



Breastfeeding with HIV: a retrospective case review

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Introduction

In the UK, formula feeding is recommended as the safest way to feed infants born to women with HIV due to the ongoing risk of HIV exposure. BHIVA guidance also recommends that women who have an undetectable viral load (VL) on anti-retroviral therapy (ART) who wish to breastfeed should be supported to do so. There is a lack of data on women with HIV choosing to breastfeed in high-income settings, and the risk of transmission in women with an undetectable viral load remains uncertain. The National Study of HIV in Pregnancy and Childhood (NSHPC) is now performing enhanced surveillance on women with HIV who breastfeed in the UK. We describe our experience of breastfeeding in women living with HIV

Methods

A retrospective case review of mothers living with HIV who breastfed between 2012-2018 was conducted. Demographics, viral load and CD4 count data, breastfeeding duration and infant outcomes were collected.

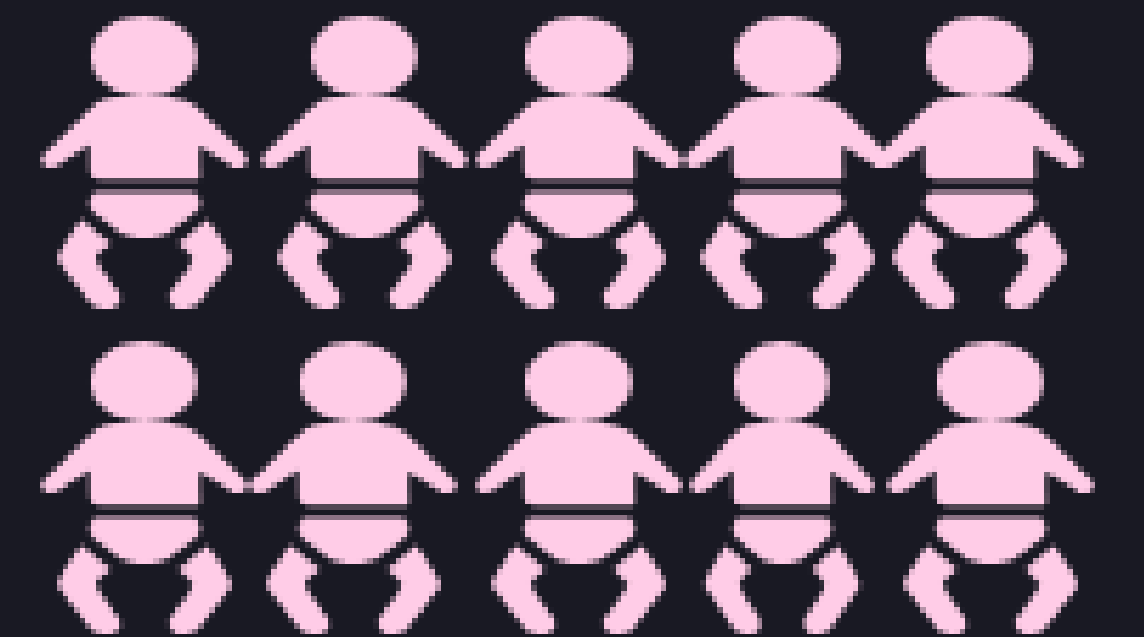
“What I would like to say to any positive woman deciding to breastfeed is this: if, God forbid, you did transmit to your child...how would you justify that to him or her...? You have to have a really good reason...”

Results

- 90% of mothers choosing to breastfeed were of Black-African ethnicity.
- 90% were diagnosed with HIV prior to conceiving; one woman was diagnosed at antenatal screening.
- 70% conceived on ART and continued during pregnancy. 3 started ART during pregnancy.
- All mothers had CD4 counts >200cells/mm². Average CD4 count was 485cells/mm².
- 100% of mothers had undetectable viral loads (<20copies/ml) at delivery.
- None of the mothers were nulliparous.
- 40% had breastfed previously while living with HIV
- All mothers planned to breastfeed with support from the antenatal team, apart from one, who breastfed for 10 days on order to conceal her HIV diagnosis from her partner.
- All women breastfed exclusively, apart from one who had not planned to breastfeed.
- All women and had undetectable viral loads throughout breastfeeding measured at monthly intervals apart from one, who stopped due to a viral load of 86 copies/ml at 36 hours post- partum. All others stopped by choice.
- One baby was still being breastfed at time of writing. All other babies (90%) tested negative for HIV antibody at 18 months
- Most women enjoyed breastfeeding but reported high levels of anxiety



206 babies were born to mothers living with HIV between January 2012 -Nov 2018



10 babies (4.8%) born to 7 mothers were breastfed



90% of women and had undetectable viral loads throughout breastfeeding



Mean breastfeeding duration was 7 weeks (36 hours - 10 weeks)



Reasons for breastfeeding :
Fear of stigma
Financial pressure
Wanting to bond with baby
Pressure from family



Zero transmissions at 18 months

Conclusion

- Mothers choosing to breastfeed represented a very small proportion of our cohort.
- It is important to recognise that this series describes women who planned to breastfeed, following discussion with our team. It is likely that some mothers breastfeed without disclosing, which may increase the risk of transmission.
- Although the case series is small, it suggests that women who had breastfed previously with HIV are more likely to do so again.
- Women may choose breastfeed due to external pressures rather than a wish to do so, but abstaining from breastfeeding can also have negative social, psychological, and financial implications for women.
- There were no transmissions in our cases but formula feeding remains the recommended method of feeding in high-income settings.
- Although this case series is small, it does suggest that supported breastfeeding in women with undetectable viral loads and good CD4 counts is safe, but more data is needed in order to support breastfeeding as a safe choice for infant feeding, and to alleviate transmission anxiety for women who do choose to breastfeed.

