Values and preferences of women living with HIV who are pregnant, postpartum, or considering pregnancy on choice of antiretroviral therapy during pregnancy

Lytvyn, Lyubov; Siemieniuk, Reed; Dilmitis, Sophie; Ion, Allyson; Chang, Yaping; Bala, Malgorzata; Manja, Veena; Mirza, Reza; Rodriguez-Gutierrez, R; Mir, Hassan; Banfield, Laura; Vandvik, Per; Bewley, S

ARTICLE DETAILS

REVIEWER
Gilleece, Yvonne
Brighton and Sussex University Hospitals NHS Trust, HIV

REVIEW RETURNED
11-May-2017

GENERAL COMMENTS
I welcome the submission of this paper on such an important issue but also the involvement of community representation which to me is an essential part of any research subject and HIV care modeling.

It is a well constructed study throughout and incredibly well written. The authors have described their methods and the strengths and limitations of those methods with real clarity. I enjoyed reading this paper and the 6 themes that emerged from the study, particularly that pill burden is less of an issue for women thinking about pregnancy. I agree that this paper contributes new data to the subject area studied.

There were a few typos but I have no major or minor revision suggestions which is a rarity for a submission in my experience.

Line 10 - should read "previously BEEN studied"
Line 30 - the sentence does not make sense - please clarify or add missing word(s)
Line 44 - should read "side effects" not "side effect"
### General Comments

The question is of much interest to patients. Over the years a lot of studies have focussed primarily on the most effective way to reduce transmission of HIV to babies born of mothers living with HIV. It's refreshing and key to have a focus on the values and preferences of women.

It is extremely clear that patients were involved in the creation of this document. It is also clear that their involvement was meaningful and not just a tick box exercise. The 3 patients involved had direct or relevant experience. They also received personalised training in order to optimise their contribution throughout the guideline development process.

From a patient's perspective and particularly as a mother living with HIV who started taking ARVs during pregnancy, I truly believe that the team have picked and reported on outcomes that matter the most.

The presentation of the research is very clear. This information would help patients have better discussions with their healthcare team if:

- a) More patients were aware of it/were made aware of it
- b) More patients knew they could, or were enabled to have discussions about their values and preferences with the healthcare team
- c) Healthcare professionals looking after/managing the care of women living with HIV either before, during and after pregnancy, were also made aware of this information. Doing so would not only give them this important information, it has the potential to not enable HCPs to not only initiate these discussions with their patients, but to also change practice where necessarily and possible, given the different settings and circumstances related to where they work.

I would trust the recommendations the authors have made particularly, as amongst others, they highlight the importance of an individualised woman centred approach such as shared decision making when choosing ART.

### Version 1 – Author Response

Reviewer: 1

Recommendation:

Comments:

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Line 44 - should read "side effects" not "side effect"

Response 1:

We thank the reviewer for their thoughtful remarks and appreciation of our review. We have fixed the three typos that the reviewer has identified.

Reviewer: 2

Recommendation:

Comments:
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Response 1:

We thank the reviewer for their comprehensive comments, and for highlighting our women-centred approach to recommendations.
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Lyubov Lytvyn, Reed A Siemieniuk, Sophie Dilmitis, Allyson Ion, Yaping Chang, Malgorzata M Bala, Veena Manja, Reza Mirza, Rene Rodriguez-Gutierrez, Hassan Mir, Laura Banfield, Per Olav Vandvik and Susan Bewley

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