

Monitoring clinical practice of BHIVA supported breastfeeding guidelines for women living with HIV in the UK

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Conflict of interest

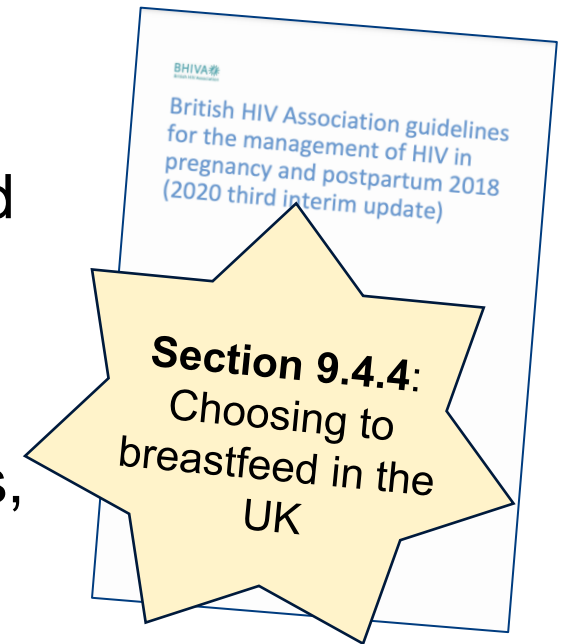
I have no conflict of interest to declare.

Background

- The current rate of vertical HIV transmission (VT) in the UK is <math><0.3\%</math> among diagnosed women living with HIV (WLWH)
- To eliminate risk of postnatal HIV transmission, the British HIV Association (BHIVA) recommends formula-feeding infants born to WLWH
- BHIVA guidelines state that “women who are **virologically suppressed on cART** with **good adherence** and **who choose to breastfeed should be supported to do so** but should be informed about the low risk of transmission of HIV through breastfeeding (BF) in this situation and the requirement for extra maternal and infant clinical monitoring”
- Little is known at a population level about how current BHIVA supported BF guidelines are being implemented in practice
- Globally, there is a lack of evidence around BF among WLWH in resource-rich settings

BHIVA 2018 guidelines for supported BF

- Monthly review in clinic & HIV RNA viral load testing for mother and baby during BF period and for 2 months after cessation of BF
- Maternal cART rather than infant pre-exposure prophylaxis
- BF for as short a time as possible, exclusively for the first 6 months, and recommendation to stop if:
 - Signs of breast infection/mastitis,
 - Gastrointestinal symptoms in mother or infant, or
 - Blip in maternal VL
- Infant HIV antibody testing for seroconversion at 22-24 months of age, or at a minimum of 8 weeks after cessation of BF if this is later



Objective

- To describe the characteristics and clinical monitoring of BHIVA supported BF among WLWH in the UK in the period 2012-2021



Methods – ISOSS

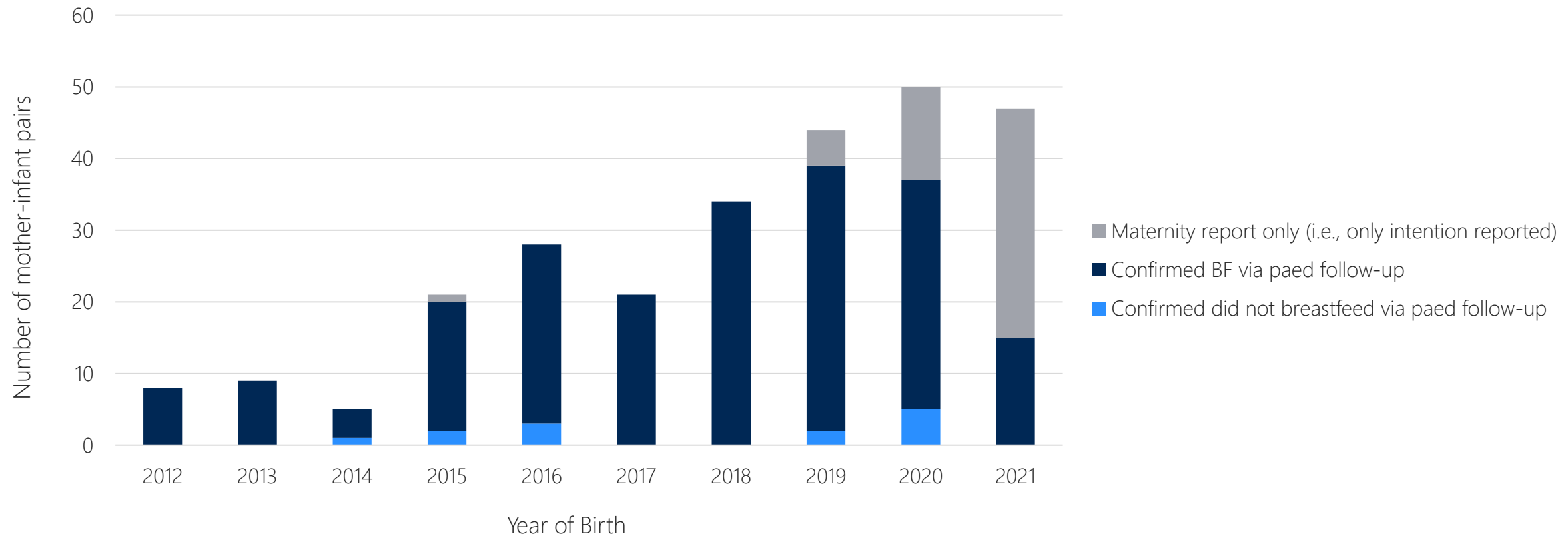
- The **Integrated Screening Outcomes Surveillance Service (ISOSS)** conducts surveillance of pregnancies in women living with HIV on behalf of the NHS England (NHSE) Infectious Diseases in Pregnancy Screening (IDPS) Programme
- **All pregnancies to women living with HIV, their children and any children diagnosed with HIV (<16 years age)** are reported to ISOSS through maternity and paediatric reporting streams
- NHSE via ISOSS holds data on over 25,000 pregnancies and children from over 30 years of surveillance in the UK
- Data on supported BF in accordance with BHIVA guidelines has been collected since 2012; enhanced surveillance has been carried out since 2018

Methods – ISOSS data on supported BF

- **Enhanced BF surveillance** is part of the secure online data collection for maternity and paediatric respondents and **covers all cases of planned/supported BF**
- Enhanced surveillance data for cases reported prior to launch of enhanced surveillance in 2018 were sought “retrospectively”
- **Questions include:**
 - Reasons for wanting to breastfeed (respondent-reported)
 - Whether the woman’s partner and GP knew her HIV status
 - Duration of BF
 - Whether any mixed feeding occurred before 6 months of age
 - Details of maternal and infant test results during BF
 - Maternal cART during BF
 - Infant confirmatory antibody tests (22-24 months)

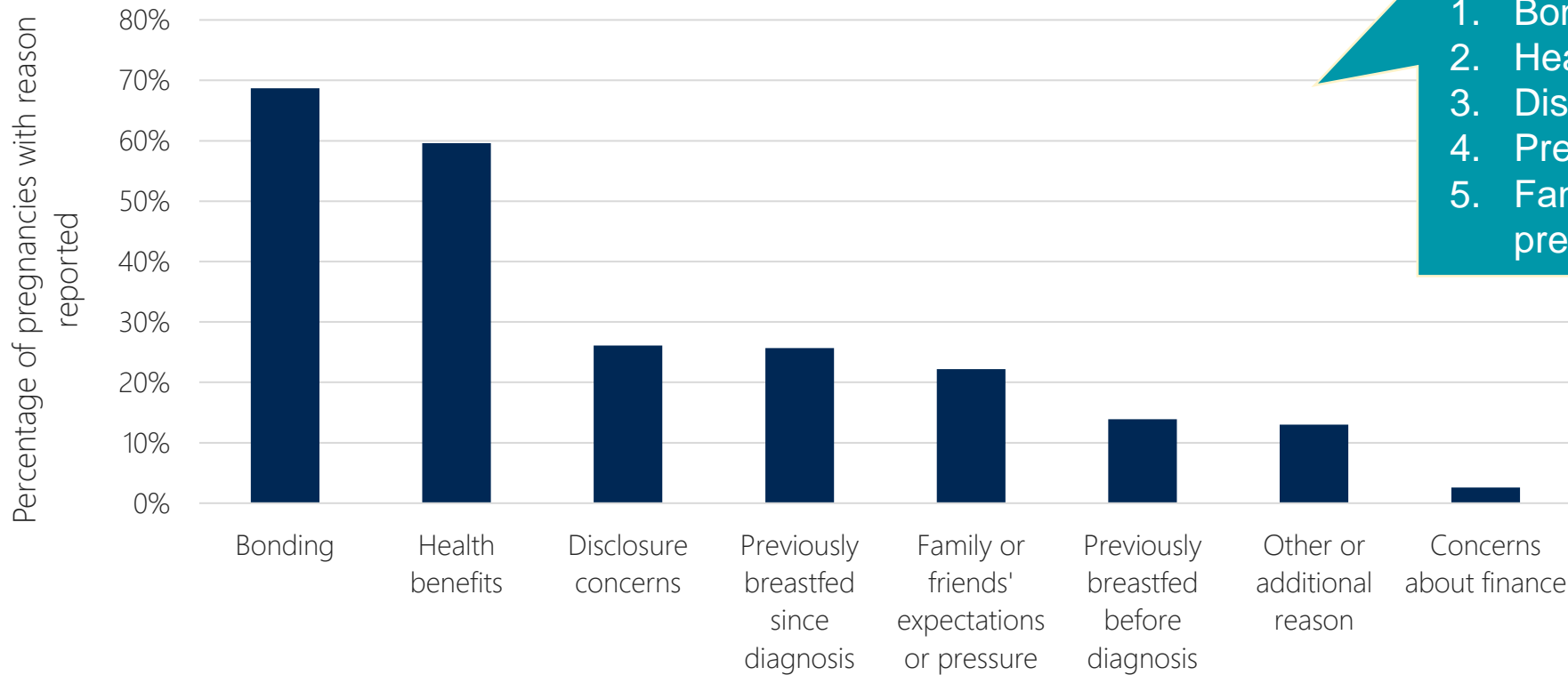
Results – cases of BF

Reports of intention to breastfeed and/or supported BF, N=267



Results – reasons* for wanting to breastfeed

Reasons for wanting to breastfeed, $n=230$



Commonly reported reasons:

1. Bonding (69%)
2. Health benefits (60%)
3. Disclosure concerns (26%)
4. Previous BF since dx (26%)
5. Family or friends' expectations or pressure (22%)

* reported by clinical respondents based on information gathered during clinical care; data on reasons were missing for 37/267

Results – confirmed supported BF

- Among 8,513 live birth deliveries, **203 (2.4%) WLWH were supported to breastfeed**, with some BF more than one infant

Maternal characteristics of cases of supported BF (N=203)	N (%) or median (IQR)
Diagnosed before pregnancy (n=201)	190 (95%)
Born abroad * (n=201)	170 (84%)
Age at delivery (years)	35 (31-40)
Duration of BF (where stopped) (N=150)	
Range	1 day – 2 years
Number of days	56 (23-140)

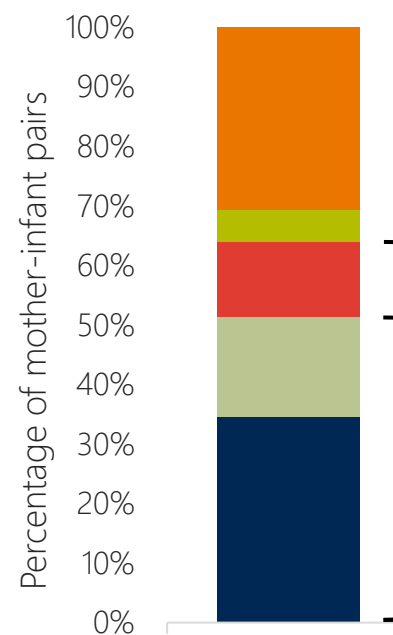
Number of WLWH supported to breastfeed increased 4-fold from <10 per year in 2012-14 to 40-50 per year in 2019-2021



*79% (154/197) of women were born in sub-Saharan Africa
IQR: interquartile range

Results – monthly testing ($N=150^*$)

- In 46 cases, monthly testing was known to be not applicable due to BF duration
- Where reported and applicable, 80.2% (77/96) of mother-infant pairs had monthly testing as per BHIVA guidelines
- In 11 cases, reasons for not having monthly testing included scheduling miscommunications, parental requests, long-term maternal virological suppression
- Attendance issues were reported in 32.5% (25/77) of cases with monthly testing reported

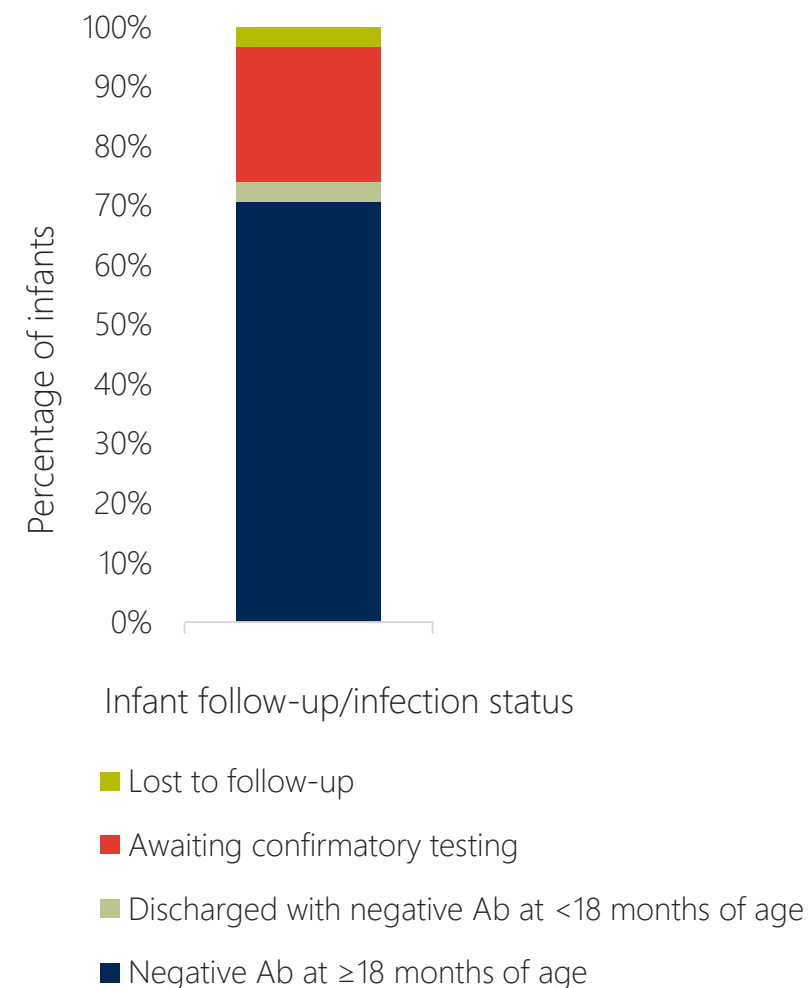


Monthly testing summary

- Monthly testing not applicable
- Not known if monthly testing arranged/done
- Monthly testing not arranged/done
- Monthly testing - attendance issues
- Monthly testing - no attendance issues

Results – BF cessation & infant follow-up

- Cessation of BF was part of a plan to stop for most
- In 10 cases, BF was stopped due to maternal VL rebound
- Of 150 infants,
 - 106 had negative Ab result dated ≥ 18 months of age
 - 5 were discharged based on negative Ab result dated < 18 months of age
 - 34 were awaiting confirmatory testing
 - 5 were lost to follow-up



Conclusion

- The number of women choosing supported BF in the UK has increased in recent years
- Pictures of supported BF have varied in terms of duration of BF and attendance for monthly testing
- There have been no vertical HIV transmissions identified among those choosing supported BF, though some infants have been lost to follow-up or are still in follow-up
- Ongoing monitoring of clinical management and vertical transmission outcomes remains essential to support future guidelines and safe BF for those who choose to breastfeed

Acknowledgements

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UCL are the commissioned data processors for NHS England's Infectious Diseases in Pregnancy Screening (IDPS) Programme who are the data controllers and owners

If you have any queries, please get in touch: r.sconza@ucl.ac.uk

For more information on ISOSS, visit www.ucl.ac.uk/isoss

The ISOSS 2022 HIV annual report is available from gov.uk

