PrEP Is Safe for Pregnant Women, but More Research Is Needed

Despite unanswered questions about PrEP's safety and efficacy for pregnant women, they shouldn't be denied Truvada for HIV prevention.

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Pregnant women can safely use Truvada (tenofovir disoproxil fumarate/emtricitabine) as pre-exposure prophylaxis (PrEP), according to the available research, aidsmap reports.

Notwithstanding unanswered questions about PrEP's safety and efficacy in this population, the authors of a new systematic review of research into PrEP use among pregnant women have asserted that HIV-negative pregnant women at risk for the virus should not be denied the prevention method.

Dvora L. Joseph Davey, PhD, of the University of California, Los Angeles, and colleagues reviewed five completed and nine ongoing studies about PrEP use among pregnant or breast-feeding women and published their findings in the Journal of the International AIDS Society.

The five completed studies included data on 1,042 pregnancies. Four of the studies found no association between PrEP use and higher rates of premature birth, stillbirth, low birth weight or poorer infant outcomes. One small study found that women who used PrEP during pregnancy gave birth to infants who tended to have lower scores for body length one month after birth but whose height was comparable to that of the children of non–PrEP using mothers at 12 months of age.

The study authors concluded that PrEP's benefits "clearly outweigh potential risks" of taking Truvada for prevention of HIV.

That said, the investigators are looking to the nine ongoing studies for a more refined understanding of PrEP's safety and efficacy in pregnant and breast-feeding women. These studies will provide data on more than 6,200 PrEP-exposed pregnancies by 2022.

This search for more information includes determining how many doses of Truvada pregnant women must take before they achieve maximum protection against HIV; gaining a greater understanding of how pregnancy may affect Truvada levels in the body and how this might impact PrEP's efficacy among expectant mothers; determining whether there are rare outcomes among newborns are associated with maternal PrEP use and whether the current studies are statistically

powered to identify such outcomes; and assessing whether maternal PrEP use may affect children's bone growth at one year of age.

"Expanding delivery of PrEP is an essential strategy to reduce HIV incidence in pregnancy and breast-feeding women," the study authors concluded. "Early safety studies of PrEP among pregnant women without HIV infection are reassuring and ongoing/planned studies will contribute extensive new data to bolster the safety profile of PrEP use in pregnancy. However, addressing research gaps is essential to expanding PrEP delivery for women in the context of pregnancy."

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