take your medicines, whether it's ibuprofen or whether it's HIV medicine. And so, strategizing around how to support people to take their medicines and to minimize any likelihood of HIV acquisition.

**Dr. Dominika Seidman (**[**19:07**](https://www.rev.com/transcript-editor/shared/yA2paPJnKSql0d0si97LwGpxRiItheILzOwRPFN6ungd5NDc74R0Q41xehauzBEiGD_wYPEVCg7a9uXp76hGNbdNYA8?loadFrom=DocumentDeeplink&ts=1147.799999)**):**

For many people, when they go through that planning and talk to the pediatric infectious disease specialists, and again, this is a conversation where we would do quite a few referrals and conversations during pregnancy, that many people decide that there is also. And as we know, tremendous benefits of breast milk and so many people are now choosing to breast or chest-feed. The other piece that comes into that conversation all the time is that we work with many families for whom breast- or chest-feeding is a sign to their families that they don't have HIV. And we really want to listen to and hear what people are willing and able to do in the communities where they are living. So those conversations have so many different factors that are affecting people's feeding decisions, and we want to be open and listen to them because, at the end of the day, what we learned from those older recommendations when we're saying, "Don't do that." Is that people were doing what they needed to do anyways.

**Dr. Dominika Seidman (**[**20:02**](https://www.rev.com/transcript-editor/shared/PHhPpyq63K1ArVhi6_S6XVbTtErgSHd38YgSK9eGBdPkesagdS03TplzwqqOFIUplO3unq5-_PlBK4_6W6_njGi4XjE?loadFrom=DocumentDeeplink&ts=1202.28)**):**

And we really, this was again, an incredibly important reproductive justice issue, recognizing that we as healthcare providers were being incredibly patronizing, telling people how to best take care of their child when we weren't in the situation or in the shoes of that birthing person. So again, I really want to appreciate the advocates who have worked so hard to bring this issue to the fore and educate the medical community about how to first and foremost collect the data that we need to share with patients. And then, second of all, really listen to patients and use shared decision-making to share the medical evidence that we have, and then also respect the birthing person as the expert in her or their own abilities and goals around feeding, their own abilities and goals, and experience of being in the community, especially in the postpartum period, and then coming to a shared decision that's best for everybody.

**Katherine Atcheson (**[**20:58**](https://www.rev.com/transcript-editor/shared/j3O3IApTCS9Xp_xxv6gsDzIl2rr9qMmOtH06K8SIwD_00wKZ-ZjN-nqzo4tLSoKAZ3aV8PU4KHVmY9MEWbHx_koi2Vo?loadFrom=DocumentDeeplink&ts=1258.709999)**):**

And aside from all the issues and considerations we've talked about already, are there other factors or issues that clinicians should note when a patient desires pregnancy, and is living with HIV, or is part of a serodiscordant couple?

**Dr. Dominika Seidman (**[**21:15**](https://www.rev.com/transcript-editor/shared/egvbqKnIG3VLc1TsPvzGgSleZxts8EPOguESoRqu51Io5omo06TKe1Kq0RSPtQDIsQhDwYouDBDMPtgAI2g_OCLwFRc?loadFrom=DocumentDeeplink&ts=1275.959999)**):**

I think the most important piece is really, first and foremost, for someone living with HIV to make sure that they're taking their medicine. I think one, again, going back to that preconception period, there is a tendency when people are thinking about pregnancy in general, not infrequently to stop their medicines and just reinforcing how important and safe those medicines are in pregnancy. And if the provider doesn't feel comfortable providing that counseling, referring to someone who is, because that messaging is the most important thing that you can provide in the preconception period. Similarly, for someone who is not living with HIV but is in a serodifferent relationship, really emphasizing all of the range of ways that people can build their families without acquiring HIV, I think those are the two key messages that I would emphasize. And then lastly, the most important part is emphasizing, and appreciating, and congratulating someone for coming into care, making that environment incredibly welcoming.

**Dr. Dominika Seidman (**[**22:20**](https://www.rev.com/transcript-editor/shared/Hma6isJbSjt5pDVDlNir09XqcJzbQGhY9k16t6dOWhRhi9KTWu8qn73s6iXzeqgxf4dspfEDQ-quHQdtgx9IYQu5L6U?loadFrom=DocumentDeeplink&ts=1340.91)**):**

And I think one other piece that we can do, kind of on our side as clinics and as organizations, is making sure that we are very much not adding to any past experienced stigma, shame, or discrimination. And if your clinic is not used to taking care of someone living with HIV, please, please, please have your clinic do their homework in advance to make sure that, as an example, people aren't taking extra or different precautions when they draw blood. Making sure that there is not some big deal made out of the different type of blood tubes people need when their blood is drawn is an example, to check a viral load. Making sure that the labor and delivery unit where someone is birthing is prepared to take care of that patient's care as if it's a routine pregnancy care. And in particular, sometimes people may have not shared their HIV diagnosis with their families, making sure that the birth center is aware of who is aware of the HIV diagnosis and who is not, so that there's not an inadvertent disclosure at the birth center or in the labor and delivery unit.

**Katherine Atcheson (**[**23:30**](https://www.rev.com/transcript-editor/shared/zFFJ9DAtn_a6pwBfLSl6sNlPujF2jfHrHEATiMDMwnagB0BuPpcbF4UyoxafzW9LHAdwDIWRvzVzPLLeJw8OMPHBSjU?loadFrom=DocumentDeeplink&ts=1410.1199999)**):**

Well, this has been an absolutely wonderful conversation, but before we go, you mentioned that there's some also really great resources for clinicians who might want to learn more or have questions about patients who desire pregnancy and are affected by HIV. What might some of those resources be, and are there also some good resources for patients themselves to learn more as they start on their pregnancy journey, their family building journey, who are also living with or affected by HIV?

**Dr. Dominika Seidman (**[**24:01**](https://www.rev.com/transcript-editor/shared/X5p0ZVpTcsvIfwx18JRbEvtfAaTpgN7xF74R0nQbyDYarYhOknwfSu5bXZRpIEVUxAuSb680mNpdGoXFnAiz83kUTeQ?loadFrom=DocumentDeeplink&ts=1441.32)**):**

Absolutely. And I'll go into those resources in just a second, but before I do, I just wanted to appreciate one more time. The women living with HIV, the birthing people living with HIV, and the advocates who have pushed so, so hard to really educate us as clinicians about the importance of respecting and supporting the family-building goals of these families and couples. And we would not be having this conversation without their tremendous work and advocacy, which fell on, for so many years, deaf ears. And some of the resources that I wanted to mention are from patients’ voices, and I think as clinicians, it's equally important that we listen to and look at the scientific evidence as the experiences of patients and families who have been navigating these areas for so long. So, in terms of resources, there's a couple of different resources I would point people to in terms of just strict clinical guidelines.

**Dr. Dominika Seidman (**[**24:59**](https://www.rev.com/transcript-editor/shared/eXod8CBQDuV8BXDPZMguaFk9B5RO701CWBmAuWUlVc-Lxf81eEWASuL6_SpunQy-TDv9-TH15yO-o8rO1_a8GUQPKIA?loadFrom=DocumentDeeplink&ts=1499.22)**):**

The perinatal HIV guidelines are incredibly useful. If you Google "perinatal HIV guidelines," they will come up. That is a very long document, but it's nicely broken into sections of preconception care, during pregnancy, medications, et cetera, and have condensed recommendations at the beginning of each section. What's amazing about those guidelines is they are updated regularly, so you will never get misinformation from them. The second kind of clinical guideline or resource I would recommend, as I mentioned, is the perinatal HIV hotline, which you can also Google. It's a phone number or an email where only providers, that is not for patients to call, but only providers can call and get a consultation with an expert around HIV medicines, both in and outside of pregnancy. And you can also ask questions about PrEP, or post-exposure prophylaxis, through that phone line.

**Dr. Dominika Seidman (**[**25:49**](https://www.rev.com/transcript-editor/shared/WdbidNgRS4HuxjEaGRHhpw5F6_VPpeDj9838QcXwmNcrxN-uFye6AhygvZ66Ri-h4CmQJc-EAmG2o8OGogSNc9hxOHc?loadFrom=DocumentDeeplink&ts=1549.53)**):**

In terms of resources for affected individuals, I wanted to highlight a couple. TheBody is a great resource that has done a ton of work over time with people living with HIV, and there is information there as well as, I believe, some blogs and interviews with people living with HIV related to parenting. Also, I'd highlight HIVE, H-I-V-E online.org, which has some resources. In particular, there's patient facing resources for serodifferent couples who want to get pregnant, as well as some... More and more resources around breastfeeding in the setting of HIV.

**Katherine Atcheson (**[**26:28**](https://www.rev.com/transcript-editor/shared/mGnS-uU19DVhQWy53DGmOL7DAPjXNHXYLygihaUr9P9MWkkLWaWYgJac1wJF-CydAtHRz3hshy9SEsc5_BAGXFf-2UI?loadFrom=DocumentDeeplink&ts=1588.14)**):**

Well, thank you so much for joining us today, Dr. Seidman, and for sharing your time and expertise with our listeners.

**Dr. Dominika Seidman (**[**26:35**](https://www.rev.com/transcript-editor/shared/ERCS_SO_GPXrPMEvAqPe1nmrlSsQNITaFfjo1P9WUF4fyto1BI7uuB5fkgipdCcQH2b6YWx3-LT43wk3d93Ig4LfBMU?loadFrom=DocumentDeeplink&ts=1595.34)**):**

Thank you for having me.

**Katherine Atcheson (**[**26:36**](https://www.rev.com/transcript-editor/shared/HWZULp2YSoE0IAbHxe2C2QMZHlsZizWrMMzqtFrlrnmCTdSPLCkvtHXK2E6ifivyFNL4zSIQJjaQ3o_7026n9gFmJxw?loadFrom=DocumentDeeplink&ts=1596.57)**):**

If you'd like to hear more from Dr. Seidman about providing care within a reproductive justice framework, she will be speaking at the Virtual National Reproductive Health Conference from the CTC-SRH, taking place from September 11th through the 13th. And there are still open registration places. For previous podcast episodes, search for clinical chats or subscribe to our show on iTunes, Google Podcasts, Spotify, or wherever you listen to podcasts. For a transcript of this podcast as well as other online learning activities and continuing education opportunities, please visit our website at ctcsrh.org. While you're there, you can sign up to receive our newsletter at the top of the page. You can also follow the CTC-SRH on Twitter @ctcsrh, all lowercase, and also on LinkedIn. The CTC-SRH is funded by the Office of Population Affairs to provide continuing education training and technical assistance to Title X grantees, sub-recipients, and service sites and is supported by DHHS grant number 5 FPTPA 006031-02-00.

**Katherine Atcheson (**[**27:51**](https://www.rev.com/transcript-editor/shared/rC_iJTh3PnLuc8PLYtWJJwbX5hSEGYwzdzL6SL8KQxiPItirjiyLYQo4YgmFth4D8C2P48ekEGWiLjnlbJFWooQM0NI?loadFrom=DocumentDeeplink&ts=1671.059999)**):**

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**Katherine Atcheson (**[**28:36**](https://www.rev.com/transcript-editor/shared/I1xNoDd0CLWadXbKlwtd5J2AZL45LJlE0PeR02VKG4DuemZBcDX7trMt1mUegL2B2zzw55ztegT72rudJUcyKxS4wIQ?loadFrom=DocumentDeeplink&ts=1716.15)**):**

Finally, thank you to our listeners for tuning in today. We hope that you'll join us next time for another episode of Clinical Chats.