HIV and Breastfeeding in Europe (INSURE)
Guidelines, studies, statistics and practice of breastfeeding in women living with HIV

I am

○ clinician
○ researcher

I am from

(please indicate your country)

1. GUIDELINES ON PREGNANCY AND BREASTFEEDING

1.1 Do you have guidelines for management of HIV in pregnancy in your country? *

○ No
○ Yes

Type of guidelines

☐ National
☐ Local (please specify)

If possible, please share the link to the document(s)

1.2 Do your guidelines refer to breastfeeding?

○ No
○ Yes

In reference to breastfeeding

○ The guidelines OFFER AN OPTION for all women living with HIV to breastfeed

○ The guidelines OFFER AN OPTION for all women living with HIV to breastfeed once certain criteria are met
The guidelines RECOMMEND AGAINST breastfeeding for all women living with HIV

Comments:

1.3 What are your criteria for breastfeeding?

Suppressed viral load at the time of delivery (within 4 weeks of the estimated date of delivery) is required
○ No
○ Yes

Suppressed viral load needs to have been maintained for a minimum period in pregnancy
○ No
○ Yes

Prior to conception
○ Yes
○ No

1.4 Are recommendations on duration of breastfeeding included in the guidelines?
○ No
○ Yes

Comments on GUIDELINES ON PREGNANCY AND BREASTFEEDING section:

2. DELIVERY OF CARE DURING BREASTFEEDING

In answering the questions in section 2, please include responses that reflect your practice even if you don't have specific guideline recommendations.
2.1 Is there a recommended frequency for maternal viral load testing during breastfeeding? *
- No
- Yes

2.2 Is there a recommended frequency for infant viral load testing during breastfeeding? *
- No
- Yes

2.3 Is there a recommendation for infant viral load testing after complete cessation of breastfeeding? *
- No
- Yes

2.4 Is there a recommendation around the type of breastfeeding (e.g. supplementation with formula or exclusive breastfeeding)? Please elaborate. *

2.5 Do you have a recommendation about minimum age for introduction of solid foods? *
- No
- Yes

2.6 In what situation do you recommend immediate cessation of breastfeeding? Please elaborate. *

2.7 Do ALL (breastfed and non breastfed) infants receive neo PEP? *
- No
- Yes
2.8 Infant PEP is extended *
- In ALL breastfed infants
- In SOME breastfed infants
- PEP is not extended

2.9 Do you have patient information resources (for example leaflets) on breastfeeding for women living with HIV? *
- No
- Yes

Information resources are
- provided by authorities/healthcare
- provided by community organisations/activists

2.10 Do you have in your healthcare system specially delegated healthcare professional to educate women living with HIV about breastfeeding? *
- No
- Yes
- Yes, but not available in all clinics

☐ Medical doctor
☐ Doula
☐ Midwife
☐ Nurse
☐ 

2.12 Do you practice a multidisciplinary approach for the management of women living with HIV who are breastfeeding? *
- No
- Yes

Who is included in the multidisciplinary team?

2.13 In your country, are there any known cases where any of the following have occurred among HIV-positive mothers who are breastfeeding: reported to the police, reported to social services, prosecuted, convicted because of breastfeeding? *
- No
- Yes

Please elaborate:
2.14 Is breastfeeding exempt from laws concerning HIV exposure and/or transmission? *

- No (please elaborate)
- Yes (please elaborate)

Comments on DELIVERY OF CARE DURING BREASTFEEDING section:

3. STATISTICS OF BREASTFEEDING IN WOMEN LIVING WITH HIV

3.2 The estimated number is based on

- Personal communication
- National registry
- Breastfeeding registry
- Other

3.4 The estimated number is based on

- Personal communication
- National registry
- Breastfeeding study
- Other

3.5 What is the trend of breastfeeding cases? *

- Increasing
- Decreasing
- Stable

Comments on STATISTICS OF BREASTFEEDING IN WOMEN LIVING WITH HIV section
4. STUDIES ON BREASTFEEDING

4.1 Are there any research studies on breastfeeding women living with HIV in your country? *

☐ No
☐ Yes

At national level
☐ published
☐ completed
☐ ongoing
☐ planned

At regional level
☐ published
☐ completed
☐ ongoing
☐ planned

Breastmilk biobank
☐ Yes
☐ No
☐ 

Please specify

Please provide link(s) to the publication(s)

Please briefly describe objectives of the study/studies:
5. FUTURE COOPERATION

5.1 Would your country/you personally like to participate in data collection around breastfeeding in women living with HIV coordinated by WAVE, EACS? *

☐ Yes
☐ No

Please leave your name and email address for further contact

5.2 Would your country/you personally like to participate in a network for shared experience, learning and research around breastfeeding in women living with HIV coordinated by WAVE, EACS? *

☐ Yes
☐ No

Please leave your name and email address for further contact

Comments: