Pregnant participants desired to protect themselves and their baby from HIV infection, motivating their willingness to use PrEP during this period. Many women preferred CAB-LA to oral TDF/FTC but wanted assurance that safety was demonstrated; ongoing studies will address this.

Most women perceived on-going risk of HIV due to their partner’s behaviors or his HIV status. All accepted to use oral TDF/FTC during pregnancy due to its known efficacy and safety; a few acknowledged that CAB-LA safety was unknown. Some said that taking oral TDF/FTC became a routine since they had been taking study pills daily. However, others reported challenges with daily pill adherence, including difficulty swallowing pills and high pill burden as participants also took pregnancy supplements.

Half of the women said that they would have preferred using CAB-LA if proven safe during pregnancy because use was more discreet and had a longer duration of action. Other factors influencing PrEP preferences during pregnancy included fear of side effects for self and baby, fertility desires, product-related attributes, and partner approval.

CONCLUSIONS
Pregnant participants desired to protect themselves and their baby from HIV infection, motivating their willingness to use PrEP during this period. Many women preferred CAB-LA to oral TDF/FTC but wanted assurance that safety was demonstrated; ongoing studies will address this. Understanding pregnant participants’ values, preferences and informational needs regarding PrEP use in pregnancy is essential for future trials and product introduction.