New recommendations for infant feeding and prevention of pediatric HIV infection in the US: what and why now?

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Disclosures

None

Disclaimer

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AETC AIDS Education & Training Center Program Mountain West

Data Considerations

Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.

- I may use breastfeeding/chestfeeding interchangeably. When I say breastfeeding, please also hear chestfeeding.
- Research done in the past on this topic has investigated cis-gender women; results are therefore reported on women.

To Learn More:
https://www.cdc.gov/minorityhealth/racism-disparities

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Objectives

- Describe changes in the Perinatal HIV Guidelines released January 31, 2023
- Explain the science and the social context that supported those changes

What has been the guidance around feeding choice for infants of people with HIV?

1985: "HTLV-III/LAV-infected women should be advised against breastfeeding to avoid postnatal transmission to a child who may not yet be infected." (*CDC and Public Health Service*)

2015:"In discussing the avoidance of breastfeeding as the strong, standard recommendation for HIV-infected women in the United States, the Panel notes that women may face social, familial, and personal pressures to breastfeed despite this recommendation and that it is important to begin addressing possible barriers to formula feeding during the antenatal period." (*HHS Panel*)

Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health *and* Interventions to Reduce Perinatal HIV Transmission in the United States. https://clinicalinfo.hiv.gov/en/guidelines/archived-guidelines/perinatal-guidelines

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What has been the guidance around feeding choice for infants of people with HIV?

2018: New section:

Guidance for Counseling and Managing Women Living with HIV in the United States Who Desire to Breastfeed (Last updated March 27, 2018; last reviewed March 27, 2018)

Panel's Recommendations
• Breastfeeding **is not recommended** for women living with HIV in the United States **(AII)**.
• Women who have questions about breastfeeding or who desire to breastfeed should receive patient-centered, evidence-based counseling on infant feeding options **(AIII)**.
• When women with HIV choose to breastfeed despite intensive counseling, they should be counseled to use harm-reduction measures to minimize the risk of HIV transmission to their infants **(BIII)**.
Rating of Recommendations: A = Strong; B = Moderate; C = Optional
Rating of Evidence: I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion

Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health *and* Interventions to Reduce Perinatal HIV Transmission in the United States. https://clinicalinfo.hiv.gov/en/guidelines/archived-guidelines/perinatal-guidelines

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2023

Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States

What's New in the Guidelines ?

The former section, *Counseling and Managing Individuals With HIV in the United States Who Desire to Breastfeed*, was revised and retitled to provide more comprehensive guidance on feeding infants born to individuals with HIV.

Content about breastfeeding in other sections was revised to align with and refer to updated recommendations in this section.

Infant Feeding for Individuals With HIV in the United States

Updated: January 31, 2023
Reviewed: January 31, 2023

Panel's Recommendations
• People with HIV should receive evidence-based, patient-centered counseling to support shared decision-making about infant feeding. Counseling about infant feeding should begin prior to conception or as early as possible in pregnancy; information about and plans for infant feeding should be reviewed throughout pregnancy and again after delivery **(AIII)**. During counseling, people should be informed that— ○ Replacement feeding with properly prepared formula or pasteurized donor human milk from a milk bank eliminates the risk of postnatal HIV transmission to the infant **(AI)**. ○ Achieving and maintaining viral suppression through antiretroviral therapy (ART) during pregnancy and postpartum decreases breastfeeding transmission risk to less than 1%, but not zero **(AI)**.
• Replacement feeding with formula or banked pasteurized donor human milk is recommended to eliminate the risk of HIV transmission through breastfeeding when people with HIV are not on ART and/or do not have a suppressed viral load during pregnancy (at a minimum throughout the third trimester), as well as at delivery **(AI)**.
• Individuals with HIV who are on ART with a sustained undetectable viral load and who choose to breastfeed should be supported in this decision **(AIII)**.
• Individuals with HIV who choose to formula feed should be supported in this decision. Providers should ask about potential barriers to formula feeding and explore ways to address them **(AIII)**.
• Engaging Child Protective Services or similar agencies is not an appropriate response to the infant feeding choices of an individual with HIV **(AIII)**.
• Clinicians are encouraged to consult the national Perinatal HIV/AIDS hotline (1-888-448-8765) with questions about infant feeding by individuals with HIV **(AIII)**.
Rating of Recommendations: *A = Strong; B = Moderate; C = Optional* ***Rating of Evidence:*** *I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion*

https://clinicalinfo.hiv.gov/en/guidelines/perinatal

2023

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Infant Feeding for Individuals With HIV in the United States

Updated: January 31, 2023
Reviewed: January 31, 2023

Panel's Recommendations

- Clinicians are encouraged to consult the national Perinatal HIV/AIDS hotline (1-888-448-8765) with questions about infant feeding by individuals with HIV **(AIII)**.

Rating of Recommendations: *A = Strong; B = Moderate; C = Optional*

Rating of Evidence: *I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion*

What is the major change?

The primary recommendation is now to support parental choice through shared decision making, *not a specific infant feeding mode*

https://clinicalinfo.hiv.gov/en/guidelines/perinatal

Infant feeding considerations

Health benefits from breastfeeding	• *Infant: lower risk of infants developing asthma, obesity, type 1 diabetes, severe lower respiratory disease, otitis media, sudden infant death syndrome, gastrointestinal infections, and necrotizing enterocolitis.* • *Breastfeeding parent: decreased risk of hypertension; type 2 diabetes; and breast and ovarian cancers.*
Equity Considerations	• *Black women are disproportionately affected by HIV* • *People of color experience a greater burden of many health conditions that may be alleviated by breastfeeding*
Cultural Considerations	• *Environmental, social, familial, and personal pressures to consider breastfeeding* • *Fear that not breastfeeding would lead to disclosure of their HIV status*

https://clinicalinfo.hiv.gov/en/guidelines/perinatal

What is the risk of HIV transmission via breastfeeding?

- Without maternal antiretroviral therapy (ART) or infant antiretroviral prophylaxis, the risk of an infant acquiring HIV through breastfeeding is **15% to 20% over 2 years**
- Achieving and maintaining viral suppression through ART during pregnancy and postpartum decreases breastfeeding transmission risk to **less than 1%, but not zero (**3/1000 in 6 months and 6/1000 in 12 months—Flynn, 2021)

https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states. Nduati R, et al. *JAMA*. 2000;283(9):1167-1174. (https://www.ncbi.nlm.nih.gov/pubmed/10703779) World Health Organization. HIV Transmission through breastfeeding: a review of available evidence; 2007 update. 2008. (http://apps.who.int/iris/bitstream/10665/43879/1/9789241596596_eng.pdf); Bispo S, et al. J Int AIDS Soc. 2017 Feb 22;20(1):21251; Flynn P, et al. *J Acquired Immune Defic Syndr* .1999 77.4 (2018): 383; Flynn P, et al. *J Acquir Immune Defic Syndr*. 2021 Oct 1;88(2):206-213

Overview of counseling and management

For people with HIV who are **not on ART and/or do not have a suppressed viral load at delivery**, replacement feeding with formula or banked pasteurized donor human milk is recommended to eliminate the risk of HIV transmission.

Individuals with HIV **on ART with a consistently suppressed viral load during pregnancy (at a minimum during the third trimester)** and at the time of delivery should be counseled on the options of formula feeding, banked donor milk, or breastfeeding

- The infant feeding options that eliminate the risk of HIV transmission are formula and pasteurized donor human milk
- Fully suppressive ART during pregnancy and breastfeeding decreases breastfeeding transmission risk to less than 1%, but not zero.

https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states

Situations to Consider Stopping or Modifying Breastfeeding

- In the case of a detectable viral load, … breastfeeding [should] be temporarily stopped. *Options include giving previously stored breastmilk, pumping/flash heating, providing replacement feeding, or cessation of breastfeeding; repeating viral load; and reassessing continuation or cessation of breastfeeding.*
- **If the repeat viral load is detectable** … the Panels advise immediate cessation of breastfeeding; this guidance is more directive than counseling for individuals on suppressive ART.

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There is no consensus on ARV prophylaxis for infants of individuals with sustained viral suppression who are breastfed

- Most Panel members agree on only 2 weeks of infant zidovudine (ZDV). However, several Panel members prefer to extend the duration of ZDV prophylaxis to 4 to 6 weeks.
- Alternatively, some Panel members recommend 6 weeks of nevirapine (NVP), as currently recommended by WHO for breastfeeding infants at low risk of HIV transmission in resource limited countries.
- Some others opt to continue NVP dosing throughout breastfeeding.

https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states

Approach to management

There is a lot of new content on how to support breastfeeding and weaning, monitor parents and their infants, and manage specific situations. But much of it is based on expert opinion.

There are many gaps in data that limit the strength of recommendations

- No studies have systematically evaluated the risk of HIV transmission through breastfeeding when maternal ART is started before pregnancy or in the first trimester and continued throughout breastfeeding.
- No data exist to inform the appropriate frequency of viral load testing for the breastfeeding parent.

https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states

Engaging Child Protective Services or similar agencies is not an appropriate response to the infant feeding choices of an individual with HIV

- Numerous pregnant people with HIV have reported that after expressing their interest/intention to breastfeed, their providers threatened to report them to Child Protective Services or actually did so.
- Such engagements can be extremely harmful to families; can exacerbate the stigma and discrimination experienced among people with HIV; and are disproportionately applied to minoritized individuals, including Black, Indigenous, and other people of color.

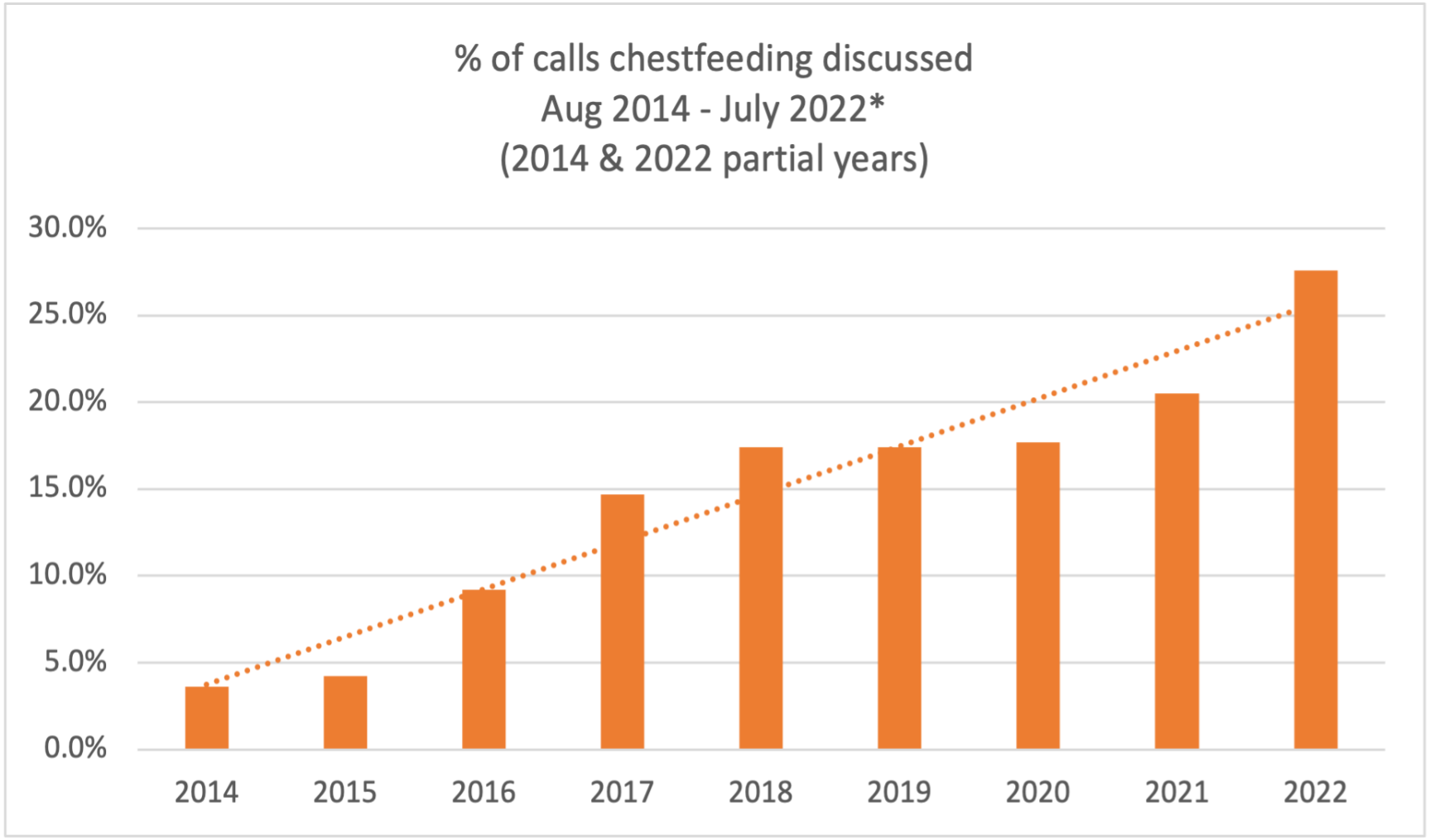
Putnam-Hornstein E, et al. *Am J Public Health*. 2021;111(6):1157-1163. Available at: https://www.ncbi.nlm.nih.gov/pubmed/33856882.;
Roberts D. THE COLOR OF CHILD WELFARE. Vol. ed.: 2002.
Wall-Wieler E, et al. M.. *Am J of Epi*. 2018;187(6):1182-1188. Available at: https://www.ncbi.nlm.nih.gov/pubmed/29617918
https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states

What was new in process of developing the 2023 guidelines?

- Integration of community input from members of The Well Project, International Community of Women Living with HIV - North America, and others
- Obtaining input from lactation specialists at CDC
- New level of collaboration between the Perinatal and Pediatric Panels
- CDC chose to refer any queries about infant feeding in the U.S. to the Perinatal Guidelines (rather than having their own recommendations)

https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states

The change in guidelines comes at a time of increasing interest among providers across the country



Rising number of calls on breast/chest-feeding on the Perinatal Hotline

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https://nccc.ucsf.edu/

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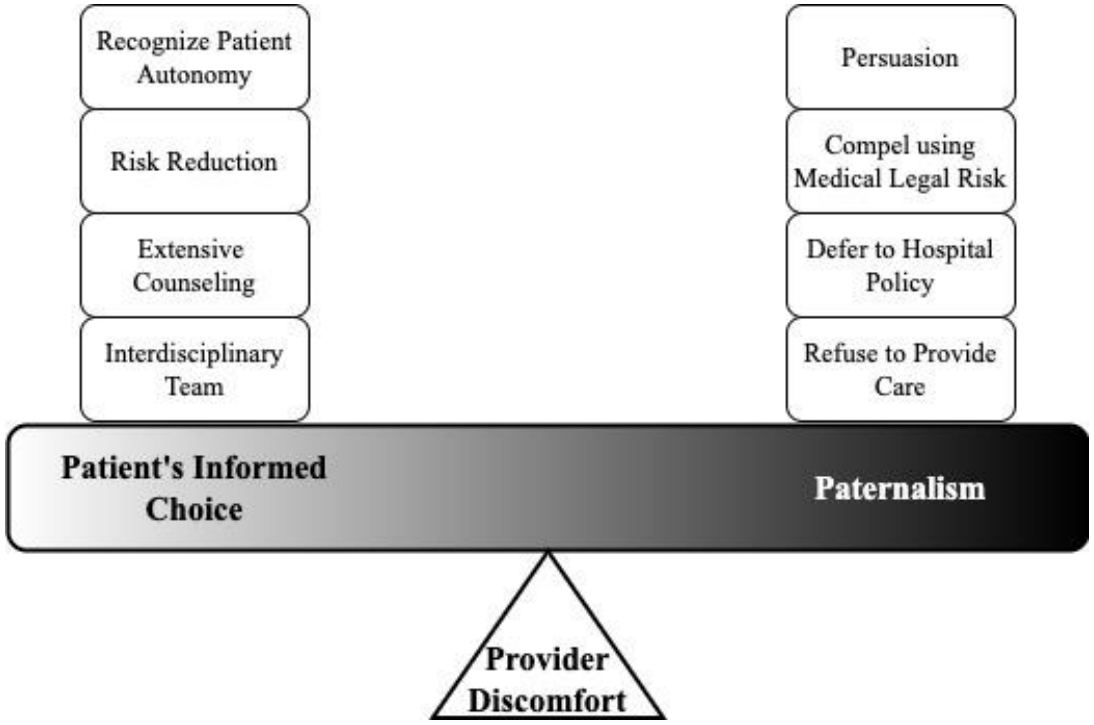
Providers in the USA have struggled to navigate support in the absence of more guidance

- Survey in June/July 2021
- 99 physicians, advanced practice providers, nurses, and lactation consultants

- 42% had cared for someone with HIV who sought to breast/chest feed
- 10% had an institutional protocol



Personal ethics: "I feel the need to protect the infant and think it isn't ethical to put the infant at increased risk, therefore we have to this point only allowed women with stable suppressed viral loads to [breastfeed] their infants."

Provider disagreement: "Some of the providers in our small group believe that our guidelines should be liberalized…Other providers feel that we should not allow BFing among WLHIV under any circumstance. It has been difficult to get consensus."

Lack of guidelines or data: "I would not feel comfortable because there aren't specific guidelines or literature to support the care, however I'm very interested in learning more for those who are interested in breastfeeding to be able to support that decision."

Lai A, et al. AIDS Patient Care and STDs. 2023;37(2): 84-94.

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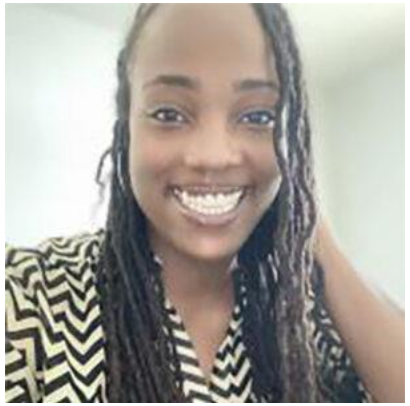
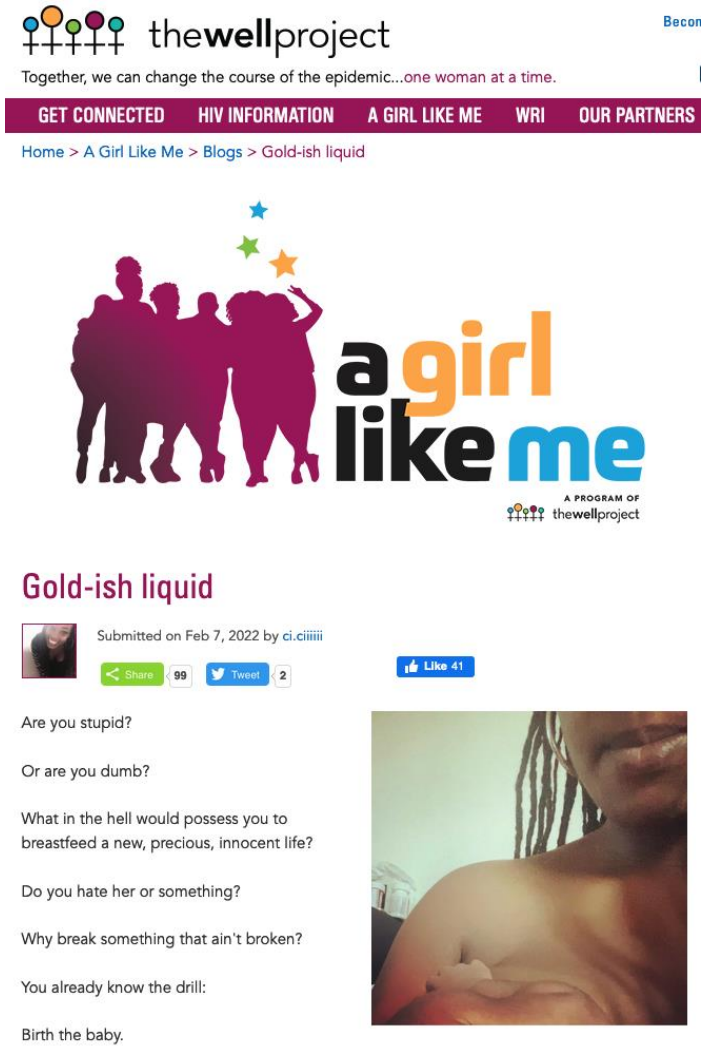
Patients in the USA have struggled to navigate infant feeding in the absence of more guidance



"It is very important that we are given a choice. Not given a choice - like I just need you to support what my decision is. It's not my provider's place to tell me what to do with my life or my babies. I just need you to leave the space open for discussion and choice."
- Ciarra (Ci Ci) Covin



2022 Annual National Perinatal HIV Hotline Roundtable: Breast/Chestfeeding https://www.youtube.com/watch?v=erWXE5pI5Xo
https://www.thewellproject.org/a-girl-like-me/aglm-blogs/gold-ish-liquid

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Resources as you navigate this new road …

CLINICAL INFO HIV.gov

www.hivinfo.nih.gov

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1-888-448-8766

https://nccc.ucsf.edu/

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