

BREASTFEEDING AND HIV IN HIGH-INCOME SETTINGS: EXPLORING WOMEN LIVING WITH HIV AND HEALTH CARE PROVIDERS' PERSPECTIVES IN BELGIUM

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ULB



CHU Saint-Pierre
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Introduction and Purpose



- Breastfeeding among women living with HIV (WLWH) remains **controversial** in high-income settings.
- Transmission risk **<1% under cART** ⁽¹⁾.
- In 2024, Belgian guidelines **opened the possibility of breastfeeding** under strict medical supervision ⁽²⁾.
- We explored WLWH's **preferences** and health-care providers' (HCP) **perceptions** in this context.

Aim of the study:

1. Describe WLWH's breastfeeding **intentions** and **influencing factors**.
2. Assess HCP's **knowledge**, **practices** and **ethical views** regarding breastfeeding in the context of HIV.

Methods

- **WLWH survey:**
 - **20** pregnant WLWH receiving care at Saint-Pierre University Hospital (Nov 2024–Apr 2025).
 - Structured **questionnaire** + clinical data.
- **HCP survey:**
 - **97** HCP across Belgium (midwives, obstetricians, pediatricians, infectious disease specialists, nurses, social workers, psychologists).
 - Anonymous **online survey** (Feb–Apr 2025).
- Descriptive and comparative statistical analysis.

(1): Flynn P.M. et al. Prevention of HIV-1 Transmission Through Breastfeeding: Efficacy and Safety of Maternal Antiretroviral Therapy Versus Infant Nevirapine Prophylaxis (IMPAACT PROMISE). JAIDS J Acquir Immune Defic Syndr.2018;77(4):383–92

(2): BREACH : <https://breach-hiv.be/wp-content/uploads/2024/09/Management-of-pregnancy-.Belgian-guidelines.-27-Nov-2024.pdf>

Results: Women Living With HIV (N=20)



- Median age: 31 years; **90%** born in Sub-Saharan Africa.
- **45% wished to breastfeed**, 50% declined, 5% undecided.
- **90%** would have breastfed if **HIV-negative**.
- Drivers: child's health (75%), mother-child bond (65%), cultural values (50%).
- Barriers: fear of transmission (90%), avoiding HIV disclosure (45%).
- **75%** reported being influenced by **HCP's opinion**.
- Risk perception: **67%** of WLWH estimated the risk of transmission through breastfeeding at **1-5%**

Factors	%	p-value
Child's health	75	0.011
Mother-child bond	65	0.006
Cultural values	50	0.004
Avoiding HIV status disclosure	45	0.019

Table 1: Factors with a significant association with the wish to breastfeed in WLWH

Results: Women Living With HIV (N=20)



Paradox: **71% of non-eligible** women for breastfeeding **wished to breastfeed** compared to only 36% of eligible ones

Eligibility criteria: undetectable viral load, on cART regimen, partner aware of HIV status

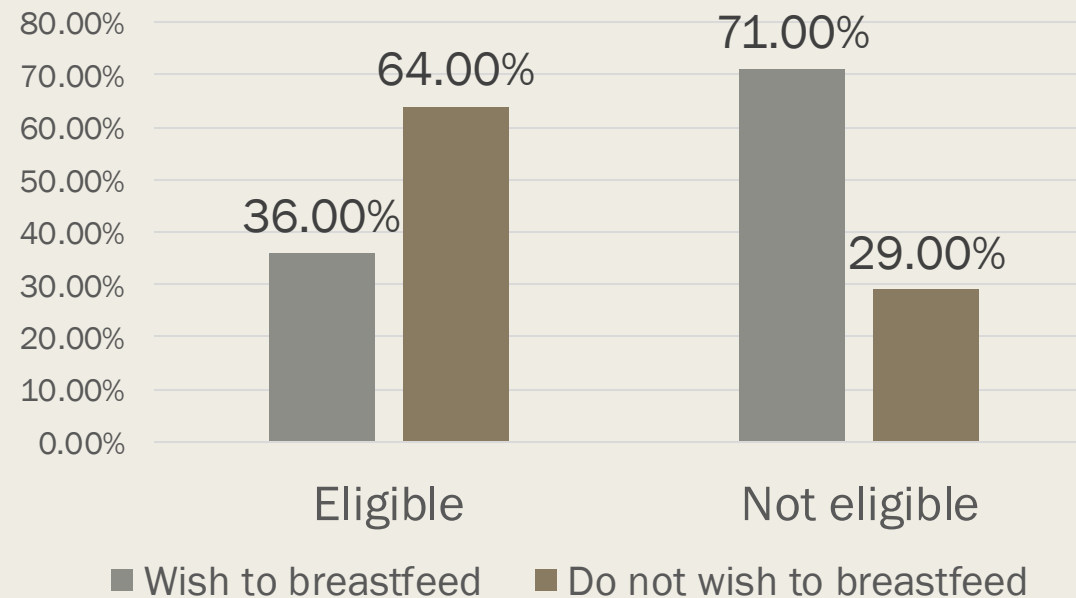


Fig 1: Counterintuitive pattern: more women wish to breastfeed (BF) when non-eligible.

Results: Health-care providers (HCP) (N=97)



- Professions: 32% midwives, 52% physicians, 16% others.
- **91%** are aware of current guidelines; **66%** still considered breastfeeding as “**not recommended.**”
- **80%** are ready to **support** breastfeeding under strict supervision.
- Training: only **37%** had **received specific training** on caring for a WLWH wishing to breastfeed; **81%** requested **further training** (prevention, communication, treatments).
- **58%** stated maternal choice should **not override** medical advice.
- Main barriers: dealing with the psychological burden (67%), potential ARV side effects (56%), complex medical follow-up (51%).
- Comfort level supporting WLWH in breastfeeding: not comfortable (15%), moderately comfortable (23%), rather/very comfortable (62%)

	Physicians (%)	Midwives (%)	Paramedics (%)
Knowledge of guidelines	88	93.5	94
Self-assessed « expert »	34	0	6
Estimated risk of transmission <1%	90	71	69
Specific training received	47	32	19
Priority given to mother’s choice	16	16	12.5

Conclusion

➤ **Almost half** of WLWH surveyed **want to breastfeed**.

➤ **Ambivalence** persists on both sides

Women Living With HIV:

Navigating between cultural identity and
perceived child health benefits vs. fear of HIV
transmission



Health-care providers:

Balancing maternal autonomy with the ethical
duty to minimize infant risk



Conclusion



- HCP attitudes are **shifting** but remain **cautious**.
- Patient-centered care requires:
 - Harmonized **protocols**,
 - **Updated** provider training,
 - Culturally sensitive counselling.
- Aligning evidence, guidelines, and practice is key to ensuring **safety** and **autonomy**.

Breastfeeding and HIV in high-income settings: exploring women living with HIV and health care providers' perspectives in Belgium

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POSTER MeP08.2



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CONCLUSIONS

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- HCP attitudes are **shifting** but remain **cautious**.
- Patient-centered care requires:
 - Harmonized protocols,
 - Updated provider training,
 - Culturally sensitive counselling.
- Aligning evidence, guidelines, and practice is key to ensuring safety and autonomy.



KEY FINDINGS

- ❖ **45% of women living with HIV (WLWH) in Belgium wish to breastfeed.**
- ❖ **Main drivers:** child's health, mother-child bond, cultural values, fear of HIV status disclosure.
- ❖ 75% influenced by their healthcare provider's (HCP) opinion.
- ❖ **Among HCP:** 80% would support breastfeeding under strict follow-up, but 81% still request further training.

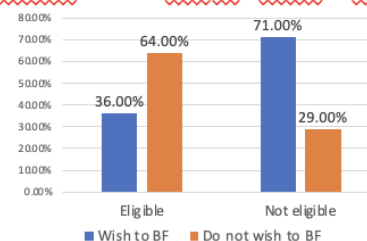
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Table 2: Knowledge and attitudes of Healthcare Providers by profession

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Ambivalence persists on both sides:

- WLWH:** navigating between cultural identity and perceived child health benefits vs. fear of HIV transmission
- HCP:** balancing maternal autonomy with the ethical duty to minimize infant risk