

ISOSS confidential breastfeeding report

form date 10/20

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CSTU

MSTU

HOSP

PART 1: CHILD INFORMATION

Date of birth: ___/___/___ Male or Female Initials: Soundex:

Hospital no. NHS/CHI no.

PART 2: BREASTFEEDING CIRCUMSTANCES

Is breastfeeding being managed in line with current British HIV Association guidelines?

Yes No, reason.....

What are the reasons for wanting to breastfeed? (please tick all boxes that most closely apply to this case)

- bonding
- health benefits for baby/mother
- financial concerns
- concerns about disclosure of HIV status
- breastfed previously (before diagnosis)
- breastfed previously (after diagnosis)
- family/friends expectations/pressure
- other, details:

What is the intended duration for the breastfeeding:weeks not known

GP aware of mother's HIV status? Yes No Not known

Partner aware of mother's HIV status? Yes No Not known

PART 3: INFANT FEEDING HISTORY

Date breastfeeding started: ___/___/___ Is breastfeeding currently ongoing? No Yes Not known

Date breastfeeding stopped: ___/___/___ [If date not known, duration: weeks/months]

Period of exclusive breastfeeding, i.e. without introduction of formula/solid food: weeks/months N/A

Was the infant ever formula-fed? No Yes* Not known

* If YES, answer questions below:

a) Date formula was first introduced: ___/___/___ [If date not known, age: weeks/months]

b) Reasons for formula feeding (select all that apply):

- weaning
- maternal viral load rebound
- mastitis
- unable to latch
- part of plan to stop breastfeeding
- other:

c) What happened with breastfeeding after formula feeding was introduced?

- continued whilst also formula feeding (mixed feeding)
- reintroduced after viral load re-suppression
- reintroduced after mastitis resolved
- breastfeeding stopped
- other:

Were solid foods introduced during breastfeeding before age of 6 months? No Yes Not known

N/A

If yes, date (range or exact): Reason:

PART 4: MATERNAL VIRAL LOAD TEST RESULTS DURING PERIOD OF BREASTFEEDING

At delivery, maternal viral load was reported as: Viral load: _____ copies/ml Date: ____/____/____

Please provide results and sample dates of all maternal viral load tests undertaken since delivery/during breastfeeding.

- 1) Viral load: _____ copies/ml Date: ____/____/____ 8) Viral load: _____ copies/ml Date: ____/____/____
2) Viral load: _____ copies/ml Date: ____/____/____ 9) Viral load: _____ copies/ml Date: ____/____/____
3) Viral load: _____ copies/ml Date: ____/____/____ 10) Viral load: _____ copies/ml Date: ____/____/____
4) Viral load: _____ copies/ml Date: ____/____/____ 11) Viral load: _____ copies/ml Date: ____/____/____
5) Viral load: _____ copies/ml Date: ____/____/____ 12) Viral load: _____ copies/ml Date: ____/____/____
6) Viral load: _____ copies/ml Date: ____/____/____ 13) Viral load: _____ copies/ml Date: ____/____/____
7) Viral load: _____ copies/ml Date: ____/____/____ 14) Viral load: _____ copies/ml Date: ____/____/____

PART 5: INFANT DIAGNOSTIC TEST RESULTS

Please provide results and sample dates of all infant PCR tests undertaken during the period of breastfeeding. If more space is required, report additional results in the space at the end of the form.

In accordance with BHIVA guidelines, we regard a child as definitively uninfected on the basis of:
1) a negative PCR at 4 and 8 weeks after cessation of breastfeeding AND
2) a negative antibody result over the age of 18 months (to be reported on the follow-up form)

PCR (type below): + - sample date + - sample date + - sample date
PCR test type: DNA RNA N/K DNA RNA N/K DNA RNA N/K
PCR (type below): + - sample date + - sample date + - sample date
PCR test type: DNA RNA N/K DNA RNA N/K DNA RNA N/K

PART 6: ATTENDANCE FOR VIRAL LOAD MONITORING AND INFANT TESTING DURING BREASTFEEDING

If monthly testing did not take place what was the reason?

Were there any attendance issues for maternal/infant monthly tests? No Yes* Not known N/A

PART 7: ART EXPOSURE DURING BREASTFEEDING

At delivery, maternal ART was reported as:

If this changed during the period od breastfeeding please provide dates and details of switches

Were there any laboratory or clinical side effects of ART in the exposed infant, e.g. anaemia, neutropenia, adrenal dysfunction, lactic acidosis? No Yes, specify:

Were there any other conditions of note in exposed infant? No Yes, details:

Was there evidence of lactational mastitis during breastfeeding? No Yes* Not known
If yes, details.....

PART 8: FOLLOW-UP STATUS OF BREASTFED CHILD

Date of last contact: ____/____/____

- Follow-up status:
Still in follow-up at this unit
Discharged (uninfected)
Follow-up elsewhere, details:
Lost to follow-up
Known to have left UK
Deceases, date of death: ____/____/____ & cause of death:

Thank you for completing this form. If you have any further details to share about this case, please write them in the space below:

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