

Infant feeding decisions among women who have grown up with HIV

Kasadha, B.,¹ Freeman-Romilly, N.,² Tariq, S.,³ Namiba, A.,⁴ Nyatsanza, F.,⁵ Rai, T.¹

¹University of Oxford, ²Oxford University Hospitals NHS Foundation Trust ³University College London (UCL), ⁴4M Network, ⁵Cambridgeshire Community Services NHS Trust



BACKGROUND:

- Over 800 pregnancies occur in women with HIV annually in the UK, with very low rates of vertical transmission (0.22%).
- Women with vertically acquired HIV are a growing sub-population (ISOSS, 2022).
- Transmission risk via breastfeeding is greatly reduced by antiretroviral therapy (ARTs) but is not zero.
- Current UK BHIVA guidelines recommend exclusive formula feeding, however individuals should be supported to breastfeed if they choose to, and they meet certain criteria.

AIM: We explored infant feeding decisions among five women who have grown up with HIV in the UK.

METHODS:

- Remote semi-structured interviews (April 2021—Jan 2022).
- Eligible: women and birthing parents with HIV who were pregnant or had given birth within 12 months.
- Recruited via HIV clinics and charities.
- Sub-sample of five women who have grown up with HIV from the Nourish-UK study.

REFERENCES: BHIVA. *BHIVA guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update)*. BHIVA, 2018, <https://www.bhiva.org/pregnancy-guidelines>

Peters, H. et (2022). *ISOSS Pregnancy characteristics and outcomes of women with vertically-acquired HIV in the UK* [PowerPoint Presentation]. BHIVA Spring Conference, 20th April 2022, Manchester (UK).

P01: 30 years-old

- Black British African
- Pregnant
- Plans to breastfeed

"if [my husband, mum or HIV physician] had shut me down [...] said [breastfeeding] is not a good idea, I don't think I'd be as confident as I am now"

P23: 33 years-old

- Black African
- Baby; 14 weeks old
- Breastfed

"...my midwife was very good at explaining things [...] maybe because [she] specifically dealt with HIV ladies [...] My doctor was very adamant for just exclusively to breastfeeding, always, reminding me not to mix [...] the team have been so good [...] thankfully, I haven't had bad experience of that."

P32: 30 years-old

- Black African
- Baby; 11 months old
- Formula fed

"So, we were in a [maternity] room and I just didn't want to be like "Oh no no he can't have this [formula] milk," [...] when she gave him the milk I thought maybe it was okay as a one off [...] And the next thing they're telling me "Oh no, because we've already given him this milk you can't breastfeed any more." And they were quick enough to give me the pill to dry up my milk..."

P02: 32 years-old

- White British
- Baby; 8 months old
- Formula fed

"...it does hurt because this comes into conversation so often, you know, when you're at mummy groups when you're talking to other parents and [they ask], "do you breast feed"

P38: 27 years-old

- Black Caribbean
- Baby; 11 months old
- Formula fed

"[specialist midwife is] saying again, [breastfeeding is] a personal choice, but obviously with research [...] it's safer to do the formula because then that again decreases the chances of transmission."

RESULTS—SAMPLE:

- All five acquired HIV in infancy; two were diagnosed in adulthood
- Aged 27-33 years-old
- All were in a relationship - one had not shared her status with her partner
- Three could not afford their basic expenses 'all' or 'most' of the time

RESULTS—THEMES:

- Women generally had trusted relationships with HIV clinics and were well informed by their HIV physician.
- They understood the low risk of HIV transmission while undetectable.
- However, there is incongruent information shared within multidisciplinary team about current BHIVA guidelines, leading to some women being strongly discouraged to breastfeed and seeking advice from HIV organisations.

CONCLUSIONS:

- Women with vertically acquired HIV/who have grown up with HIV make considered decisions about feeding their babies.
- They have good awareness of BHIVA's feeding guidelines and strong relationships with HIV clinicians.
- HIV charities provide additional support and information with infant feeding decision and peer support.
- Incongruent infant feeding information sharing among wider medical team highlights information gaps among healthcare professionals.

Patient and Public Involvement (PPI) panel: Five mothers with HIV were part of our patient and public involvement panel, including one who was born with HIV. They also sit on our advisory panel. The PPI panel has shaped the aims, design, recruitment and methods for the Nourish-UK study.