

# Breast feeding and women with HIV living in the UK; BHIVA guidelines and real world experience



**Dr Judy Russell**

1993-2015





# Nancy

- Antenatal HIV diagnosis 2003 aged 26
- Babies in 2003, 2006 and 2012 all formula fed and HIV negative
- Baby 4 born November 2016 breast fed for 15 months.
- Spoke openly about living with HIV and breastfeeding experience at educational meeting in January 2018.

“Mothers living with HIV can breastfeed safely when they adhere to treatment during the breastfeeding period”



## RECOMMENDATIONS

**Table 1. The 2016 WHO recommendations on HIV and infant feeding**

RECOMMENDATIONS	Strength of the recommendation	Quality of the evidence
1. The duration of breastfeeding by mothers living with HIV <sup>a</sup> For how long should a mother living with HIV breastfeed if she is receiving ART and there is no evidence of clinical, immune or viral failure?		
Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence (see the WHO consolidated guidelines on ARV drugs for interventions to optimize adherence). <sup>b</sup>	Strong	12 months: low 24 months: very low



# Characteristics of mums

- 21 women have breast fed 24 babies, 1 set twins and 2 feeding subsequent babies.
- This represents about 25% of women delivering at QEH in this period.
- Age at delivery range 28-42 mean 35.8 years
- Only one was a primigravida, the remainder with between 1-6 previous births mean 1.8
- Mean time since HIV diagnosis was 8.4 years range 18 months to 18 years
- 5 women had breast fed older children prior to their HIV diagnosis.
- 4 babies delivered by elective caesarean , 5 by emergency caesarean and 13 vaginal delivery.



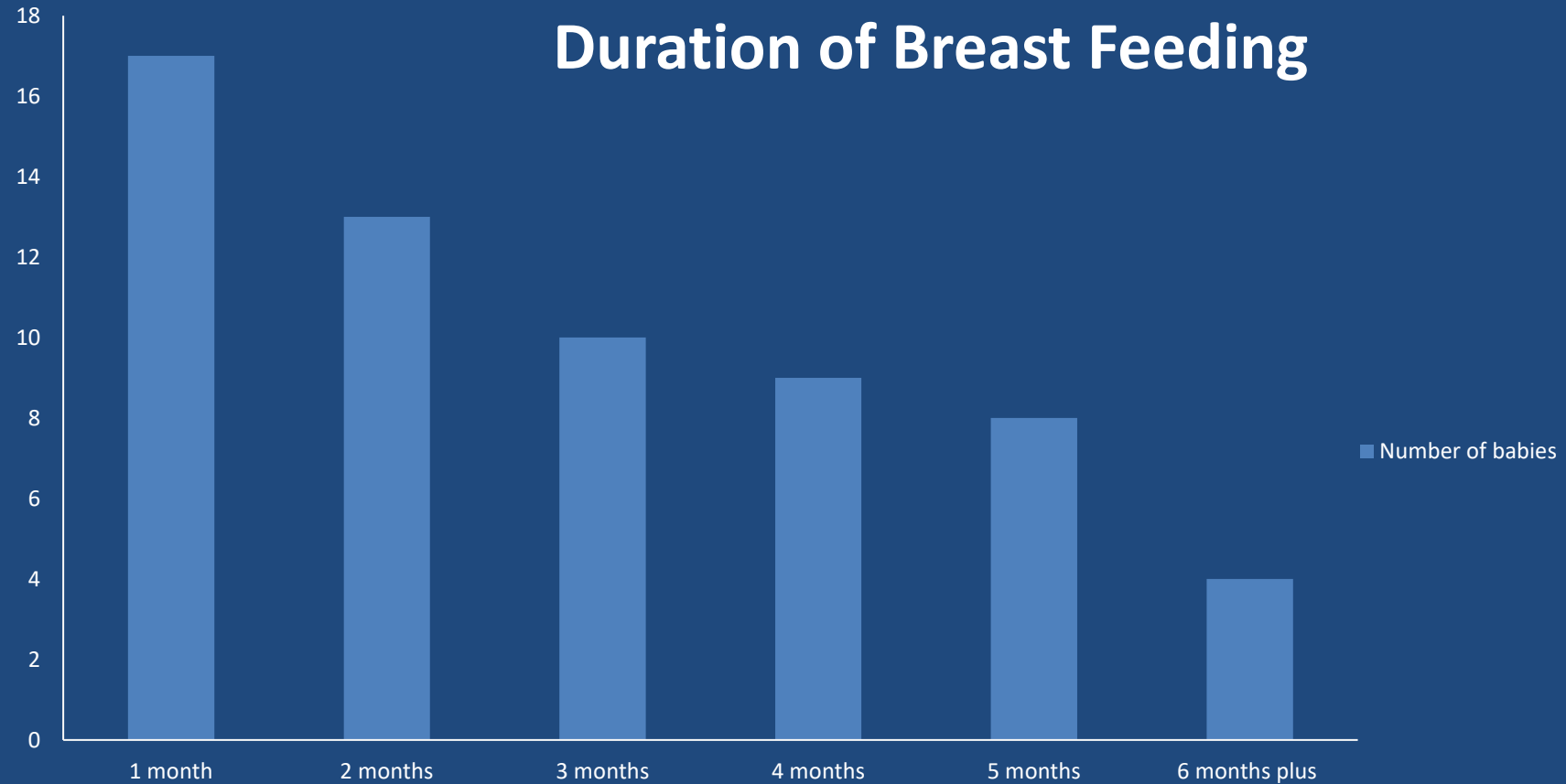
# 8 babies were breast fed for less than 1 month

- Twins for 2 days “too stressful”
- 1 mum attempted to feed 2 successive babies but problems with latching on. Gave expressed breast milk for 4 weeks first time and 8 days the second time.
- 1 baby had a fever at 5 days
- 3 failed to establish feeding in first week

# Feeding up to 6 months

- Range 1-6 months
- 2 babies with significant failure to thrive who rapidly gained weight when switched to formula at around 8 weeks.
- 1 baby required release of tongue tie at 1 month.
- 1 mother had VL blip at 10 weeks of 170 copies and stopped the day after the blood was taken.

# Duration of Breast Feeding



# Babies fed for longer than 6 months

- **N** 15 months
- 2 of these mothers were late diagnosed vertically infected; **I** fed for 9 months (her first baby) and **S** fed 20 months (second baby) Both maternal grandmas are alive and well and engaged in care
- **P** oldest child 21 breast fed, Antenatal HIV diagnosis 2006 second child bottle fed, third child 2019 breast fed 9 months.

# Virological control

- 17 /23 Maternal virus fully suppressed throughout pregnancy
- 1 of these is an elite controller
- 3 women restarted ARVs in early pregnancy but all had viral baseline of less than 4000 copies
- 3 had “blips” during pregnancy, 1 of 384 copies in first trimester, the other 2 less than 60 copies.
- 1 maternal blip during breast feeding

# Infant blood tested at PHE Colindale

Sex: M    Age: 6m    DoB: 31/05/2019    Fasting: N    Urgent:    On-Call: N  
Source: OP Paeds QE    Clinician: UNKNOWN CLINICIAN    Laboratory Receipt Date: 20/12/2019 12

Status: PRINTED

Blood

Report Date: 30/12/20

pH Anti-HIV 1:                    Negative  
pH Anti-HIV 2:                    Negative  
pH HIV Proviral DNA:                .  
pH HIV-1 Nucleic acid:            Not detected  
pH Ref. Lab. Comments:            No evidence of HIV infection.  
pH                                    The continuing absence of detectable proviral DNA  
pH                                    indicates that HIV infection is unlikely. Please  
pH                                    arrange for a follow-up serological test at  
pH                                    18 months of age to confirm loss of maternal Ab.  
pH Comment:                        Ref. Lab. results included (PHE, Colindale)

## HIV and breastfeeding your baby

The safest way for a mother living with HIV in the UK to feed her baby is to bottle feed using formula milk.

If you are on treatment with an undetectable viral load and choose to breastfeed your baby we can help you make it as safe as possible for your baby, but it will not be as safe as using formula. Until we know more about the safety of breastfeeding on antiretroviral therapy, our careful guidance will give your baby his or her best chance of remaining HIV free while being breastfed. Always protect your baby using 'The Safer Triangle' below:

### No virus

If the HIV virus in your blood is detectable, there will be HIV in your breast milk, and HIV will enter your baby's body on feeding. You should only breastfeed your baby if your HIV is undetectable.



### Happy tums

Diarrhoea and vomiting show that a tummy is irritated. If your baby's tummy is irritated it may be more likely that HIV will cross into the blood stream and infect your baby. If your tummy is irritated you may not absorb your HIV medication properly. Only breastfeed if both of you have a 'Happy tummy'.

### Healthy breasts for mums

There may be HIV in your breast milk if your nipples are cracked or bleeding, or if you have thrush, develop an infection or have mastitis. Only breastfeed if your breasts are healthy.

## The Safer Triangle means:

### No Virus + Happy Tums + Healthy Breasts for Mums

Only breastfeed if your HIV is undetectable AND both you and your baby are free from tummy problems AND your breasts and nipples are healthy with no signs of infection.

If HIV virus becomes detectable in your blood: Stop breastfeeding and start using formula milk. Do not use breast milk you have expressed and stored. Feed your baby using formula only until you have spoken with your HIV clinic.

# Breast is best? The dilemma for HIV Positive mothers

- Meeting on 31/1/2018
- Audience 95% female including many service users, doctors, midwives and health visitors
- Lively debate about BHIVA guidelines
- Fabulous presentation by web link from South Africa by Catriona Waitt



# ART in Breast Milk: Defining the Risk-Benefit Ratio

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# Thank you



All our mums and babies  
Emily Mabonga  
Hermione Lyall  
Kate Francis, Helen Peters and  
ISOSS team  
Lisa Saunders-Davis



Integrated Screening Outcomes Surveillance Service

## **BHIVA guidelines and breastfeeding in the UK- the current picture**

Helen Peters, Kate Francis, Rebecca Sconza, Claire Thorne

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CHIVA, October 2020