P041

Supported breastfeeding among women with diagnosed HIV in the UK- the current picture

Kate Francis, Claire Thorne, Rebecca Sconza, Helen Peters

The Integrated Screening Outcomes Surveillance Service, part of the NHS Infectious Diseases in Pregnancy Screening Programme, based at UCL Great Ormond Street Institute of Child Health

Background

- The HIV vertical transmission (VT) rate is <0.3% among diagnosed women living with HIV (WLHIV) in the UK
- The **British HIV Association (BHIVA) recommends formula-feeding infants born to WLHIV** to eliminate risk of postnatal transmission but states that **virologically-suppressed treated women with good adherence wishing to breastfeed may be clinically supported to do so** (see BHIVA guidelines, right)
- The objective is to estimate the prevalence of breastfeeding (BF) among WLHIV in the UK and describe current clinical practice

Methods

- **The Integrated Screening Outcomes Surveillance Service (ISOSS)** is part of the NHS Infectious Diseases in Pregnancy Screening Programme commissioned by NHS England
- **Reporting covers all pregnancies to women living with HIV in the UK, their infants** and any children diagnosed with HIV (aged <16 years)
- Data on supported breastfeeding has been collected since 2012
- **Eligible population:** livebirth deliveries to diagnosed women 2012-21

BHIVA 2018 management of supported breastfeeding guidelines

Figure 1. The Safer Triangle
Source: BHIVA Patient breastfeeding information leaflet 2: General information on infant feeding for women living with HIV, available at www.bhiva.org/file/5bfd308d5e189/BF-Leaflet-2.pdf

Note: BHIVA March 2020 COVID-19 statement discouraged breastfeeding owing to the testing burden, reverting to original guidance in September 2021.

- **Mother and infant should be reviewed monthly** for HIV RNA testing during BF and for two months after stopping BF
- **Maternal cART** rather than infant pre-exposure prophylaxis advised
- **Infant HIV antibody testing for seroreversion** at age 18-24 months
- **BF for as short a time as possible**
  - exclusively for the first 6 months
  - cease if: signs of breast infection/mastitis, mother or infant has gastrointestinal symptoms or if maternal virus becomes detectable (the Safer Triangle)

Source: BHIVA guidelines on the management of HIV in pregnancy and postpartum 2018 (2019 interim update), available at www.bhiva.org/pregnancy-guidelines

ISOSS breastfeeding data collection

Breastfeeding surveillance: data are collected for **all reported cases of planned/supported breastfeeding** from ISOSS paediatric and maternity respondents. Questions include:

- Reasons for wanting to breastfeed
- Duration of exclusive BF
- Maternal and infant test results during BF

Results

Among 8526 livebirth deliveries, there were 267 (3.1%) reports of intention to breastfeed and/or actual BF. Reports increased four-fold from <10 per year in 2012-14 to 40-50 per year in 2019-21 (Figure 2).

At time of analysis, among women planning to breastfeed, 203 were confirmed to have breastfed using linked paediatric reports; some women breastfed more than 1 infant.

- **94.5%** (190/201) were births to women **diagnosed before pregnancy**
- **84.0%** (170/201) were births to women **born abroad (majority from sub-Saharan Africa)**
- Median maternal age at delivery was 35 years (IQR: 31,40)

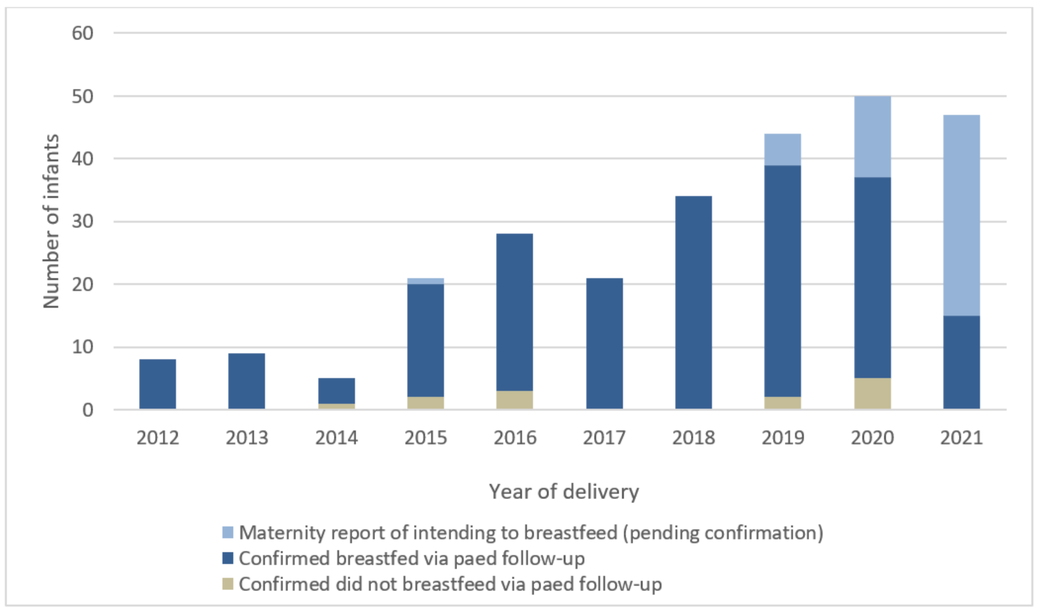

Figure 2: Reports of planned and/or actual supported breastfeeding to women living with HIV by delivery year

PLANNED BREASTFEEDING

- Among women reported to be planning to breastfeed, partners were not aware of the woman's HIV status in 16.0% of cases, and GPs were unaware in 7.0%.

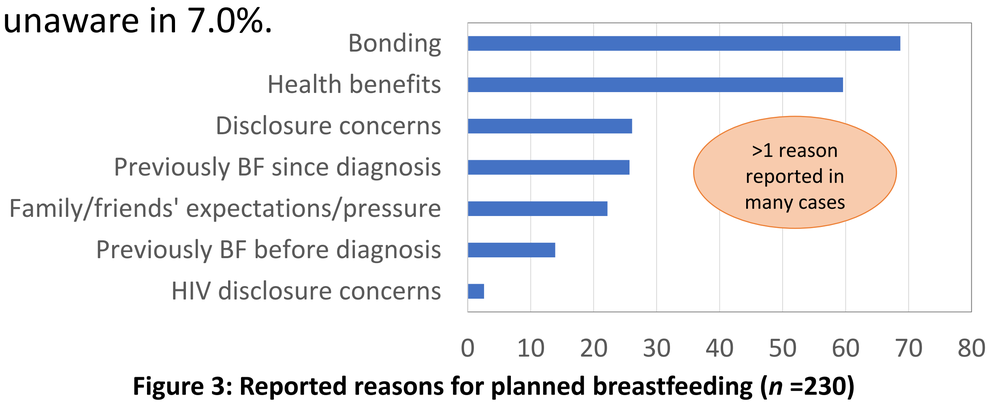

Figure 3: Reported reasons for planned breastfeeding (*n* =230)

CLINICAL MANAGEMENT (*n*=96 with information known)

- 80.2% (77/96) were known to have had monthly testing arranged in line with BHIVA guidelines. In 11/96 monthly testing was not arranged for a range of reasons including communication issues with paediatric scheduling and parental request.
- Attendance issues for mother/infant testing were reported in a quarter of cases (25/96)

Current status among infants where BF reported as stopped (150/203):

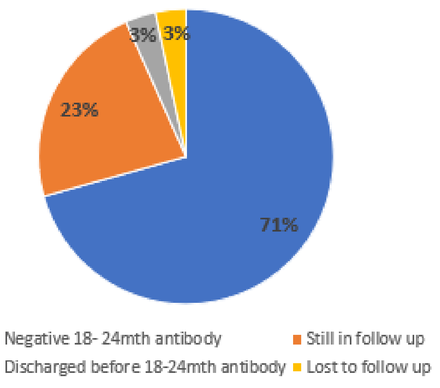

Figure 4: Infant follow-up where BF stopped (*n* = 150)

- 70% of infants had a negative 18-24 month antibody test with no transmissions to date
- The infection status for the remaining 29% could not be determined based on 18-24 month antibody test, as the majority of these infants are still in follow-up
- BF duration ranged from 1 day to 2.3 years
  - median duration: 56 days (IQR: 23, 40 days)
- Reasons for stopping included: part of a plan to stop (65), mastitis (5), viral load rebound (9). Other reasons included: latching problems, failure to thrive.

Conclusions

- **Numbers of supported BF in the UK are small but increasing**. Cases remain varied, particularly regarding duration and attendance for monthly testing. There are no vertical transmissions to date, but **some infants are lost-to-follow-up and/or still in follow up**. Among vertical transmissions occurring in the UK, a number are attributable to undisclosed BF by women undetectable throughout pregnancy
- **Ongoing monitoring of clinical management** through ISOSS remains essential to support future guidelines.

Funding and governance
ISOSS is funded by the NHS Infectious Diseases in Pregnancy Screening Programme. Patient data is collected under legal permissions granted under Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002

Acknowledgements
Many thanks to everyone who reports to ISOSS, the ISOSS team, and the IDPS team.
The ISOSS Annual Report is available on gov.uk

Contact
www.ucl.ac.uk/isoss
k.francis@ucl.ac.uk
@ISOSS_UCL