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Uptake and use of injectable PrEP among pregnant and breastfeeding women: Results from a prospective cohort of women in South Africa offered CAB-LA in the context of method choice

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Background

Pregnant and breastfeeding women (PBFW) in sub-Saharan Africa face high HIV vulnerability. While daily oral PrEP is effective during pregnancy and postpartum, long-acting options may reduce pill burden, clinic visits, and improve discretion. Cabotegravir long-acting (CAB-LA), shown to be safe and well tolerated before and during pregnancy, has been approved for use in this population in South Africa. This analysis from the CATALYST implementation science study examined **CAB-LA uptake among PBFW offered PrEP choice and factors influencing method selection.** *CATALYST was pre-maturely terminated following the USG funding cuts and dismantling of USAID, therefore this poster reports on findings as at the time of termination.

Methods

CATALYST was an implementation science study evaluating PrEP choice delivery for women in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe. The South African Health Products Regulatory Authority (SAHPRA) approved CAB in 2023 permitting use among PBFW. Therefore, this analysis focuses on PBFW enrolled at **six South African public facilities** between April 2024-January 2025 offered a choice between oral PrEP and CAB. We analysed cohort enrolment surveys administered for socio-demographic data and reasons for choice, and clinical records for PrEP use and pregnancy outcomes. Descriptive and log-binomial regression analyses examined CAB-LA uptake and factors influencing method selection. Pregnancy and birth outcomes were assessed by a data safety monitoring board.

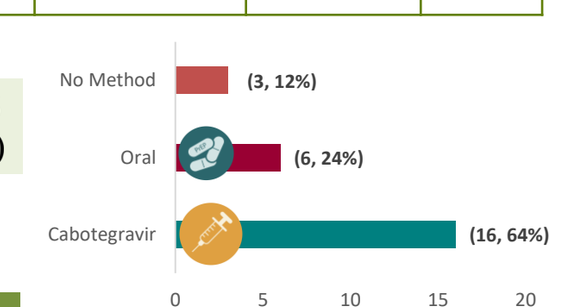
Results

Between April 2024 and January 2025, 51 HIV-negative PBFW were enrolled into Catalyst, of which 25 were pregnant and 26 breastfeeding. Table 1 below describes participant characteristics:

Characteristics	Pregnant (N=25)	Breastfeeding (N=26)	Total (N=51)	p-value
Age at CAB initiation				0.186
Mean (SD)	30.56 (6.0)	28.23 (6.4)	29.37 (6.2)	
Age Category				0.588
18-24 years	6 (24.0%)	8 (30.8%)	14 (27.5%)	
>=25 years	19 (76.0%)	18 (69.2%)	37 (72.5%)	
Highest education attended				0.204
Completed Primary	2 (8.0%)	0 (0.0%)	2 (3.9%)	
Some Secondary	10 (40.0%)	17 (65.4%)	27 (52.9%)	
Completed Secondary	12 (48.0%)	8 (30.8%)	20 (39.2%)	
Tertiary	1 (4.0%)	1 (3.8%)	2 (3.9%)	
Marital Status				0.972
Never married	18 (72.0%)	18 (69.2%)	36 (70.6%)	
Married/living as married	6 (24.0%)	7 (26.9%)	13 (25.5%)	
Divorced/separated/widow	1 (4.0%)	1 (3.8%)	2 (3.9%)	
Prior PrEP Use				0.242
No	5 (20.0%)	9 (34.6%)	14 (27.5%)	
Yes	20 (80.0%)	17 (65.4%)	37 (72.5%)	
Reasons for Choosing Method				
Have a new partner	1 (4.0%)	1 (4.0%)	2 (3.9%)	
I have multiple partners	2 (8.0%)	1 (4.0%)	3 (5.9%)	
Partner has other partners	1 (4.0%)	1 (4.0%)	2 (3.9%)	
Don't know partners HIV status	4 (16.0%)	1 (4.0%)	5 (9.8%)	
To avoid condoms	1 (4.0%)	1 (4.0%)	2 (3.9%)	
To not worry during sex	3 (12.0%)	3 (12%)	6 (11.8%)	
To take control of my HIV prevention	**9 (36%)**	**13 (50%)**	**21 (41.2%)**	

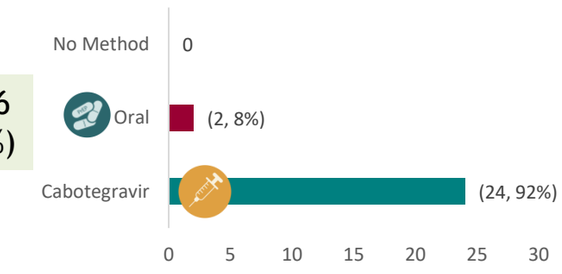
N=51 Pregnant and Breastfeeding participants offered the choice of oral and injectable (PrEP)

N=25 (49%)

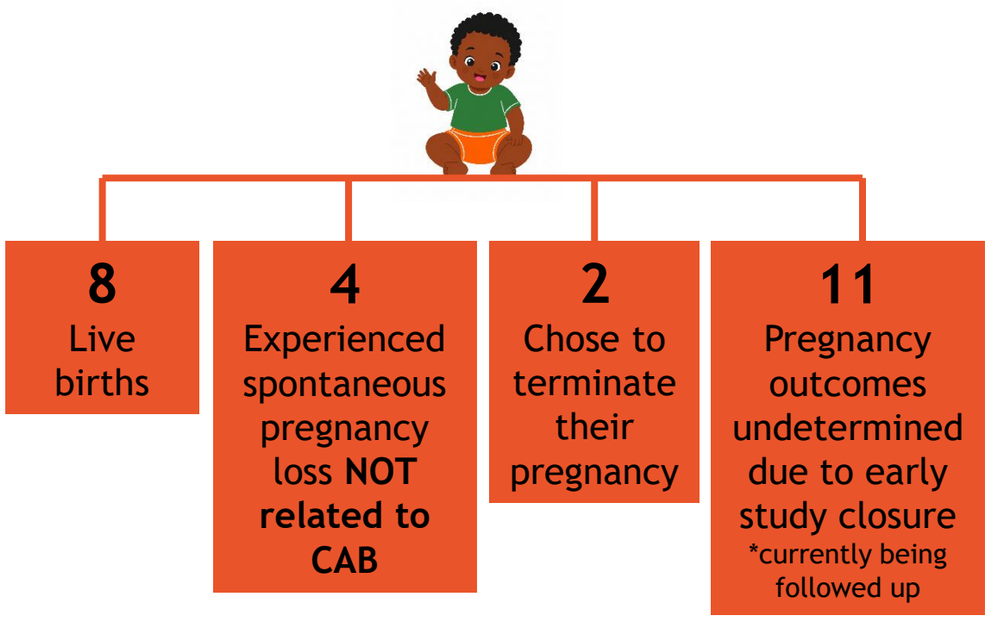


P=0.037

N=26 (51%)



- **Overall, 78.4% chose CAB-LA**
- Breastfeeding women were 44% more likely to initiate CAB-LA compared with pregnant women, **(RR = 1.44; 95% CI: 1.05-1.98; p = 0.024).**
- The main reason for choosing PrEP was autonomy in HIV prevention (41%), followed by reduced anxiety about sex (12%).
- Side effects were rare (5%) and mild.
- Among the 25 pregnant participants, the following birth outcomes were recorded:



Conclusions

Our findings show that PBFW prefer long-acting methods, emphasizing the need for access to diverse, highly effective PrEP options. Injectable PrEP, including CAB-LA and lenacapavir, could substantially reduce HIV incidence and vertical transmission among PBFW, with potential population-level benefits. South Africa provided an enabling policy and guideline environment for the inclusion of PBFW allowing for the provision of PrEP choice and equitable access; however that is not the case in all countries. Therefore, it will be important to ensure national policy support for new PrEP product use during pregnancy and breastfeeding to prevent barriers to PrEP use by these populations.

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