

Inside This Issue:

HIV Prevention Ring	1
Op-ed	2
Uterine transplant in Ohio	3
Team Member Spotlight	3

Reproductive Health & Wellness Program



THIS ISSUE

- *Advances in HIV prevention*
- *A new app for birth control delivery*

New Advances in HIV Prevention

For years, HIV/AIDS was considered a disease that only impacted men who have sex with men. While male-to-male sexual contact is still the predominant mode of transmission in the US, it is crucial that we pay attention to the number of women contracting HIV from their male partners across the globe. CDC reported that of the 11,918 diagnoses of new HIV infections from heterosexual contact, 8,301 were adult and adolescent females.¹ March 10th is National Women and Girls HIV/AIDS Awareness Day. Their slogan is “The Best Defense is a Good Offense.” Providing women with the tools and empowerment to protect themselves and their partners from HIV transmission is key. In honor of this, we’re highlighting the newest innovation in HIV prevention for women. Visit www.womenshealth.gov/nwghaad for more information.

Scientists have worked to develop practical, easy to use, and inexpensive HIV prevention methods. Of course there are condoms, but they can’t be the only method we rely on for a variety of reasons. While condoms may be easily accessible and relatively inexpensive in the US, this isn’t always the case. In developing countries, for example, condoms can be hard to come by. Additionally, men can be quite reluctant to use condoms. Female condoms are effective for HIV prevention, but much less common than male condoms and frequently significantly more expensive. Women already bear the brunt (and cost) of pregnancy prevention, but prevention of HIV transmission is equally important. Complicating all this is the fact that myths and rumors about both condoms and the ability to ‘cure’ HIV abound in many developing countries. We need something better, something fail-safe.

Initially, we thought the silver bullet might be preventive antiretroviral drugs (ARVs), like Truvada. But these must be

taken every day, are cost prohibitive, and are not nearly as easy to find as condoms. But a new product currently in the second Phase III of a National Institutes of Health clinical trial would give women an additional option when it comes to prevention of HIV. The new drug is called Dapivirine, and it functions similarly to the hormonal birth control method NuvaRing. Dapivirine is a small, flexible plastic ring that is inserted into the vagina each month, slowly releasing antiretroviral medicine (ARVs) over time. When the month is up, the woman can remove and dispose of the ring, and can replace it with a new one on her own. Two clinical trials have taken place in sub-Saharan Africa, where women account for almost 60% of adult HIV infections,² and the ring is proving to be effective. The studies have shown that women who are older than 21 tend to adhere to the ring protocol more frequently. In the first study, their risk of infection was cut by 56 percent, and in the second the risk was cut by 37 percent. Overall, the reduction rate was closer to around 30 percent, but this could be because older women were more adherent to the protocol. The ring is not perfect, but it is reducing the number of new infections in women, and it is a method that women can have control over. Overall, the ring didn’t display negative side effects, and researchers stated that women were comfortable inserting and removing the ring², Dapivirine is an ARV, and more specifically is a non-nucleoside reverse transcriptase inhibitor, which prevents HIV genetic material from replicating once it has entered a cell.³ There are talks of creating combination rings that would deliver multiple ARVs at a time, and even dual purpose rings that could provide women with both ARVs and contraception in one product!

Birth Control with an App!

Birth control is now available through an app in California! Nurx is a secure app allows clients to enter their insurance information (if they have it) or pay for it directly (for only \$15!), collects basic health information, sends that information to a doctor, who can then approve the prescription. The doctor also has the option to call or email the patient if something is unclear, or if they need more information in order to feel comfortable prescribing.

At this point, the service is only available in California, but they plan to expand to other states. Nurx is based in San Francisco, so those in the Bay Area can receive their prescription from a bike messenger within hours, or through overnight or regular mail if they live in the rest of the state.

Currently, women can access most types of combined oral contraception pills, progestin only contraception pills, vaginal hormonal rings, hormonal patches, two types of emergency contraception pills, and even Truvada, a preventive therapy for protection against HIV infection. The app is not intended to replace visits with a primary care provider, or even an OB/GYN provider, but it is a great way to get birth control if you don’t have the means to go to in for a visit, or if you run out of prescriptions before you can get in with your existing provider. If you aren’t sure which type is best for you, the provider can recommend one. The doctor is on call if there are questions, and each person’s individual health care concerns and health habits are taken into consideration by an algorithm in place within the app. They ask for weight, age, blood pressure, whether or not you’re a smoker, and other basic health questions that your regular doctor would ask.

Nurx signifies the next step in family planning in the US. Although we in the US lag behind many other developed countries in terms of birth control access (in many countries birth control pills are available over the counter), Nurx takes us one step closer to normalized, highly accessible birth control.



Op-Ed: CDC Guidelines on Drinking for Women Go Too Far

In early February, the Centers for Disease Control and Prevention (CDC) caused a stir when new guidelines for women were released. In an effort to reduce fetal alcohol spectrum disorders, the CDC released infographic charts that directed women thinking about pregnancy or any woman who is not using birth control during sex to stop consuming alcohol. The idea behind the guidelines makes sense. Who doesn't want to reduce the risk of fetal alcohol syndrome? However, the way the guidelines were presented was extremely condescending. The original graphic posted (figure A, below) on the CDC website has been removed, but was linked on another website. Figure B is a tongue-in-cheek version for men created by someone on the internet.

Notice that this is only directed at women, there are no guidelines for men. Incredibly judgmental, these guidelines feel like fearmongering — shaming women into quitting alcohol! The American College of Obstetricians and Gynecologists recommends that women abstain from alcohol during pregnancy, but CDC went one step further and suggested that all women stop drinking if there is ANY chance of pregnancy.

Many young women feel this reduces them to a state where they are constantly “pre-pregnant”. We’re not just vessels for children! Especially if we’re not planning to become pregnant at any point. Keep in

mind that a woman could biologically become pregnant for 3-4 decades of her life, and any woman who is sexually active COULD become pregnant, even if she is using birth control. We love our long acting contraception methods around the bodyshop, but we know that nothing is perfect. Even surgical sterilizations can be faulty! This guideline adds yet another thing that women have to stress about, even before they become pregnant. Asking women to just never drink is completely unreasonable.

Some women weren't upset by the column on the left, but the column on the right is truly egregious. Stating that alcohol puts women at risk for injuries, violence, and STDs suggests that women have no agency or control over themselves if they're around alcohol. It also suggests that they are responsible for protecting themselves from “violence” by never drinking. This sounds dangerously similar to victim blaming a woman for her own assault.

We're leaving out half of the problem here. Why don't they suggest men not drink to avoid the risk of becoming violent? What about men's responsibility to wear a condom when their female partners aren't on birth control? What about including a directive to men that they avoid alcohol if they're having sex? How about we tell men to avoid sex if they're drinking?

Women are tired of being told what to do with their bodies, period. Young women of childbearing age who don't want kids, or don't want kids now, are tired of feeling like they're always “pre-pregnant.” We suggest women use birth control if they're having sex because we know that half of all pregnancies are unintended, but we know that women are able to take control of their own bodies.

People aren't mad about the CDC trying to prevent fetal alcohol spectrum disorders, or trying to keep pregnant women healthy, or even for trying to make women healthy before pregnancy if that is the route they choose. They are angry because this once again puts the onus on women to prevent their own injury, assault, STDs, pregnancy, etc. It does so in a condescending, judgmental tone with no hint of instruction to men on how to help his partner/date/hookup/wife/stranger/friend prevent any of these things.

Women aren't responsible for the violence perpetrated against them, nor can they be solely responsible for safe sex. After all, most condoms are worn by men, and condoms are the ONLY method of contraception that prevent transmission of STDs.

C'mon CDC! You can do better than this!



First Uterine Transplant in US Happens in Ohio!

Doctors at the Cleveland Clinic performed the first uterine transplant in the United States in February. This procedure has been successfully performed in Sweden, but the Cleveland Clinic surgical team has received permission to do 10 experimental surgeries in order to see if this is something that can be offered to the general public in the US. This would be a surgery for women who were either born without a uterus or had to have theirs removed. A 26 year old woman received the uterus from a recently deceased donor, and the transplant will be temporary. Before her surgery, doctors harvested her eggs and fertilized them with her husband's sperm. She will be required to wait one year to become pregnant, allowing her body to heal and the anti-rejection drugs to balance out. Once that year has passed, she'll have in vitro fertilization to implant the embryos into her uterus. She'll be able to have one or two children, and then the uterus will be removed so that she can stop taking the organ rejection preventing drugs.

So far, 9 successful surgeries have been performed in Sweden, and four women have had babies, born healthy yet premature.⁴ While the doctor leading the surgical team acknowledges that adoption and surrogacy are always options, sometimes that isn't a viable option. Plus, some women simply want to experience pregnancy. One potential candidate told doctors "I crave that experience. I want the morning sickness, the backaches, the feet swelling. I want to feel the baby move. That is something I've wanted for as long as I can remember."⁴

We tend to focus on the side of reproductive health that allows women to prevent unwanted pregnancy, but this is an exciting and interesting step toward a second chance for women who want to become pregnant but can't. This could be an amazing step forward in women's medicine.

TEAM MEMBER SPOTLIGHT: NICOLE GULLEY, MA

Name: Nicole M. Gulley

Hometown: Cincinnati; grew up in Northside

Favorite movie/book:

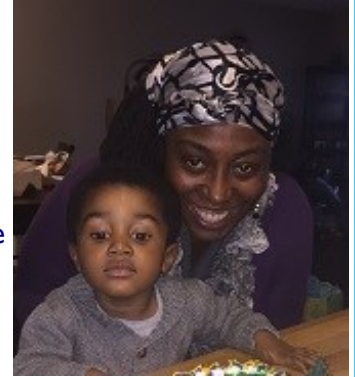
Movie: Bronx Tales

Book: The Bible

What do you do for thebodyshop? Provide my best care with help from other healthcare professionals of MD's, NP's, CNM's, and RN's to educate women that are in the neighborhood that reminds me of myself, family member or a friend. Trying to treat people how I want to be treated with— respect and dignity, no matter of color, race or sexuality.

What do you love about working in reproductive health? Getting to educate the women with being personal, but HIPAA confidential. Also to be help the females live a little better and more responsible for themselves.

When you're not at work, where might we find you? At home with my toddler and significant other enjoying family time. (This is a picture from his second birthday party!)

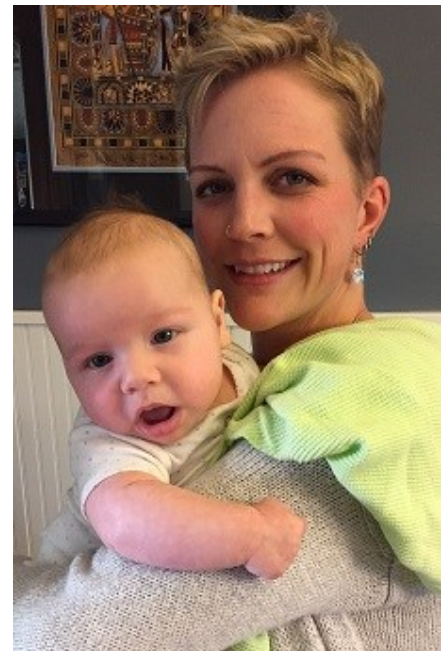


It's a girl!

Dr. Mooney, her husband Mark, and new big sister Fairouz welcomed

Mia Love Khoury on 11/2/2015

Jenny is back to work full time now, and this is a recent picture of Mia. We're so excited for the newest member of our team!



MEN'S HEALTH

Interested in the Men's Health Initiative for your organization?

Contact the program coordinator:
eric.washington@cincinnati-oh.gov

The Men's Health Initiative performs health education seminars at local community-based organizations. We currently have seminars on the following topics:

Reproductive Anatomy, Pregnancy, and Sexuality • STIs and Protecting Yourself • Relationships and Communication • Family Planning • Fatherhood • Puberty • Bullying

thebodyshop

REPRODUCTIVE HEALTH & WELLNESS PROGRAM

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320



The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled thousands of individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov

Don't forget to use your favorite method of birth control + a condom for every date (or fig)!

REFERENCES

- 1) Centers for Disease Control and Prevention. (2015, September 11). HIV/AIDS: Statistics Overview. Retrieved from <http://www.cdc.gov/hiv/statistics/overview/>
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- 3) International Partnership for Microbicides. (2016). Retrieved from Dapivirine Ring: <http://www.ipmglobal.org/node/532>
- 4) Grady, D. (2016, February 25). First Uterus Transplant in U.S. Bolsters Pregnancy Hopes of Many. The New York Times. Retrieved from <http://www.nytimes.com/2016/02/26/health/uterus-transplant-cleveland-clinic.html?smid=fb-nytimes&smtyp=cur>