


# HIV in Pregnancy: Infant Feeding Considerations

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## Do the new Perinatal HIV guideline support breastfeeding in people with HIV?

- No
- Yes
- Maybe



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### Learning Objectives

- By end of this discussion, each participant will be able to:
  1. Define low risk vs high risk for perinatal HIV transmission
  2. List 3 general guidelines tasks needed to be met for a person with HIV infection to safely breastfeed
  3. Verbalize 3 important counseling topic about feeding options



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### Why a person may want to breastfeed

1. Bonding between infant & parent
2. Health benefits (decreased risk for illness in infant)
3. Health benefit for mother
4. Cultural issues
5. #1 & #4
6. All of the above



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### Does the Florida Department of Health have a protocol addressing HIV infection & breastfeeding ?

1. Yes
2. No



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### Case presentation of breastfeeding in a person with HIV

- 28 yr old with perinatally acquired HIV infection on TAF/FTC/BIC (Biktarvy) prior to pregnancy
- Changed to TAF/FTC (Descovy) & DTG (Tivicay) during pregnancy due to lack of data regarding safety and efficacy of TAF/FTC/BIC during pregnancy
- Undetectable HIV viral load (< 20 copies/mL) prior to pregnancy & throughout pregnancy


  
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### Issues that arose during our case

- On postpartum day 2, mom missed her dose of TAF/FTC/BIC (Biktarvy)
- In the 1<sup>st</sup> mo of breastfeeding mom missed her 2<sup>nd</sup> dose of TAF/FTC/BIC
- Mom's normal routine not routine anymore


  
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### Infant's HIV medications

Initially started on triple antiretroviral therapy (ART) at treatment dosing

1. Transitioned to single ART (zidovudine) to complete a 4 week course
2. Further transitioned to nevirapine prophylaxis for the duration of breastfeeding
3. Continued nevirapine 4 weeks post breastfeeding cessation


  
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### Infant testing for HIV

- Birth
- 2 weeks of age
- 4 weeks of age
- 2 months
- 4 months
- 5 months of age
- 6 months of age
- 7 months of age (1 month post breastfeeding cessation)
- 9 mo of age (2 month post breastfeeding cessation)

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### Testing of breastfeeding person

There is no data to inform the appropriate frequency of viral load testing for the breastfeeding parent. One approach:

1. For the 1<sup>st</sup> 6 months of infant life, monthly maternal HIV RNA PCR
2. If breastfeeding parent's HIV RNA is detectable
  - Consult an expert in breastfeeding and HIV immediately
  - Consider options for stopping breastfeeding if indicated

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DHHS Perinatal Guidelines Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/perinatal-hiv/guidelines-perinatal.pdf>  
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### Is this baby considered at low-risk or high-risk of HIV acquisition?

*An infant is born to woman found to have HIV infection at 28 weeks' gestation. Mom's initial HIV viral load 86,753. She starts TAF/FTC (Descovy) & DTG (Tivicay). Her viral load is 5309 at week 32 & it is < 50 copies/mL at time of delivery at 36 weeks.*

1. low risk
2. high risk

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### Low risk for perinatal HIV transmission

- Infant born  $\geq 37$  weeks' gestation **AND**
- Pregnant person known to have HIV infection prior to pregnancy **AND**
- Pregnant person is currently receiving & she has received antiretroviral therapy (ART) at least 10 consecutive weeks **AND**
- Pregnant person has achieved & maintained viral suppression as defined as at least two consecutive test with HIV RNA < 50 copies/ml obtained at least 4 weeks apart for the remainder of pregnancy **AND**
- Pregnant person has a viral load < 50 copies/ml at or after 36 weeks **AND**
- Pregnant person reports good ART adherence and no adherence concerns identified



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### High risk for perinatal HIV transmission

- Infant born before 37 weeks gestation
- Pregnant person's HIV diagnosis made during pregnancy
- Pregnant person's HIV viral load > 49 copies/mL
- Pregnant person did not receive at least 10 consecutive weeks of ART
- Pregnant person with adherence issues with ART

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### ART options for infant exposed to HIV via breast milk

1. Recommended regimen:
  - Zidovudine 4 mg/kg/dose by mouth twice a day x 2 weeks
1. Optional extended regimen:
  - Zidovudine 4 mg/kg/dose by mouth twice a day x 4–6 weeks
  - Nevirapine for infants  $\geq 32$  weeks
    - birth to 6 weeks: 1.5 ml by mouth daily
    - 6 weeks – 6 m: 2 ml by mouth daily
    - 6 m-9 m: 3 ml by mouth daily
    - 9 months – 1-4 weeks po cessation: 4 ml by mouth daily

DHHS Perinatal Guidelines Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/perinatal-hiv/guidelines-perinatal.pdf> Accessed 10.20.23.



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### Infant Feeding in People with HIV Infection

- Shared decision-making
  - Provide evidence-based, patient centered counseling to support shared decision making about infant feeding as early as possible in pregnancy, throughout pregnancy and again postpartum
- Feeding options: formula, pasteurized donor human milk, breast milk from person with HIV
  - Replacement feeding with formula or banked pasteurized human milk is recommended to eliminate risk of HIV transmission through breastfeeding when people with HIV are not on ARVs and/or do not have a suppressed viral load during pregnancy (at least through 3rd trimester), as well as at delivery
- Achieving & maintaining viral suppression decreases risk of perinatal HIV transmission to < 1%, but not to zero

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### Infant Feeding in People with HIV Infection

- People with HIV on ARVs with a sustained undetectable HIV viral load who choose to breastfeed should be supported in this decision
- Those who choose to formula feed should be supported in this decision.
  - Ask about potential barriers to formula feeding and explore ways to address them
- Engaging Child Protective Services or similar agencies is not an appropriate response to infant feeding choices of an individual with HIV

October 26, 2023 DHHS Perinatal Guidelines Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/perinatal-hiv/guidelines-perinatal.pdf>. Accessed 10.20.23



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### Testing of infants exposed to HIV through breastfeeding

- Birth
- 14–21 days
- 1–2 months
- 2–4 months
- 4–6 months
- If breastfeeding continues beyond 6 months of age, NAT testing should be performed every 3 months during breastfeeding.
- In addition to the standard time points after birth, NAT testing also should be performed at 4 to 6 weeks, 3 months, and 6 months after cessation of breastfeeding, regardless of the age at when breastfeeding ends.

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### Problems

1. State of FL DOH does not have a written protocol for women with HIV infection breastfeeding
2. The five perinatal HIV infection/exposure medical centers around FL do not have a written protocol
3. National guidelines are vague & no consensus on infant ARVs

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### Overview of counseling & management

1. The infant feeding options that eliminate the risk of HIV transmission are formula and pasteurized donor human milk.
2. Fully suppressive ART during pregnancy and breastfeeding decreases breastfeeding transmission risk to less than 1%, but not zero.
3. If breastfeeding is chosen, exclusive breastfeeding up to 6 months of age is recommended over mixed feeding
4. The postpartum period, which can be difficult for all parents, can present several challenges to medication adherence and engagement in care.
5. Ensuring that parents have access to both a supportive clinical team and peer support in the postpartum period is beneficial in promoting medication adherence and viral load monitoring
6. Access to a lactation consultant or lactation support provider with expertise in supporting breastfeeding by individuals with HIV is beneficial.

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### Resources

- **National Perinatal HIV/AIDS hotline** (1-888-448-8765). Available 24h/7d
- **DHHS Perinatal Guidelines available at [clinicalinfo.hiv.gov/en/guidelines/perinatal](http://clinicalinfo.hiv.gov/en/guidelines/perinatal)**

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### AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidseltc.org/>
- **National Clinician Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc.ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: [www.hiv.uw.edu](http://www.hiv.uw.edu)



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Thank you for your participation!



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