The HIV vertical transmission (VT) rate is <0.3% among diagnosed women living with HIV (WLHIV) in the UK.

The British HIV Association (BHIVA) recommends formula-feeding infants born to WLHIV to eliminate risk of postnatal transmission but states that virologically-suppressed treated women with good adherence wishing to breastfeed may be clinically supported to do so (see BHIVA guidelines, right).

The objective is to estimate the prevalence of breastfeeding (BF) among WLHIV in the UK and describe current clinical practice.

**Methods**

The Integrated Screening Outcomes Surveillance Service (ISOSS) is part of the NHS Infectious Diseases in Pregnancy Screening Programme commissioned by NHS England.

Reporting covers all pregnancies to women living with HIV in the UK, their infants, and any children diagnosed with HIV (aged <16 years).

Data on supported breastfeeding has been collected since 2012.

 Eligible population: livebirth deliveries to diagnosed women 2012-21

**Results**

Among 8526 livebirth deliveries, there were 267 (3.1%) reports of intention to breastfeed and/or actual BF. Reports increased four-fold from <10 per year in 2012-14 to 40-50 per year in 2019-21 (Figure 2).

At time of analysis, among women planning to breastfeed, 203 were confirmed to have breastfed using linked paediatric reports; some women breastfed more than 1 infant.

- **94.5%** (190/201) were births to women diagnosed before pregnancy.
- **84.0%** (170/201) were births to women born abroad (majority from sub-Saharan Africa).
- Median maternal age at delivery was 35 years (IQR: 31,40).

**PLANNED BREASTFEEDING**

Among women reported to be planning to breastfeed, partners were not aware of the woman’s HIV status in 16.0% of cases, and GPs were unaware in 7.0%.

**CONCLUSION**

- **80.2%** (77/96) were known to have had monthly testing arranged in line with BHIVA guidelines. In 11/96 monthly testing was not arranged for a range of reasons including communication issues with paediatric scheduling and parental request.
- Attendance issues for mother/infant testing were reported in a quarter of cases (25/96).

**Current status among infants where BF reported as stopped (150/203):**

- **70%** of infants had a negative 18-24 month antibody test with no transmission to date.
- The infection status for the remaining 29% could not be determined based on 18-24 month antibody test, as the majority of these infants are still in follow-up.

**Conclusions**

- Numbers of supported BF in the UK are small but increasing. Cases remain varied, particularly regarding duration and attendance for monthly testing. There are no vertical transmissions to date, but some infants are lost to follow-up and/or still in follow-up. Among vertical transmissions occurring in the UK, a number are attributable to undisclosed BF by women undetectable throughout pregnancy.
- Ongoing monitoring of clinical management through ISOSS remains essential to support future guidelines.