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Background

- Over the last decade BHIVA guidelines for feeding of infants born to women/birthing parents living with HIV have evolved.
- In 2012 guidance was changed to reflect the fact that the risk of vertical transmission from breast/chestfeeding in women or birthing parents with an undetectable viral load is low - and therefore choosing to breast/chestfeed no longer constituted an automatic referral to child protection teams.
- In 2019 the guidelines were changed further to recommend supporting women to breastfeed, provided they are:
 - Are in the Very Low Risk Group according to BHIVA guidelines
 - Aware that the recomendation remains to formula feed based on the best available evidence that there is still a small increased risk of transmission from breast/chestfeeding
 - Agree to enhanced viral load monitoring
 - Agree to exclusively breastfeed for 6 months only
- We present data on the infant feeding choices of women living with HIV who were cared for by our dedicated HIV antenatal team at the Royal Free Hospital.

Aim

To provide insight into how guideline changes affected women’s choices for infant feeding and to assess adherence to viral load monitoring guidelines.



Method

Data were collected from an existing database of women who have attended our service since 2016. The database is an Excel Spreadsheet that includes the women's demographics, antiretroviral regimens, risk categories (as per BHIVA guidelines) and mode and date of delivery and infant feeding choices.

Results

- 54 (cis)women presented to our service with 59 pregnancies from Jan 2019 to present. 45 out of 59 pregnancies were carried to term. 5 out of the 42 women who carried their pregnancy to term chose to breastfeed, including 3 out of 9 (33%) in the 2022. There were no detected vertical transmissions out of all 42 live births to date.
- Reasons women gave for choosing to breastfeed included: having breastfed before (either in a different country or in the UK undisclosed), not wishing to share HIV status, and judging the benefits of breastfeeding to outweigh the risks.
- All women were in the Very Low Risk Category as per BHIVA Guidelines.
- The table below shows the attendances for viral load monitoring, for all women who chose to breastfeed (and their infants) in weeks from delivery until present.

Table 1. Viral load monitoring of mothers and infants of mothers living with HIV choosing to breastfeed from delivery date to present.

Women	Booking Date	Delivery Date		Viral load monitoring in weeks since birth				
1	Jul-20	Feb-21	Mother	4	8	16	32	
			Infant	4	8	16		
2	Dec-20	Aug-21	Mother	*				
			Infant					
3	Jan-22	Jul-22	Mother	None				
			Infant	2	6	10		
4	Mar-22	Jul-22	Mother	6	10	12	16	19
			Infant	1	3	7	17	
5	Apr-22	Oct-22	Mother	3	7	11		
			Infant	2	6	10		

* Woman 2 transferred to a different service prior to giving birth.

Conclusion/Discussion

- Since guidance has changed to support women who choose to breast/chestfeed, more women in our service are choosing to do so with 33% of our total cohort of women last year opting to breastfeed.
- Adherence to viral load monitoring guidelines has been generally poor. As current guidelines stand, the mother/birthing parent must attend every 2 weeks for a viral load test for either her or baby (as mothers/birthing parents are tested at 0,4,8,12,16,20,24 and 4 and 8 weeks post cessation of breast/chestfeeding and infants are at 0,2,6,10,14,18,22,26 and 4 and 8 weeks post cessation of breastfeeding). Merging the schedules for mother and infant may help to improve this.
- Data has not been collected on the duration of breastfeeding, weaning age, use of formula milk, episodes of mastitis, D&V or other complications. It is important to collect this information as following the guidelines may be difficult in practice. Women and birthing parents living with HIV may be reluctant to highlight these issues given previous advice was to stop breastfeeding if there were any complications rather than to bridge with formula. In this context, the recent position statement from BHIVA regarding mixed infant feeding is extremely welcome.
- We aim to collect the data listed above from our breastfeeding women via an anonymous survey to help us guide future service development. We are also working with the trust infant feeding specialist midwives to develop a dedicated programme to provide ante and perinatal breastfeeding support for women and birthing parents using our service. We are also developing more robust procedures for postnatal monitoring of our patients (and their infants) by providing increased support via a dedicated postnatal service.



References

BHIVA guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update)
Interim BHIVA position statement on HIV and mixed infant feeding. Yvonne Gilleece, Laura Byrne, Alasdair Bamford, Hermione Lyall, Paula Seery, Shema Tariq December 2022



A Final Word from one of our mothers
(breastfeeding for the first time with baby
number 5).

Sally the best decision I ever made is to breast feed saying this with tears 😭 in my eyes... see my body making milk amazes me.... Honestly thank you for the support. I express a lot and sometimes put it in the bottle for her father to feed her.

She breathes a bit fast but the doctor said it's normal so am keeping an eye on that apart from that in one word breast feeding is magical. She sucks amazingly and I am now very good at it now honestly best decision ever.

