



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center



a hub of positive reproductive & sexual health

www.hiveonline.org



A Positive Outlook

for HIV-Affected Individuals,
Couples & Families

Shannon Weber, MSW
HIVE Director
ZSFG/UCSF

HIVE

A Hub of Positive Reproductive & Sexual Health

Founded in 1989 at Zuckerberg San Francisco General Hospital.
Formerly Bay Area Perinatal AIDS Center (BAPAC).



What do we do?

HIVE Clinic: multidisciplinary preconception, prenatal, gynecologic and sexual health care to women living with HIV as well as HIV-affected couples.



MON

TUE

WED

THU

FRI

Care Coordination ▶
[Daily, Mon-Fri]



Care Coordination ▶

Care Coordination ▶

Care Coordination



Intensive Case Management
[Daily, Mon-Fri]



HIVE Case Conference

Doctors, Nursing
Social Work
Pharmacy

HIVE CLINIC

Family Physician
Obstetrician &
Social Worker Appointments



Intensive Case Management

Counseling & Social
Services for clients and
their families

Homeless Prenatal Program



New Beginnings Meeting
Social Worker [Monthly]

OB-Psychiatry Rounds Meeting

Social Worker [Weekly]

WARD 86

Reproductive
Health Clinic
[Monthly]



Family Services Network Meeting

[Monthly]

Post-Partum Case Conference

[Monthly]

Family HIV CLINIC

Family
Physician
& Social
Worker
Appointments

Family HIV Clinic Case Conference

[Monthly]



Pre-Exposure Prophylaxis

Connection to PrEP for women & serodifferent couples nationally

Care coordination with ZSFG Ward 86 PrEP Clinic

Find a PrEP provider in California:
www.PleasePrEPMe.org

Preconception

Preconception counseling for women, seroconcordant, and serodifferent couples, including infertility evaluation.



Intensive Case Management

Counseling and social services for clients and their families, including assessment & referral for:

- Mental health treatment
- Alcohol/drug treatment including methadone
- Smoking cessation
- Housing & transportation
- Legal services
- ADAP, Medi-Cal, financial benefits (SSI, TANF, GA)
- Parenting support and child-care

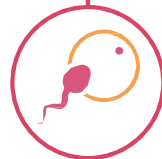
Prenatal & Postpartum Care

- Outpatient and inpatient high-risk obstetrics
- Department of OB/GYN
- Psychiatry
- Genetic counseling and testing
- Nutrition and health education
- HIV testing
- Level III Labor and Delivery, Intensive-Care Nursery, and Well-Baby Nursery



PrimaryCare

For people living with and affected by HIV



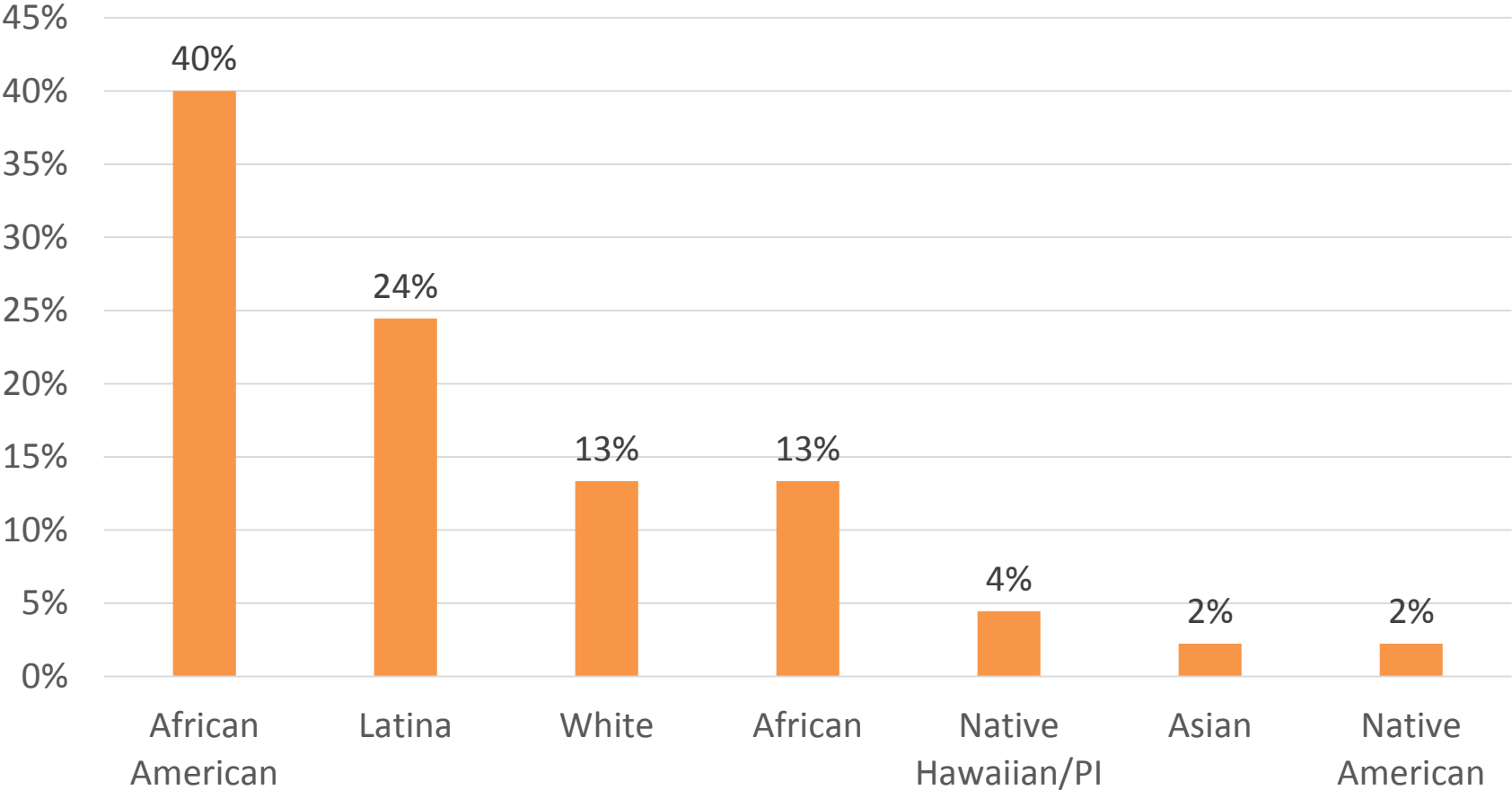
Who do we serve?

- HIVE patients are of reproductive age (13-49), lower socioeconomic status, and insured through Medi-Cal.
- Women living with & affected by HIV who are pregnant/postpartum or wish to conceive. Men living with HIV who desire parenthood.
- Live in San Francisco & surrounding area.

Demographics (2015-2016)

n=45

Race



Demographics (2015-2016)

n=45

49%

history of substance use

51%

history of mental health diagnosis

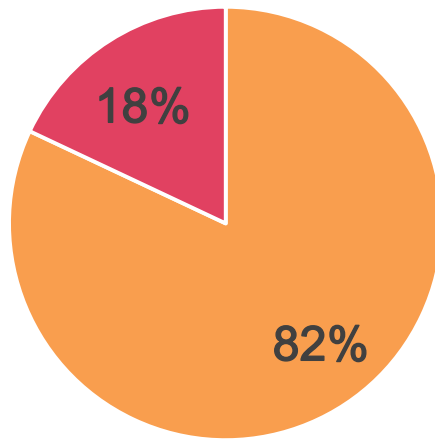


HIVE: 2006-2016

210 women served

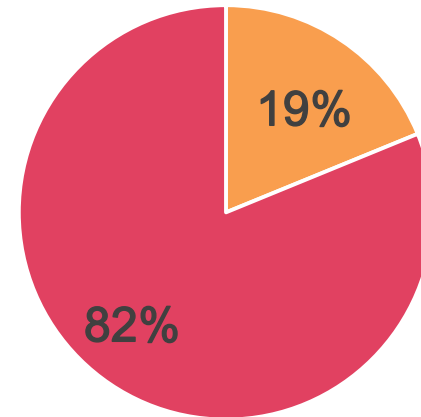
4,153 in-person & telephone visits

HIV Status: 2006-2016



■ HIV-negative ■ HIV-positive

Preconception vs. Pregnant/Postpartum:
2006-2016

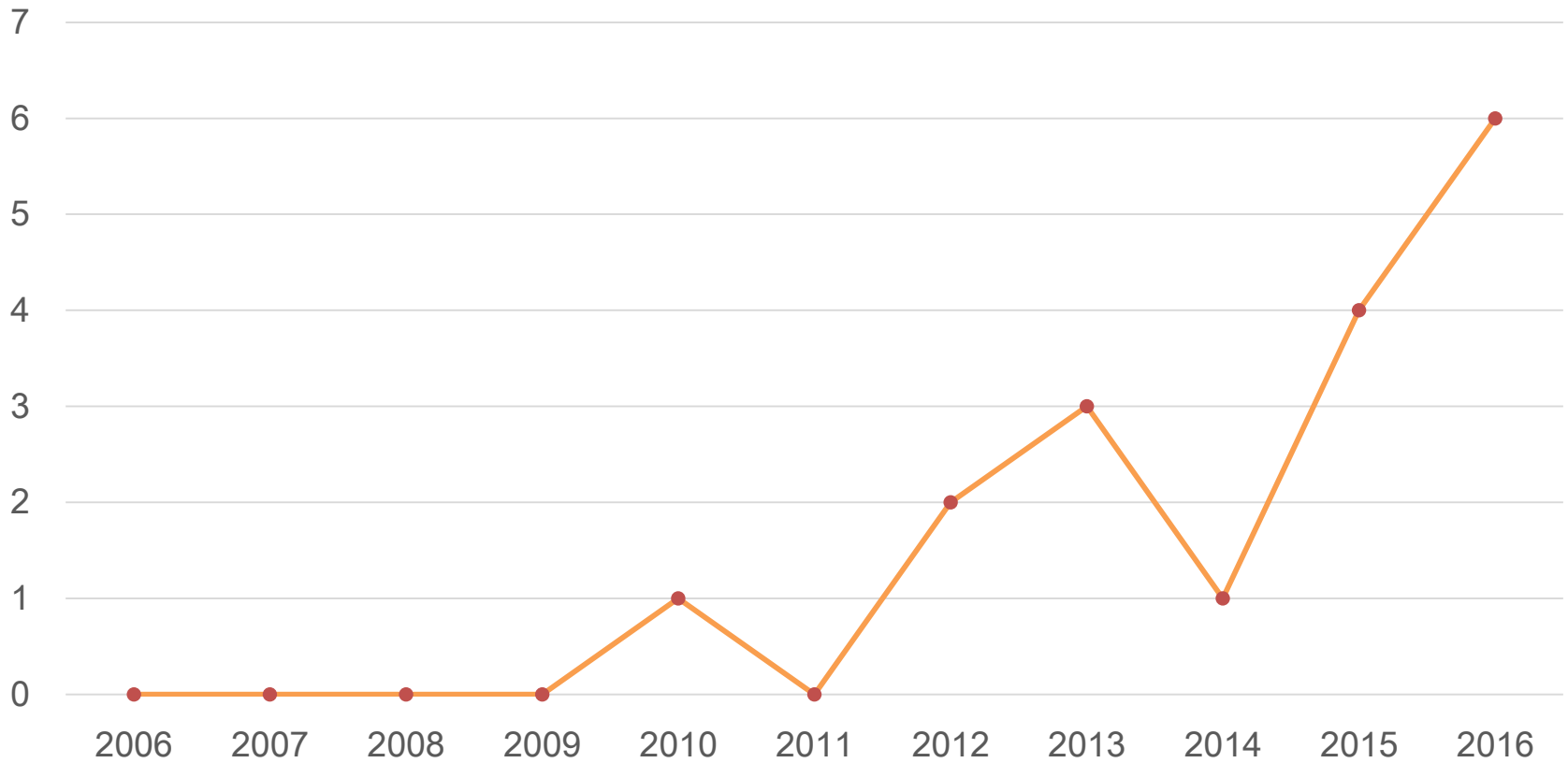


■ % preconception ■ % pregnant/postpartum



HIVE patients on PrEP

of HIVE Patients on PrEP: 2006-2016



HIVE Clinic Visits

- Between 2012-2016: patients attended average of 20 visits
 - In 2016 (average):
 - 20 HIVE social work visits (range: 1-49)
 - 7 HIVE primary medical visits (range: 1-18)

Intensive Case Management

- Text & phone access to social worker
- Counseling & social services for clients and their families, including assessment and linkage to:
 - Mental health treatment
 - Alcohol/drug treatment, smoking cessation
 - Housing, HIVE hotel stabilization for immediate relief from street homeless
 - Transport & basic needs (food, infant supplies)
 - Legal support: family courts, CPS reunification, restraining orders, probation
 - ADAP, Medi-Cal, financial benefits (SSI, TANF, GA)
 - Parenting support & child-care (school enrollment)
 - Asylum and immigration assistance
- Support with HIV disclosure

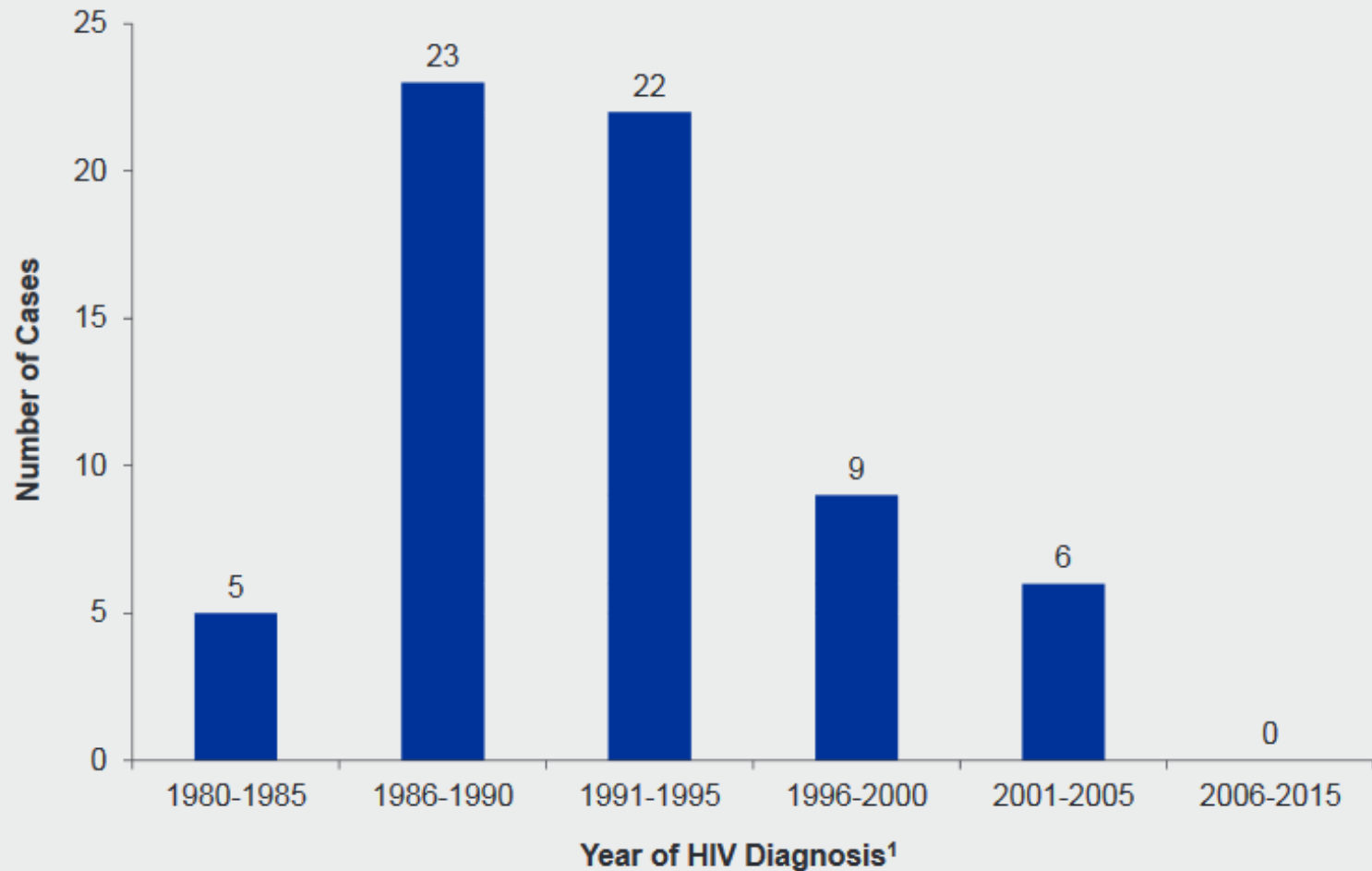
0

**babies born with HIV in
SF since 2004**



Perinatal HIV transmission in SF

Figure 11.1 Number of children diagnosed with HIV infection by time period of HIV diagnosis, 1980-2015, San Francisco



Don't let services end postpartum

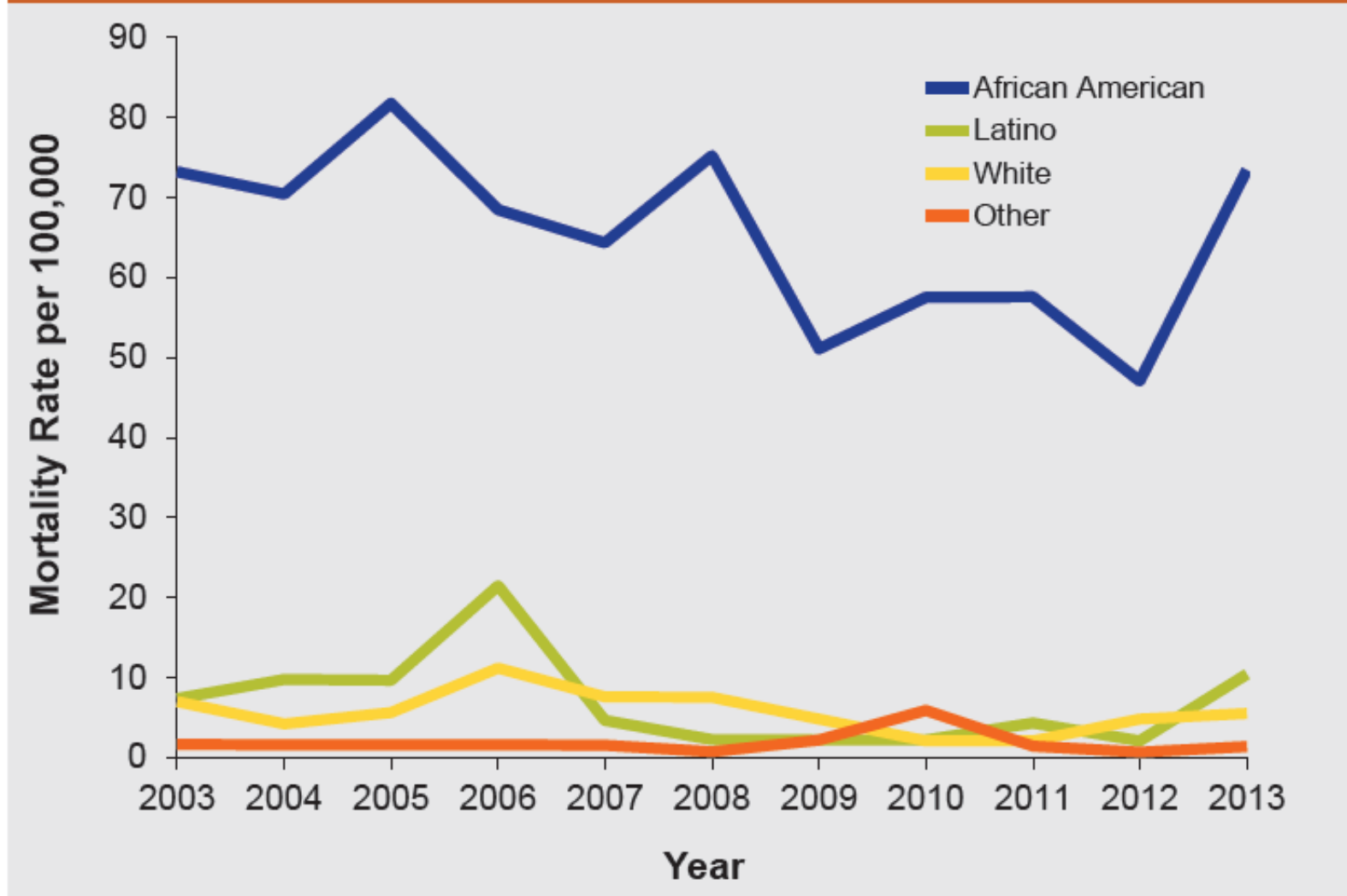
2004-2016

- Perinatal transmissions *in SF*: zero
- Maternal deaths *of HIVE clients*: nine
 - 4 virally suppressed at birth
 - 4 died within 2 years of birth
 - 7 died of HIV-related causes

HIVE maternal death review 2016, unpublished data.

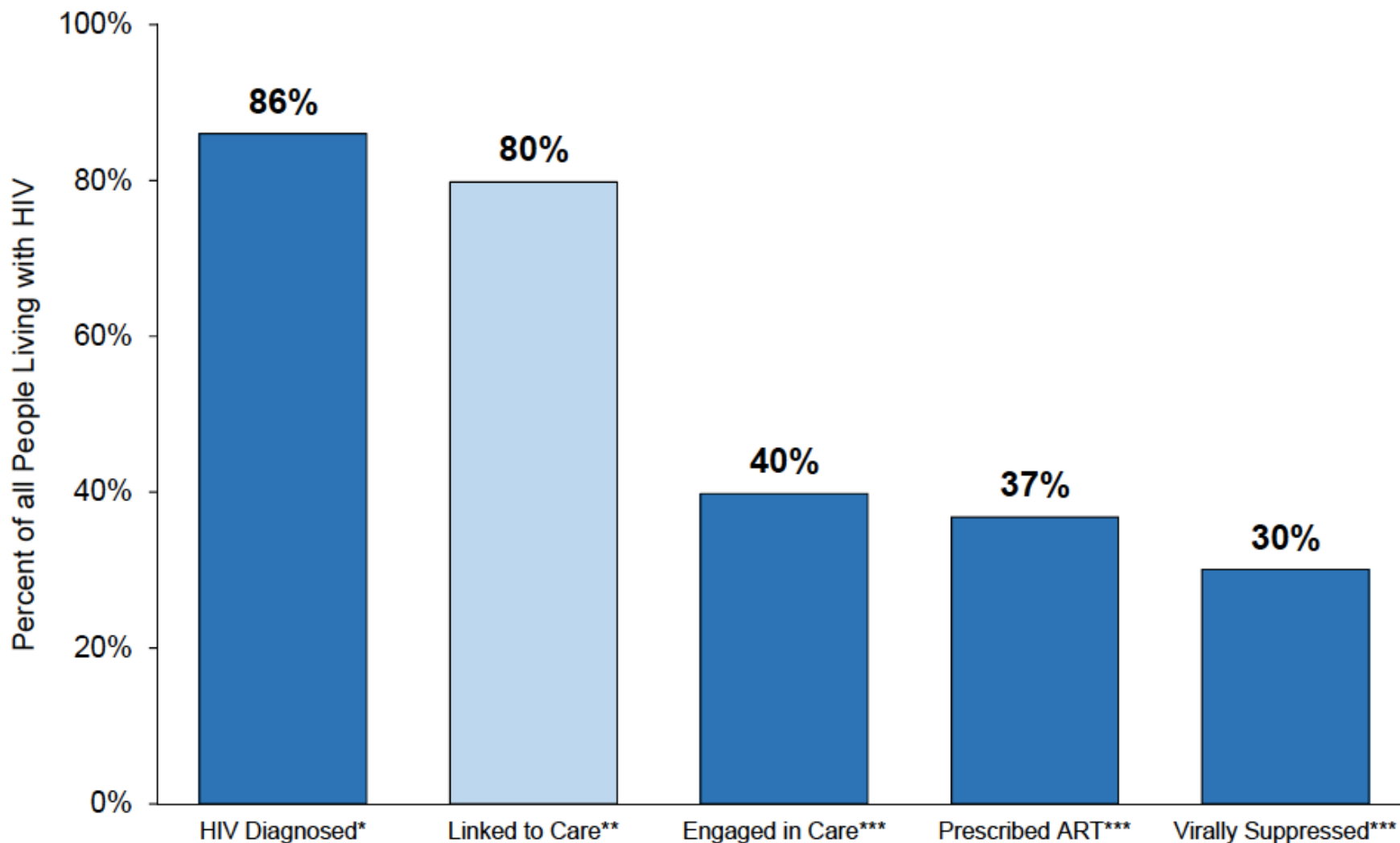


Figure 5.3 Mortality rates¹ among women diagnosed with HIV infection per 100,000 population by race/ethnicity, 2003-2013, San Francisco



¹ Mortality rates are calculated as the number of HIV cases who died each year divided by the population by sex and race/ethnicity. See Technical Notes for “HIV Case Rates and HIV Mortality Rates.”

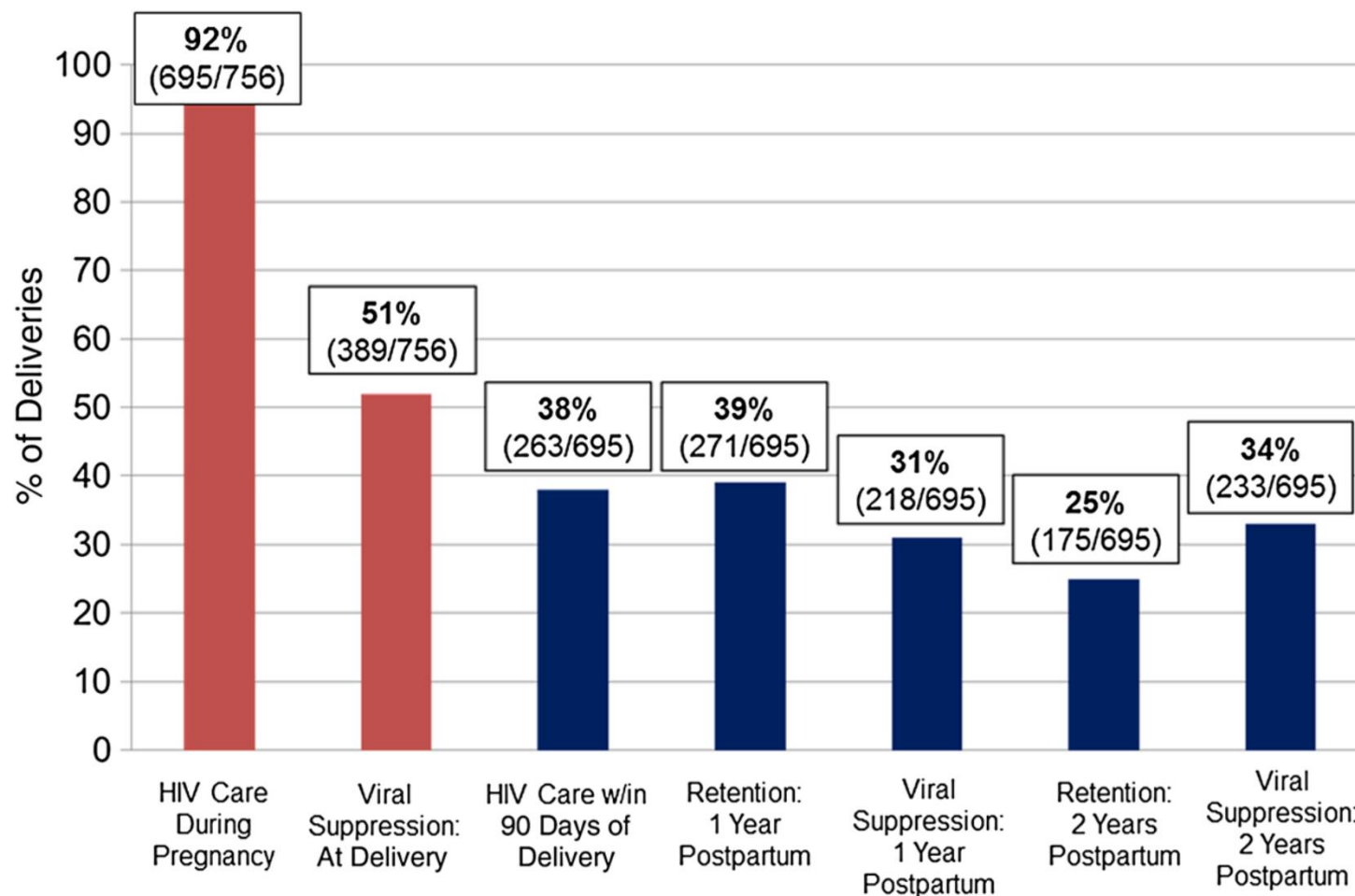
The HIV Care Continuum in the United States, 2011.



Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2012. HIV Surveillance Supplemental Report 2014;19(No. 3). <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2014. Accessed January 16, 2014

From: Postpartum Engagement in HIV Care: An Important Predictor of Long-term Retention in Care and Viral Suppression

Clin Infect Dis. 2015;61(12):1880-1887. doi:10.1093/cid/civ678

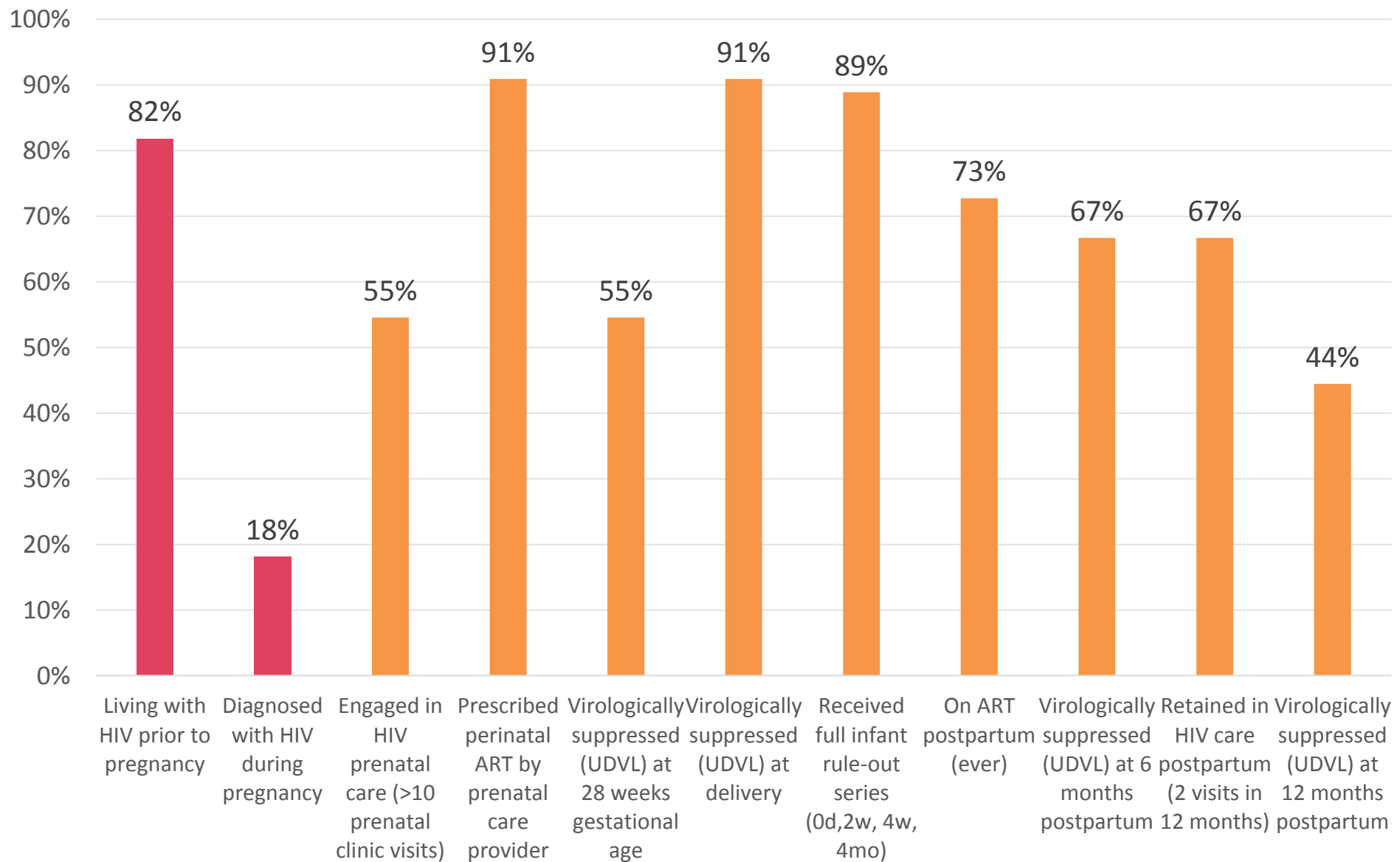


Human immunodeficiency virus (HIV) care engagement during pregnancy and for 2 years postpartum for 598 HIV-infected women (n = 756 deliveries), Philadelphia, 2005–2011.

Table 2: FSN Perinatal Outcomes Along the HIV Continuum of Care

| HIV Continuum of Care Stage ¹ | 2014 | 2015 | 2-year average |
|--|--------------------------|--------------------------|----------------|
| I. Number of pregnant women linked to FSN specialty HIV prenatal care ² | 23 | 20 | -- |
| II. Number of pregnant women newly diagnosed with HIV | 2 | 3 | -- |
| III. Number of women linked to FSN HIV prenatal care within 30 days of pregnancy diagnosis | 23/23 (100%) | 18/20 (90%) | 95% |
| IV. Number of women fully retained in FSN HIV prenatal care (> 10 prenatal clinic visits) | 18/23 (78%) | 14/17 (82%) | 80% |
| V. Number of women prescribed perinatal ART by FSN HIV prenatal care provider | 23/23 (100%) | 20/20 (100%) | 100% |
| VI. Number of women virologically suppressed (undetectable HIV viral load) at delivery | 22/23 (96%) | 11/16 (69%) | 85% |
| VII. Number of women retained in FSN postpartum HIV care (2 visits in 12 months) | 14/23 ³ (60%) | 11/16 ³ (69%) | 64% |
| VIII. Number of women confirmed as retained on appropriate postpartum ART | 14/23 (60%) | 6/16 (38%) | 51% |
| IX. Number of women confirmed as continually virologically suppressed (undetectable HIV viral load) through 12 months postpartum | 6/23 (26%) | 6/16 (37%) | 31% |

HIVE Treatment Cascade (2015)



Improving outcomes for postpartum WLHIV

- Pilot an innovative, patient-centered postpartum treatment adherence care model to improve ART provision and viral load suppression among HIV-positive women in San Francisco
- Funded by HRSA Ryan White Part D grant, 1 year period
- Carried out by Family Service Network (FSN), a multi-agency collaborative of inter-professional providers serving women, infants, children, and youth (WICY) living with HIV
 - FSN members: HIVE, Family HIV Clinic at FHC, Rita de Cascia, SFGH HIV/AIDS Division (W86), UCSF Women's HIV Program, Larkin Street Youth Services, South Van Ness Adult Behavioral Health Services, UCSF Pediatric AIDS Program, Substance Treatment Outpatient Program.

Postpartum Intervention Pilot

Project goals:

- Strengthen patient self-efficacy, ART adherence, engagement in care, and overall health status.
- Reduce HIV-related health disparities among HIV-positive women, especially women of color living in poverty in SF
- Eliminate perinatal HIV transmission; present and future
- Improve tracking for early identification of risk factors and early intervention with intensive case management
- Utilize patient navigation as a tool to improve retention



EMCT Risk Assessment Tool

| Check all that apply | Comments |
|---|----------|
| HIV diagnosis and care | |
| New HIV diagnosis during pregnancy | |
| Late HIV diagnosis (in 3 rd trimester/postpartum) | |
| Detectable HIV RNA (viral load) ¹ | |
| History of detectable HIV RNA in the past year | |
| Lack of HIV care engagement prior to or during pregnancy, e.g., 2 or more consecutive missed visits for HIV care | |
| Pregnant woman with perinatally acquired HIV infection | |
| Has an HIV positive child | |
| Obstetric Care | |
| Missed prenatal care appointments | |
| Infant feeding concerns, wants to breastfeed | |
| Pre-term delivery | |
| OB, HIV &/or Pediatric care not co-located | |
| Social and System | |
| Partner/family/key support network unaware of HIV diagnosis | |
| Lack of social support network | |
| Non-English speaking | |
| Undocumented legal status | |
| Low health literacy | |
| Lack of transportation | |
| Unstable housing/homeless | |
| Intimate partner violence | |
| History of involvement with child protective services | |
| Recently incarcerated (mother or partner) | |
| Exchanging sex for money or drugs | |
| Inability to pay med copays or out of pocket expenses, underinsurance | |
| Medicaid during pregnancy only, loses coverage postpartum | |
| Mother/Child receiving services in different jurisdictions and or funding sources, i.e., across state or county lines | |
| Mental Health/Behavioral Disorder | |
| Current or previous history of depression | |
| Psychological and/or mental illness NOT adequately managed | |
| Current or recent past history of substance abuse/alcohol abuse | |
| Developmental delay(s) or intellectual disability | |

Outcomes to be measured

- All risk factors in ERAT assessment – pilot project will help determine most salient risk factors
- Custody of infant, custody of prior children
- Viral load throughout pregnancy and post-partum: at intake, delivery and post partum
- Retention in care: % post-partum visit appointments attended, proportion missed
- Completion of infant HIV ruleout
- Co-located maternal and infant services
- Proportion of patients with a fully-developed postpartum care plan



HIVE Partnerships

- 5M Women's Health
- Homeless Prenatal
- HOT/HHOME
- Rita da Cascia
- Ward 93 methadone clinic
- South Van Ness Mental Health
- Ward 86
- Compass
- Family HIV Clinic
- Maitri
- 6C Women's Options
- CPS
- Ob Psychiatry



Refer to HIVE

- Call HIVE clinical social worker Rebecca Schwartz at 415-206-4240.
 - Provide the following information:
 - Patient name
 - Patient DOB
 - Patient insurance information
- The HIVE team will obtain approvals for the patient to be seen at HIVE Clinic.



PRO-Men (Positive Reproductive Outcomes for HIV+ Men) Focus Groups

“All the men know how to get babies. And people with HIV know how to abstain from having sex. But if you have sex with a woman who doesn't have HIV and try to have a baby? We want information on what to do and how to do it. Because I still don't know how to do it.”

-PRO Men focus group participant, July 2012



HIVE Ward 86 Repro Health Clinic

- Guy Vandenberg, RN, MSW & Shannon Weber, MSW
- Patients or couples in serodifferent relationship.
- HIV-disclosure, transmission risk, prevention.
- Questions about family planning & HIV.
- Single parenting, co-parenting or surrogacy.
- Assessments, patient-education and counseling, referrals to W86 PrEP Clinic.
- Refer your patients!

Guy.Vandenberg@ucsf.edu

415-206-2482





Positive Outcomes for Women Engaged in Reproductive Health

- Audience: HIV-negative women who may be exposed to HIV & their partners.
- Online, multi-modal platform
- FY15-16: www.hiveonline.org had 41,254 unique page views; 15,850 unique visitors.
 - Social Media Impressions: 825,901

Hangouts with HIVE

- PrEP Champions
- PrEP for Women: SF Story
- PrEP Awareness Campaigns
- PrEP in Family Planning Clinics
- Beyond Compassion
- PrEP Pharmacokinetics
- Making PrEP Work for Youth
- Frameworks for Getting to Zero
- Where's My PrEP
- POWER Health
- GlobalSHARE



1,857 views

HIVEonline.org

Resources for providers

- ❖ Integrated resources on sexual & reproductive health
- ❖ Videos of how to counsel patients
- ❖ Sample order sheets

Resources for patients

- ❖ Information sheets on prevention options in and around pregnancy (Spanish & English)
- ❖ Videos of patient experiences

HIVE Blog



Yes, I Can

3 years ago, while living in Moscow, Russia I was diagnosed with HIV. Today I live in San Francisco, my viral load is undetectable, my CD4 count is at a normal level, and 2 months ago I gave vaginal birth to my healthy, HIV-negative son.



PrEP: Beneficial for Me

I found PrEP to be beneficial for me because I had two sex partners and wanted to protect us all and improve my chances of remaining HIV negative. I am aware that PrEP doesn't prevent other STIs or pregnancy, but I think using it is a good choice for me to prevent HIV.



Living with HIV, Having Kids, & the Importance of Medication Adherence

I want a second chance with a new child of my own who I can raise and love throughout his whole life, living in the same city, and with lots of stability. I feel as though I'm in the right place, financially, mentally, and me and my girlfriend both love each other dearly.





Advances in living with HIV is HIV-) who This pamph



Getting Res

Step 1. Help Many studie HIV viral loa you getting t difficult to ge

Step 2. Get It is importa don't cause HIV, may lov

Step 3. Imp Planning for have medica ing your he screening te sider getting

Quit smoki creases fert smoke often helpful ways using drugs.



Advances In HIV are a number o This pamph



Step 1. Getting Many studie HIV viral load (so the risk of you pa out to get pregn

Step 2. Get Test It is important for don't cause sym her getting pregn

Step 3. Improve Planning for pre have medical co **obesity or asth** proving your hea vaccines and so If you have Hep pregnant.

Quit smoking ner pregnant. Sn Children expose health problems ways for you an hol, and using dr

Is PrEP rig

- 1. What is PrEP?**
PrEP stands for at risk of gettin "Truvada." Tr single pill.
- 2. How does PrEP**
PrEP works be able to multip research studi if it is taken co



Photo Credit: takes HIV med Some women your medical p you both are p

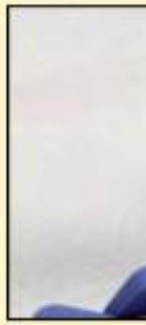
- 4. What are the ris**
If you decide t experience na mineral density though they ar Truvada, so of breastfeed wh known increas and your doct come pregn
- 5. How do I get st**
First, find a pr crease your ch blood draw bel You can find a
- 6. How do I pay fo**
Some insuran through a more information.
- 7. Where can I get**
CDC
CDC PrEP Fax
Project Inform



having to rely on he py, to have an unde PrEP] for many wo

Preventing HIV

- Because during pregn creased risk venting HIV (pecially impc baby.
- It is impo most easily p following infe load is very t ing your part portant, parti get pregnant often.
- Also note ing. Get test
- Engaging and treated f
- Partners' partner(s) in An undetect



Thinking About Having a Baby? A Guide for Men Living with HIV

Planning for having a child can be a part of your life. Each family-building journey is unique. Conception options for people living with HIV are now more possible than ever.

It is important to plan ahead and connect with a supportive medical provider.

This pamphlet was written to help you make informed decisions about ways to have a family. Parenting partnerships can be formed in a variety of ways including: single parenting, co-parenting with a single person, co-parenting with another same sex couple. Whatever path you choose, we salute you.



Photo credit: <http://www.adoptionhelp.org/gate-adoption>

Safer Conception Options for Men Living with HIV:

Minimizing HIV Transmission Risk & Optimizing Health

Whether members of the parenting partnership are seroconcordant (both people are living with HIV) or serodifferent (one person is living with HIV and one is not), multiple safer conception options are possible.

Know Your Status: Get tested and treated for sexually transmitted infections (STIs) before collecting and donating or washing sperm. Many STIs can be present without symptoms.

Treatment as Prevention (TasP): With an undetectable viral load, the chances of HIV being transmitted during conception are greatly reduced.

Pre-Exposure Prophylaxis (PrEP) Antiretroviral drugs may be taken by the surrogate or co-parent before intercourse, home insemination, In-Vitro Fertilization (IVF) or intrauterine insemination (IUI). PrEP is highly effective at preventing HIV transmission.

Sperm Washing: Sperm washing concentrates and separates the fertilizing sperm from seminal fluid containing HIV. Washed sperm can be inseminated via IUI or used to create embryos via IVF.

Conception Options:

An increasing number of centers offer assisted reproductive procedures to HIV-affected individuals, couples, and co-parents. All require an undetectable HIV viral load.



Photo Credits: <https://1stairam.com/b02m1mY/>

Intra-Uterine Insemination (IUI): Prepared sperm is injected directly into your surrogate or co-parent's uterus while she is ovulating. You may choose to have your own sperm prepared by sperm washing or you may use donor sperm from a sperm bank or a known donor.

In-Vitro Fertilization (IVF): Your co-parent or egg donor's eggs are removed by an ultrasound-guided outpatient procedure. Your semen is prepared for fertilization via sperm washing, and her eggs are fertilized in a lab with your prepared sperm. The fertilized eggs are placed directly into her uterus or fallopian tubes.

Sperm Storage: Several clinics in the US specialize in the storage of washed sperm from HIV+ people. This frozen sperm can be used in IUI or IVF. Laws and medical practices regarding access to sperm washing and Assisted Reproductive Technologies (ART) for HIV+ people vary from state to state.

Provider Trainings: PrEP Awareness

- In 2016, HIVE led 12 educational PrEP talks/trainings in San Francisco.
- We reached an audience of ~700 providers, front-line staff, and community advocates.

PleasePrEPMe Women Card

please
PrEP_{me}

PrEP is:

- Short for pre-exposure prophylaxis
- A pill taken once a day to prevent HIV
- Safe
- Over 90% effective when taken daily

Learn more: PleasePrEPMe.org/women

Looking for PrEP services?

In SF: Ward 86 PrEP Clinic

PrEP Navigation Services

Call or text 415.985.PrEP(7737)

In California: PleasePrEPMe.org

415.206.8919

As women, it is important to have an HIV prevention method that is in our hands.

Consider PrEP if you are a woman who:

- Worries about her HIV risk
- Has condomless sex with partners of unknown HIV status
- Recently had gonorrhea or syphilis
- Wants to have a baby with a man living with HIV
- Injects drugs
- Exchanges sex for \$/food/housing/drugs

has a male sex partner who:

- Has condomless sex with others
- Has sex with men
- Injects drugs
- Has HIV or sexually transmitted infections

contact@pleaseprepme.org

PrEP for Women Resource Page

www.hiveonline.org/PrEP4Women

PrEP for U.S. Women: A collection of resources

Welcome! This page contains resources created by PrEP for women advocates nationwide. New resources will be added as they become available. Have suggestions for resources? Let us know! Email Yamini: yamini@hiveonline.org

Resources for Women

Printable Information on PrEP & Web Resources

1.  [Is PrEP Right for Me?](#) by HIVE
2. [Truvada for PrEP: A Medication Access Guide](#) by Philadelphia FIGHT / Broadway Youth Center
3.  [A New Option for Women for Safer Loving](#) by Project Inform [[En Español](#)]
4. [#20DaysToStart: Enhancing Women's Health, Preventing HIV with a Daily Pill](#) by Project Inform
5. [PrEP for Women Fact Sheets](#) by The Well Project
6.  [Would you Like to Become Pregnant in the Next Year?](#) By MHPPPI
7. [PleasePrEPMe.org](#) :  [PrEP for Women Palm Card](#)
8. [PleasePrEPMe.org/Women](#)
9.  [PrEP: Woman-Controlled HIV Prevention palm card](#) by HIVE

Resources for Advocates

1. [U.S Women Women & PrEP Working Group](#): An Advocacy Community for and by U.S. Women
2. [Facebook Group: PrEP Facts: Women's Sexuality & HIV Prevention](#)
3. [HIVE's Resources for PrEP Implementation](#)
4. [Hangouts with HIVE: PrEP for Women & the Female Condom Campaign; Safer Conception; Where's My PrEP](#)
5. [National Female Condom Coalition](#)
6. [PrEP Watch](#): A Clearinghouse for PrEP Information
7. [IRMA](#): International Rectal Microbicide Advocates
8. [PrEP Access Advocates](#): Listserv of PrEP Advocates from around the U.S. To join, email avac@avac.org
9. [PrEPForHer.com](#) – Washington DC's campaign targeted at the 25-45 African-American female population



a hub of positive reproductive & sexual health

www.hiveonline.org

