



# Practice, support and stigma related to infant feeding among women living with HIV in Canada

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Isabelle Boucoiran, Angela Kaida, Lashanda Skerritt, Sarah Khan, Mamvula Dada Bakombo, Saara Greene, Logan Kennedy, Jason Brophy, Rosa Balleny, Karene Proulx-Boucher, Becky Gormley, Mona Loutfy, Alexandra de Pokomandy, on behalf of the CHIWOS Research Team



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# Conflict of Interest Disclosure

In the past 2 years I have been an employee of: **None**

In the past 2 years I have been a consultant for: **None**

In the past 2 years I have held investments in the following pharmaceutical organizations, medical devices companies or communications firms: **None**

In the past 2 years I have been a member of the Scientific advisory board for: **None**

In the past 2 years I have been a speaker for: **None**

In the past 2 years I have received research support (grants) from: My institution receives funding from **ViiV Healthcare, Merck, Gilead and Janssen** for HIV or HCV treatment trials in which I am site principal investigator or co-investigator.

In the past 2 years I have received honoraria from: **ViiV Healthcare.**

I agree to disclose approved and non-approved indications for medications in this presentation: **None**

I agree to use generic names of medications in this presentation: **None**

There are relationships to disclose: **None**

# Acknowledgement of territories

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*As we gather here today, we acknowledge we are on Treaty 6 Territory and the Homeland of the Métis. We would like to pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.*

# INFANT FEEDING IN HIV CONTEXT RECOMMENDATIONS DIFFER DEPENDING ON THE SETTING



Resource-rich settings

Low & Middle Income Countries

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

Developed by the HHS Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission—A Working Group of the Office of AIDS Research Advisory Council (OARAC)



Formula feeding

Breastfeeding

In Canada some provinces have funded programs to cover 1 year formula

Exclusive breastfeeding to 6 months  
Ideally, with maternal or infant ART to decrease risk of postnatal transmission

SOGC CLINICAL PRACTICE GUIDELINE

No. 370, August 2014

Guidelines for the Care of Pregnant Women Living With HIV and Interventions to Reduce Perinatal Transmission

This clinical practice guideline has been prepared by the Infectious Diseases Committee, reviewed by Family Physician Advisory Committee and the Diagnostic Health Services Committee, and approved by Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

PRINCIPAL AUTHORS

Dakota Wang, MD, Vancouver BC  
Karin Tack, MD/PhD, Vancouver BC  
Isabelle Boulet, MD, Montreal QC  
Sheela Goyal, MD, Edmonton AB

INFECTIOUS DISEASES COMMITTEE

Basikiri, MD, MD/PhD, Toronto ON  
Victoria Han, MD, Halifax NS  
Celine Boucard, MD, Quebec QC  
Mark Swisher, MD, Montreal QC  
Isabelle Boulet, MD, Montreal QC  
Sheela Goyal, MD, Calgary AB  
Shana Gaudin, MD, Calgary AB  
Heather Collins, MD, Calgary AB  
V. Logan Ramsay, MD, Toronto ON  
Dakota Wang, MD, Vancouver BC  
Kath Murray, MD, Toronto ON  
Gina Ogilvie, MD, Vancouver BC  
Caroline Pascoe, MD, York-Riverside QC  
Jill van Stolk, MD, Vancouver BC

SPECIAL CONTRIBUTORS

Adrian Brown, MD, Vancouver BC  
Nadia Pilon, MD, Vancouver BC

Disclosures statements have been received from all contributors.

Abstract

**Objective:** The guideline reviews the evidence relating to the use of program versus bank and 100 and the prevention of perinatal HIV transmission. Potential uses of prophylaxis, including the use of maternal zidovudine, are discussed in a separate section.

**Outcomes:** Outcomes evaluated include the impact of zidovudine on perinatal outcomes and the efficacy and safety of antiretroviral therapy and other measures to reduce the risk of vertical transmission.

**Evidence:** Evidence reviewed was retrieved through searches of PubMed and The Cochrane Library in 2012 and 2013 and was screened according to PRISMA and evidence synthesis, including search and key words (HIV, pregnancy, perinatal transmission, maternal transmission, perinatal transmission). Results were restricted to systematic reviews, randomized control trials, cohort studies, and observational studies published in English or French. There were no date restrictions. Studies were included on a regular basis and incorporated in the guideline to June 2013. Only randomized control trials were identified through searching the websites of health technology assessment and health technology research agencies, clinical practice guideline collections, clinical trial registries, and national and international medical research agencies.

**Notes:** The quality of evidence in this document was rated using the criteria described in the Report of the Canadian Task Force on Preventive Health Care (Table 1).

**Key Words:** HIV, pregnancy, antiretroviral therapy, vertical transmission, perinatal transmission

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WHO Guidelines on infant feeding, 2010

# Background

- 2017 Meta-analysis:
  - postnatal transmission rates of 1.1% (95% CI: 0.3-1.9) at 6 months in breastfed infants whose mothers received ART
- Harm reduction strategies proposed to assist women who decide to breastfeed in high-income countries despite recommendations
- 3 cases of breastfeeding reported in Canada
  - no vertical transmission

# Study objectives

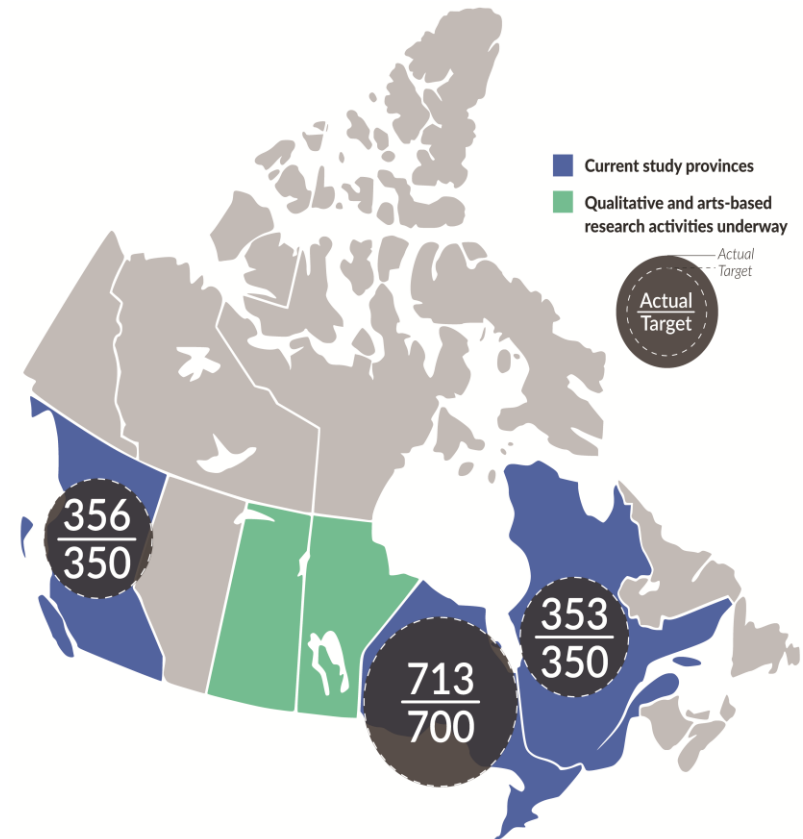
- Objective 1: To explore factors associated with past **breastfeeding** among women living with HIV in Canada according to their HIV status at the time of pregnancy
- Objective 2: To describe the care and **support regarding feeding practices** received by women living with HIV in Canada
- Objective 3: To describe the **experience related to infant feeding** practice of women living with HIV in Canada

# CHIWOS Study

## Canadian HIV Women's Sexual and Reproductive Health Cohort Study

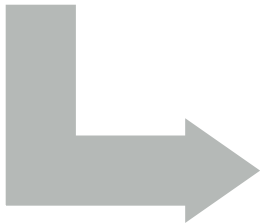
Survey administered by Peer Research Associates

- Wave 1 (baseline):
  - 1 422 women living with HIV
  - October 2013 to May 2015
- Wave 2:
  - 1 252 participants
  - Sept 2015 to January 2017
- Wave 3:
  - 1 151 participants
  - March 2017 to Sept 2018

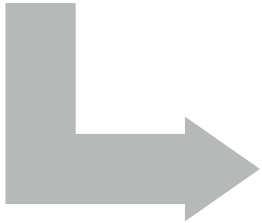


# Methods

Wave 1: n=1063 women reported at least one live birth before or after HIV diagnosis



Wave 2: n=35 women who had a live birth between waves 1 and 2



Wave 3: n=30 women who had a live birth between waves 2 and 3

- Objective 1: past breastfeeding\*

- Objective 2: care and support regarding feeding practices

- Objective 3: experience related to infant feeding practice

\*Stats: generalized estimating equations (GEEs)





# Results: Objective 1 (past breastfeeding)

## Pregnancies occurring before HIV diagnosis

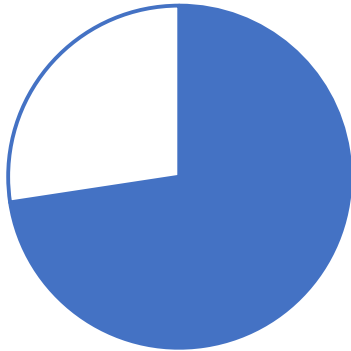
- n = 1774 pregnancies in 781 women

## Pregnancies occurring after HIV diagnosis

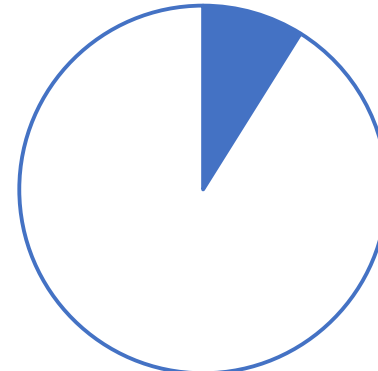
- n = 404 pregnancies in 282 women

Women reporting at least one experience of breastfeeding

72.6% (95% CI 69.3-75.7)

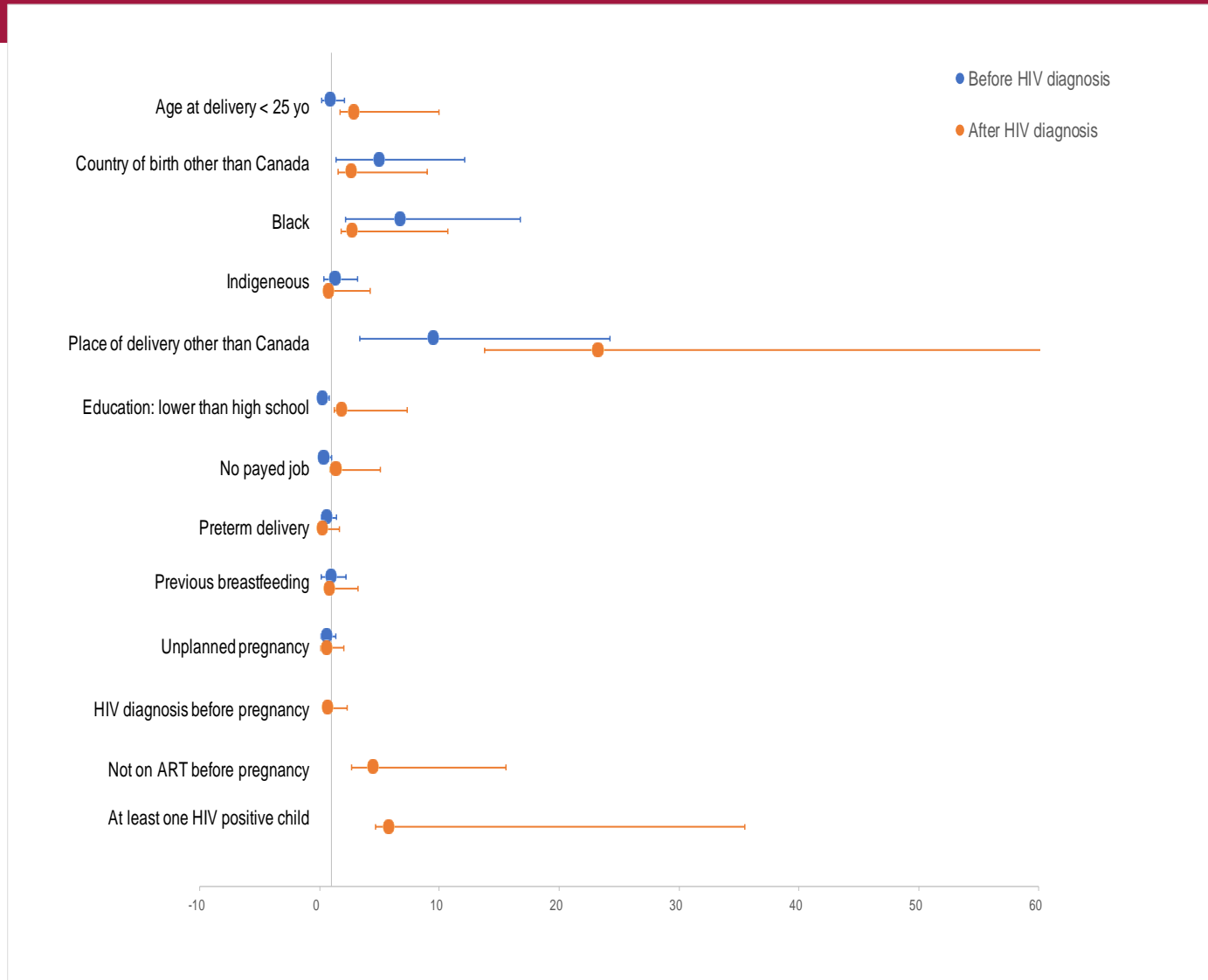


8.9% (95% CI 5.8-12.8)

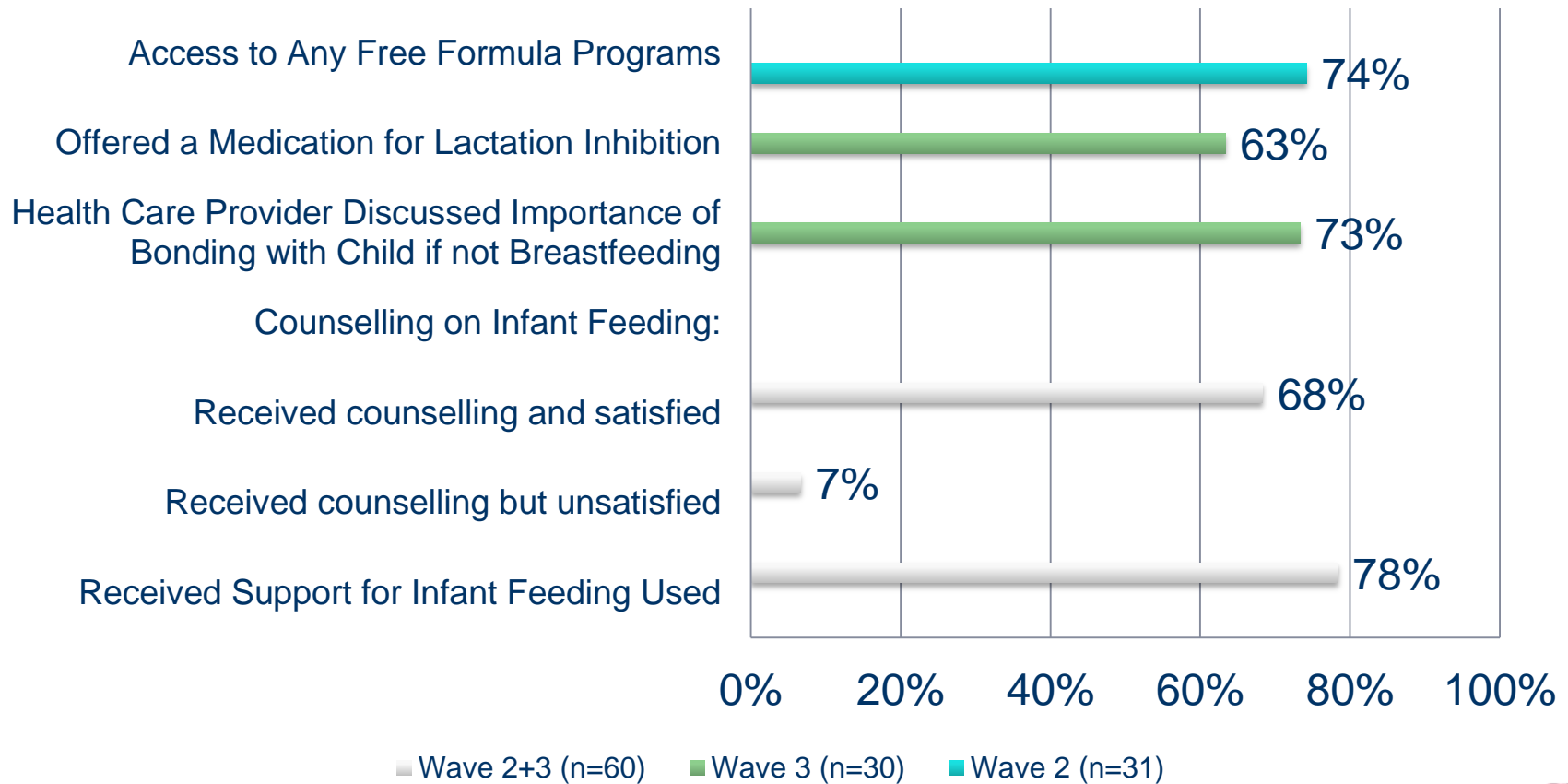


6 cases of women who delivered in Canada

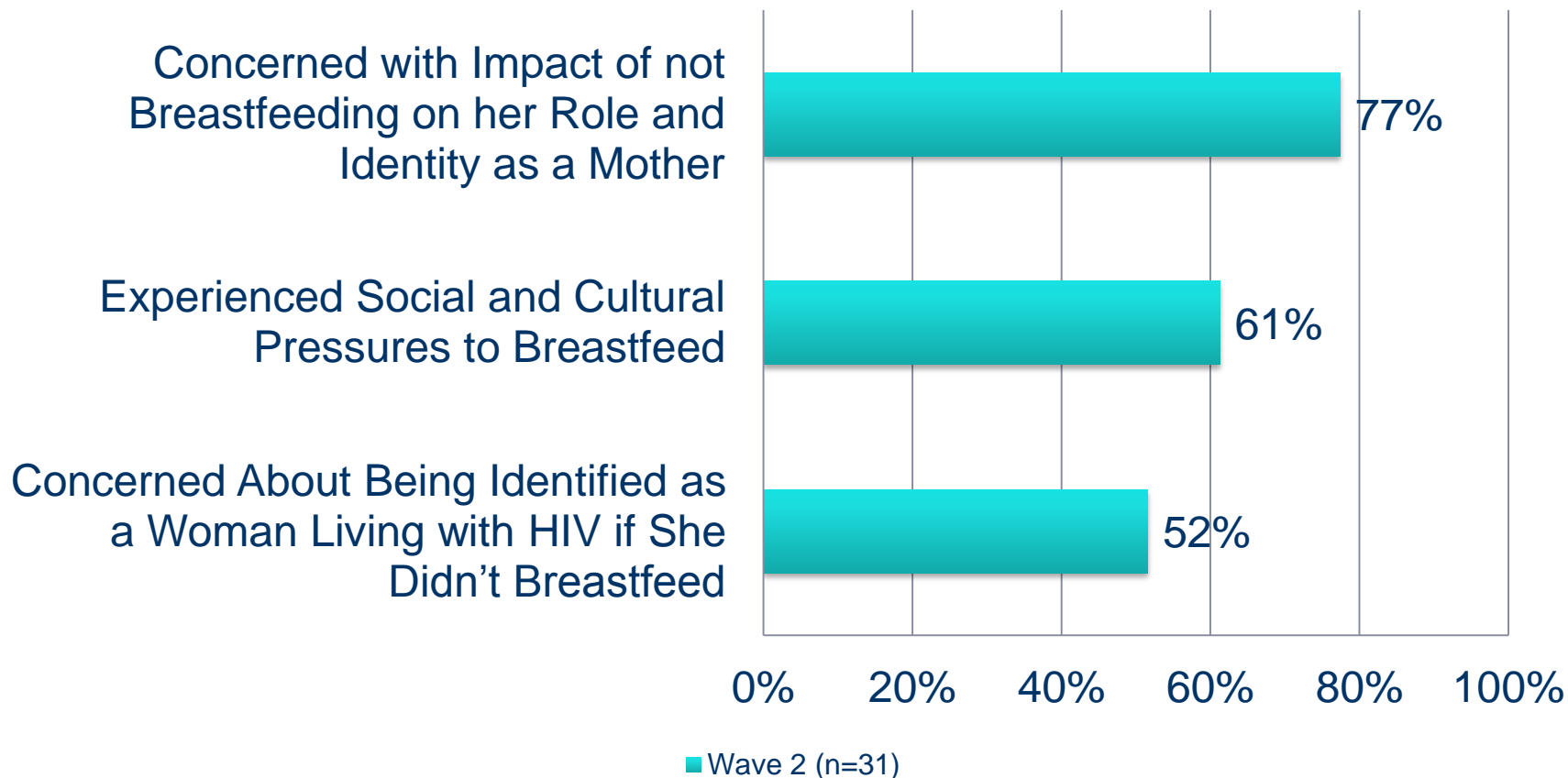
# Objective 1: Factors associated with breastfeeding



# Care and support received by WLWH in Canada regarding feeding practices



# Experience related to infant feeding practice



# Conclusion

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- Limits: exploratory analyses, small sample size
- A lot of WLWH have breastfeeding experience before HIV diagnosis or in countries other than Canada
- Impact of not breastfeeding is important for women
- Improvement needed: support, counselling, free formula Programs, lactation inhibition

# Acknowledgements

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- The national team of Peer Research Associates, Co-investigators and Collaborators;
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ON: 2-Spirited People of the 1st Nations; 519 Community Centre; ACKWA; Africans in Partnership Against AIDS (APAA); AIDS Committee of Durham Region; AIDS Committee of Guelph and Wellington County; AIDS Committee of Simcoe County; AIDS Network Hamilton; Alliance for South Asian AIDS Prevention; Black Coalition for AIDS Prevention; Bruce House; Casey House; Centre Francophone; Elevate NOW; Fife House; Hemophilia Ontario; HIV/AIDS Regional Services (HARS); Maggie's: Toronto Sex Worker's Action Project; Peel HIV Network; Positive Living Niagara; Positive Pregnancy Program (P3); Prisoners with AIDS Support Action Network; Réseau Access Network; Toronto PWA Foundation; Women's Health in Women's Hands; Children's Hospital of Eastern Ontario; Kingston Hotel Dieu Hospital; Health Sciences North, Sudbury Regional Hospital, HAVEN Program; Lakeridge Health; Maple Leaf Medical Clinic; McMaster Family Practice; Ottawa General Hospital; Riverside Family Health Team; SIS Clinic, Hamilton Health Sciences; St. Joseph's Healthcare London; St. Michael's Hospital; Sunnybrook Health Sciences Centre; Toronto East General Hospital; Toronto General Hospital; William Osler Health System; Windsor Regional Hospital, HIV Care Program.

QC: ACCM; L'ARCHE de l'Estrie; ASTT(e)Q; BLITS; BRAS-Outaouais; CACTUS; CASM; Centre des R.O.S.E.E.S; Centre Sida Amitié; Corporation Félix Hubert d'Hérelle; COCQ-SIDA; GAP-VIES; M.A.I.N.S-Bas St-Laurent; Maison Plein Coeur; Maison Dominic; Maison du Parc; Maison Re-Né; MIELS-Québec; Le MIENS Chicoutimi; Portail VIH/sida du Québec; Sidaction Mauricie; SHPÈRE-santé sexuelle globale ; Stella, l'amie de Maimie; UHRESS-Notre-Dame du CHUM, CVIS-MUHC