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

Kate Francis, Claire Thorne, Rebecca Sconza, Anna Horn, Helen Peters

Population, Policy and Practice Programme, UCL Great Ormond Street Institute of Child Health

Background

- The HIV vertical transmission (VT) rate was 0.28% (95% CI 0.08%, 0.71%) among births to diagnosed women living with HIV (WLHIV) in the UK and Ireland in 2015-2016
- 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 of this work was to estimate the prevalence of breastfeeding (BF) among WLHIV in the UK and describe current clinical practice

Methods

- National Surveillance of HIV in Pregnancy and Childhood (NSHPC) is part of Public Health England’s Infectious Diseases in Pregnancy Screening Programme
- All pregnancies to women living with HIV in the UK/Ireland are actively reported, along with their HIV-exposed infants and any children diagnosed with HIV (<16yrs age)
- Data on supported breastfeeding has been collected since 2012
- Enhanced surveillance of mother-infant pairs where BF was reported (planned/occurred) since August 2018
- Eligible population: livebirth deliveries to diagnosed women 2012-19

Results

Among 7187 livebirth deliveries, 135 (1.9%) were reported as planned and/or supported to breastfeed
- 93% (125/135) were births to women diagnosed before pregnancy
- 83% (112/135) were pregnancies to women born abroad
- 13% (18/135) were in women supported to BF >1 infant
- Median maternal age at delivery was 35 years (IQR: 31,40)

Enhanced data collection on 102 supported BF cases: BF ongoing in 9/102 and 3/102 were lost to follow-up.

Current case status among cases where BF was reported to have stopped (90/102):

In 4/90, BF was reported to have stopped due to maternal VL rebound
  - 2 confirmed negative
  - 2 awaiting confirmatory antibody
In 3/90, ≥1 detectable VL was reported during BF period
  - 1 had negative antibody
  - 1 still in follow-up
  - 1 lost to follow-up

Figure 2: Infant follow-up (where BF stopped), n = 90

Conclusions

BF reports reflect guideline updates, the current ‘U=U’ era and continued strides towards normalising maternity experiences for WLHIV. Cases to date have been few but diverse, underscoring the need for careful monitoring to allow early identification and management of VL blips. Although results show no VTs among supported BF cases so far, a postnatal transmission likely attributable to covert BF by a woman who had undetectable VL throughout pregnancy was reported in 2016. Further insights enabled by national surveillance have the potential to guide policy and practice.