



BHIVA guidelines and breastfeeding in the UK- the current picture

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Background

- The current HIV **vertical transmission (VT) rate is 0.28% (95% CI 0.08%, 0.71%)** among births to diagnosed women living with HIV (WLHIV) in the UK and Ireland in 2015-16
- The British HIV Association (BHIVA) **recommends formula-feeding infants born to WLHIV, eliminating postnatal transmission**, but also states that virologically-suppressed treated women with good adherence choosing to breastfeed may be **clinically supported** in this
- Guidelines on diagnostics for breastfed infants and maternal viral load monitoring reflect this, but **little is known about current clinical practices**. Data are lacking on breastfeeding by WLHIV in resource-rich settings
- The National Surveillance of HIV in Pregnancy and Childhood (NSHPC) is placed to collect this **data in the UK on a population level**

Methods

- National Surveillance of HIV in Pregnancy and Childhood is part of Public Health England's Infectious Diseases in Pregnancy Screening Programme (IDPS)
- Reporting to the NSHPC is part of the IDPS service specification. **All pregnancies to women living with HIV, their children and any children diagnosed with HIV are reported (<16yrs age)**
- Running for nearly 30 years the NSHPC holds data on over 20,000 pregnancies and their children
- Data on supported breastfeeding (in accordance with BHIVA guidelines) has been collected since 2012, enhanced surveillance since August 2018.

BHIVA feeding guidelines

BHIVA 2018 guidelines for management of supported breastfeeding (BF) include:

- **Mother and infant should be reviewed monthly in clinic for HIV RNA viral load testing during, and for 2 months after stopping BF**
- **Maternal cART (rather than infant pre-exposure prophylaxis) is advised to minimise HIV transmission and safeguard mothers' health**
- **Infant HIV antibody testing for seroreversion should be checked at age 18–24 months**
- **BF for as short a time as possible, exclusively for the first 6 months, and cease if signs of breast infection/mastitis or if mother or infant has gastrointestinal symptoms**

Methods

Enhanced surveillance: data collected by phone for **all reported cases of planned/supported breastfeeding** with paediatric and maternity respondents and included:

- Reasons for wanting to breastfeed
- Whether the woman's partner and GP knew her HIV status
- Duration of breastfeeding
- Whether any mixed feeding occurred before 6 months of age
- Details of maternal and infant test results during breastfeeding
- Maternal cART during breastfeeding
- Infant confirmatory antibody tests (18-24mths)

We describe cases reported to the NSHPC by March 2019

Results

Among 7187 livebirth deliveries to HIV diagnosed women 2012-2019:

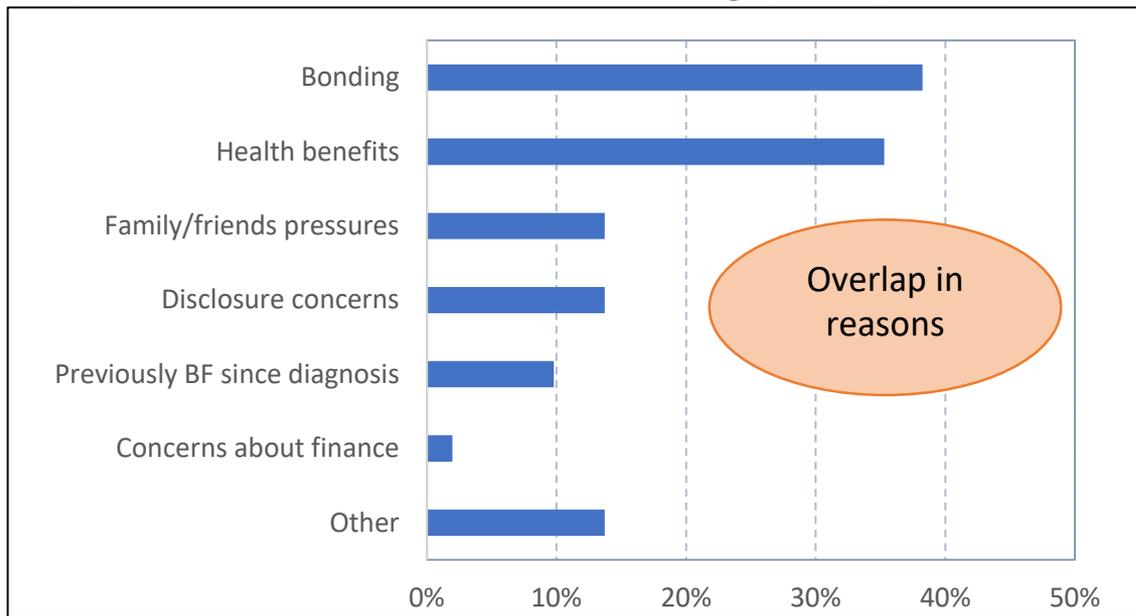
- **135/7187** were reported as **planned and/or supported to breastfeed**
- **18/135** were in women who were supported to breastfeed more than one infant
- **93%** (125/135) were pregnancies to women **diagnosed before pregnancy**
- **83%** (112/135) were pregnancies to women **born abroad**
- Median age at delivery was 35yrs (IQR: 31,40)



Results

Enhanced data collection has been carried out for 102 supported BF cases to date:

Reported reasons for breastfeeding (n=81)



Partners were unaware of maternal HIV status in 11/102

2/11 both unaware

GPs were unaware in 10/102

Problems with attendance for monthly VL testing reported in 22/102 cases

Duration

Breastfeeding was reported to have stopped in 90/102, 3/102 not known (LTF)

- **Wide range of duration:** ranged from 1 day- 2 years
Median duration: 7wk (IQR: 3, 16)

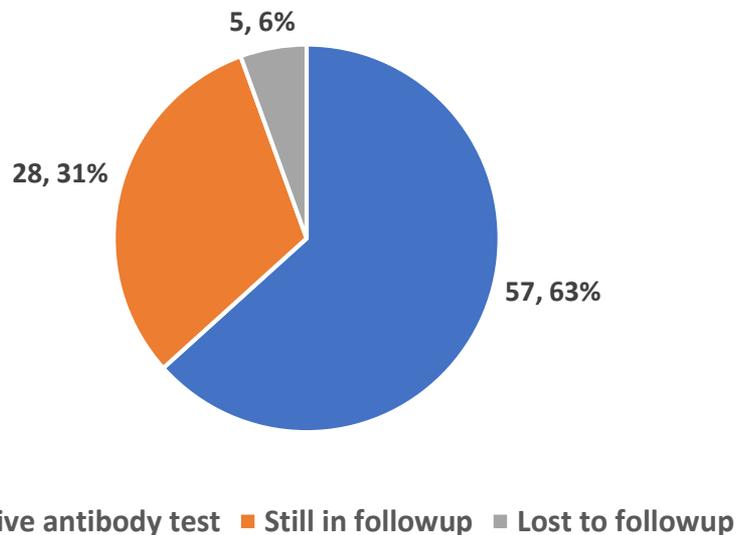
Variety of reasons for stopping included: part of a plan to stop (36), mastitis (3), VL rebound (4), problems latching (6), hospitalisation of mother and/or infant (2)

- Mixed feeding before 6 months of age was reported in 10/90 cases
- Mastitis was reported in 2 further cases where breastfeeding continued

Current case status

Among cases where breastfeeding was reported to have stopped (90/102)

Infant follow-up (where BF stopped)



Maternal VL blips

- Breastfeeding reported to have **stopped owing to maternal VL rebound in 4/90**:
 - 2 infants confirmed negative
 - 2 awaiting confirmatory antibody
- Further 3/90 reported at least 1 detectable VL during breastfeeding:
 - 1 negative antibody
 - 1 still in follow-up
 - 1 lost to follow-up

BF ongoing in 9 cases: 1 reported maternal VL blip

Conclusions

Numbers remain small and cases to date have been diverse, underscoring the need for careful ongoing monitoring

The current picture reflects:

- guideline updates
- the 'U=U' era
- continued strides towards normalising maternity experiences for WLHIV

Our results highlight the importance of an MDT approach and an awareness of the BHIVA guidelines including the 'Safer Triangle'

Although results show no VTs among supported BF cases so far, in 2015-16 VTs reported there was one postnatal transmission likely due to covert BF breastfeeding by a woman who was undetectable throughout pregnancy. As numbers increase, further insights enabled by the UK national surveillance will be gained to guide policy and practice.

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