

National Surveillance of HIV in

**NSHPC**

Pregnancy and Childhood

# **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:

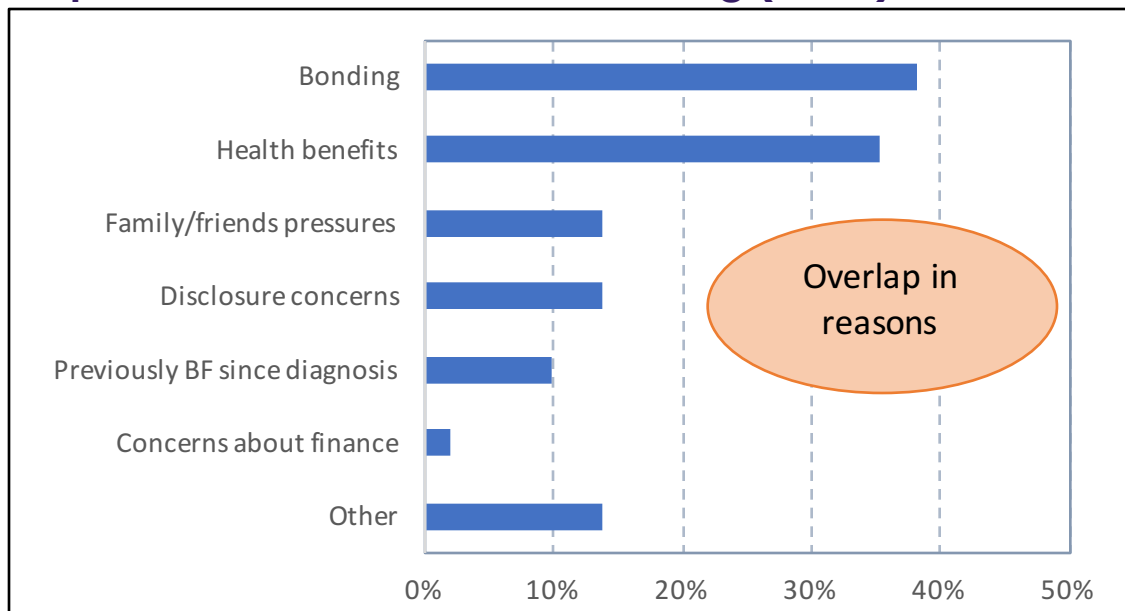
- **135/7187** were reported as **planned and/or supported to breastfeed**
- **18/135** were in women who were supported to breastfeed more than one infant
- **93%** (125/135) were pregnancies to women **diagnosed before pregnancy**
- **83%** (112/135) were pregnancies to women **born abroad**
- Median 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)

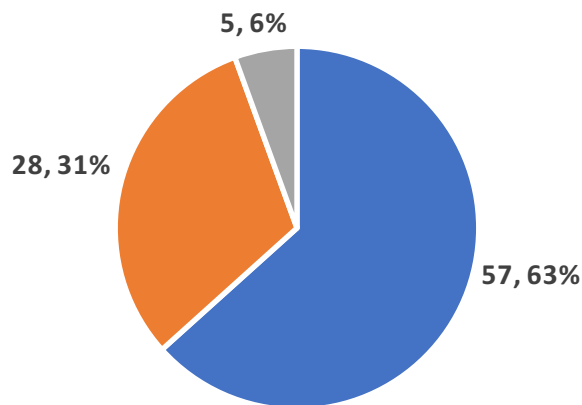
- Mixed feeding before 6 months of age was reported in 10/90 cases
- Mastitis was reported in 2 further cases where breastfeeding continued



## Current case status

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

### Infant follow-up (where BF stopped)



■ Negative antibody test ■ Still in followup ■ Lost to followup

### 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.

## Acknowledgements

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