**BACKGROUND**

- In 2012-2014, the vertical HIV transmission rate (VTR) was 0.27% among diagnosed women living with HIV in the UK/Ireland.
- The British HIV Association (BHIVA) currently recommends formula-feeding infants born to women living with HIV, eliminating postnatal transmission risk; however, BHIVA states that virologically suppressed treated women with good adherence to antiretroviral therapy (ART) who choose/plan to breastfeed may be clinically supported to do so.
- Guidelines on diagnostics for breastfed infants and maternal viral load monitoring have been updated.

**RESULTS**

- In 2015-16 there were 1914 singleton livebirths to HIV diagnosed women.
- Overall, 70% (1347/1909) of women were Black African (Table 1).
- 83% (1555/1881) of mothers were born outside the UK/Ireland.
- 88% (1691/1914) of women were diagnosed prior to pregnancy.
- Median age at delivery was 34yr (IQR: 30,37).

**VERTICAL TRANSMISSION RATE**

- Infection status was confirmed for 75% (1438/1914) of infants to date.
- The overall vertical transmission rate among diagnosed women has stabilised from 2.1% in 2000-01 to 0.28% [95% CI: 0.08, 0.71%] in 2015-16 (Figure 1).

**VERTICAL TRANSMISSION**

Four transmissions among 1438 infants with known infection status:

- Two infants whose mothers were diagnosed after 20 weeks gestation following late antenatal presentation, where transmission occurred in utero (positive PCR aged ≤3days).
- One infant born to a woman diagnosed pre-conception with detectable delivery VL (in utero transmission).
- One infant with postnatal transmission probably via breastfeeding (PCR negative at 6weeks, positive aged 18 months).

**CONCLUSIONS**

- The vertical transmission rate among diagnosed women living with HIV in the UK/Ireland remains very low at 0.28%; the proportion of women achieving undetectable delivery VL has increased to 93%. This reflects sustained efforts to provide optimal treatment and care to women and infants.
- The increased reports of breastfeeding in the UK and Ireland in this period are likely to be linked to guideline updates, the current “U=U” era and continued strides towards normalisation of maternity experiences for women living with HIV.
- However breastfeeding cases require careful monitoring, enabled by the NSHPC parallel paediatric surveillance scheme, to ensure identification of any late postnatal transmissions and appropriate adjustment of the vertical transmission rate if required.