From Guidance to Practice: Key Updates in the 2025 BHIVA HIV Pregnancy Guidelines.

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In relation to this presentation, I declare that I have no conflict of interest.

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Session Overview

Aims of this Session

By the end of this session participants will be able to:

- Summarise key updates in the 2025 BHIVA Pregnancy Guidelines
- Identify major changes affecting clinical practice
- Describe updates to infant postnatal prophylaxis (PNP)
- Discuss current breastfeeding guidance
- Consider implications for HIV specialist nursing practice
- Apply the updated guidance through a clinical case study

Why Were the Guidelines Updated?

Background

The 2025 BHIVA Pregnancy Guidelines have been revised to:

- Reflect evolving evidence for pregnant people living with HIV
- Incorporate new ART safety and efficacy data
- Simplify neonatal prophylaxis pathways
- Support informed infant-feeding choices
- Strengthen person-centred and shared decision-making approaches
- Improve consistency of care across maternity and HIV services

Overall Goal- Maintain elimination of vertical HIV transmission while supporting personalised care.

Key Changes at a Glance

Area	Previous Approach	2025 Update	Impact on Practice
Infant Feeding	Formula feeding generally recommended	Supports informed breastfeeding choice for people with sustained viral suppression	Greater emphasis on shared decision-making
Infant PNP	Multiple risk categories and regimens	Simplified into **Low-Risk** and **High-Risk** pathways	Easier prescribing and counselling
ART in Pregnancy	Based on earlier evidence	Updated to reflect current ART guidance and safety data	Improved consistency of care
HIV Prevention	Limited focus during pregnancy/postpartum	New guidance on HIV acquisition prevention and serodifferent couples	Enhanced prevention strategies
Postpartum Care	Less detailed follow-up recommendations	Expanded maternal follow-up and retention in care guidance	Improved long-term outcomes
Obstetric Care	Standard pregnancy surveillance	Additional focus on fetal growth restriction (FGR) and preterm birth assessment	Earlier identification of complications
Peer Support	Variable access and referral practices	Greater emphasis on offering peer support throughout pregnancy and postpartum care	Improves engagement, empowerment and patient experience
Person-Centred Care	Included but less explicit	Strong emphasis on informed choice and shared decision-making	More individualised care

Key Area 1 – Infant Feeding Guidance

What's New?

Dedicated chapter
Infant-feeding guidance brought into focus

Informed choice
Supports parental decision-making

Breastfeeding support
Where viral suppression is maintained

• **Clinical Update**	• **What This Means for the Woman/Parent**
• Informed feeding choice is supported	• Feels empowered to make feeding decisions that align with personal, cultural and family preferences
• Breastfeeding can be supported in specific circumstances	• May experience reduced stigma and increased autonomy
• Enhanced monitoring pathway	• Reassurance through ongoing support and safety monitoring
• Shared decision-making approach	• Encourages partnership rather than directive care

Infant Feeding Guidance

Topic	Formula feeding	Breast/chest feeding
HIV transmission risk	Nil	Very low risk when maternal viral load remains undetectable
BHIVA position	Supported	Supported through informed choice and shared decision-making
Maternal ART	Required	Required
Maternal viral load monitoring	Routine	Enhanced monitoring required
Infant HIV testing	Standard testing schedule	Enhanced testing during feeding and after cessation
Feeding support	Routine infant feeding support	Multidisciplinary support recommended
If maternal VL becomes detectable	N/A	Immediate clinical review and feeding discussion required
Documentation	Routine	Document informed discussion and feeding plan

Infant HIV Testing:

Time Point	Formula-Fed Infant	Breast/Chest-Fed Infant
Birth (within first 48 hours)	HIV PCR	HIV PCR
2 weeks of age	High-risk infants only	HIV PCR
4–6 weeks of age	HIV PCR (typically 2 weeks after completion of PNP)	HIV PCR
During breastfeeding	Not applicable	Monthly HIV PCR during breastfeeding
10–12 weeks of age	HIV PCR (approximately 8 weeks after stopping PNP)	Not routinely required if breastfeeding continues and monthly testing is being performed
After breastfeeding stops	Not applicable	HIV PCR at 4 weeks after cessation
8 weeks after breastfeeding stops	Not applicable	HIV PCR at 8 weeks after cessation
18–24 months	HIV antibody test for seroreversion	HIV antibody test for seroreversion

Key Area 2 – Infant Postnatal Prophylaxis (PNP)

What's New?

Simplified categories
Clearer low/high-risk pathways

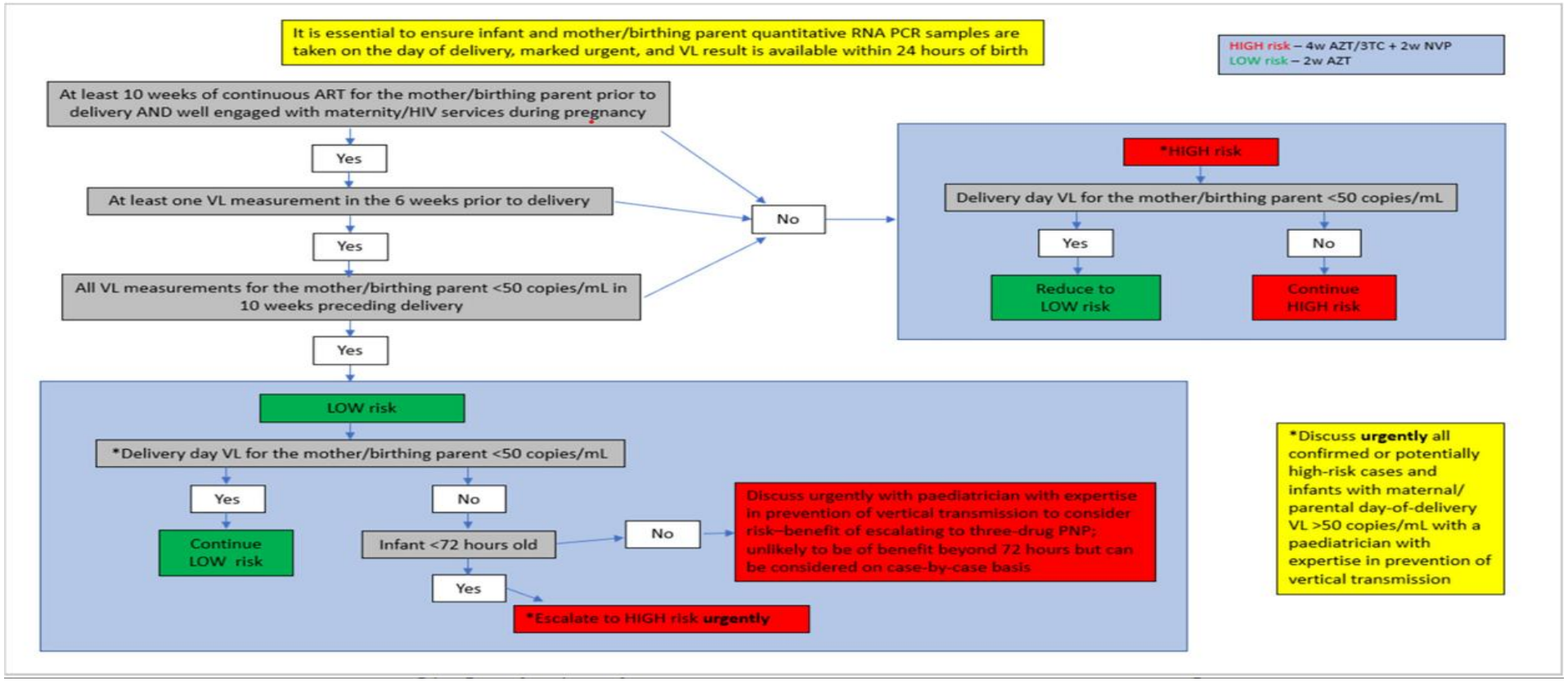
Shorter prophylaxis
Reduced medication burden

Enhanced PNP
When clinically indicated

Simplified risk categories	Easier understanding of infant treatment plan
Shorter prophylaxis for low-risk infants	Reduced medication burden for baby
Clearer rationale for enhanced prophylaxis when required	Improved understanding of risk and benefit
Consistent national approach	Greater confidence in care recommendations

Nursing Consideration

"Can the family explain why their baby is receiving PNP and for how long?"



Source: BHIVA pregnancy guideline, Figure 11.1 (infant PNP algorithm).

Key Area 3 – Updated ART Recommendations

What's New?

Updated evidence
Greater ART safety confidence

Early optimisation
Reduces vertical transmission risk

Viral suppression
Continued adherence focus

Clinical Update	What This Means for the Woman/Parent
Updated evidence on ART safety	Increased confidence in treatment during pregnancy
Early ART optimisation	Reduced risk of vertical transmission
Continued emphasis on adherence	Opportunity for tailored support when challenges arise
Modern ART regimens	Improved tolerability and treatment experience

Nursing Consideration
"What barriers might affect adherence during pregnancy and postpartum?"

Key Area 4 – HIV Prevention During Pregnancy & Postpartum

What's New?

Prevention focus
Ongoing risk recognised

Serodifferent couples
Inclusive relationship discussions

PrEP counselling
Shared responsibility for prevention

Clinical Update	What This Means for the Woman/Parent
Recognition of HIV acquisition risk in pregnancy and postpartum	Increased awareness of ongoing prevention needs
Focus on serodifferent couples	More inclusive conversations about relationships and family planning
Prevention discussions incorporated into routine care	Opportunity to address concerns openly
Partner engagement encouraged	Supports shared responsibility for prevention

Nursing Consideration

"Have prevention needs been discussed beyond the immediate pregnancy?"

Key Area 5 – Expanded Postpartum Care

What's New?

Postpartum engagement
Support after maternity discharge

Mental wellbeing
Earlier identification of concerns

Long-term planning
Health of parent and family

• **Clinical Update**	• **What This Means for the Woman/Parent**
• Greater focus on postpartum engagement	• Continued support after maternity discharge
• Increased attention to mental wellbeing	• Earlier identification of emotional difficulties
• Retention in HIV care prioritised	• Reduced risk of loss to follow-up
• Integrated long-term care planning	• Supports ongoing health of parent and family

Nursing Consideration
"What support systems will be in place once maternity care ends?"

Peer Support & Person-Centred Care

Why Is This a Key Update?

The 2025 guideline places greater emphasis on:

- Peer support
- Shared decision-making
- Empowerment
- Trauma-informed care
- Reducing stigma

Peer Support & Person-Centred Care Continued

What's New?

Peer support
Reduced isolation

Community networks
Confidence and engagement

Person-centred care
Therapeutic relationships

• **Clinical Recommendation**	• **Potential Benefit for the Woman/Parent**
• Offer peer support throughout pregnancy and postpartum	• Reduced isolation
• Signpost to community support networks	• Increased confidence and engagement
• Support informed choices	• Improved autonomy
• Person-centred communication	• Enhanced trust and therapeutic relationships

Nursing Consideration
HIV Specialist Nurses are often the key link between women/parent and peer-support services.

Case Study

R.N 28-year-old Zimbabwe

- New HIV diagnosis at antenatal booking
- CD4 11, VL 307,000 copies/ml Hb 78
- Immediate ART- TDF/FTC DTG Prophylaxis- Co-Trimoxazole
- Pregnancy- 5mg Folic Acid & Iron Tablets.
- Partner not supportive. Immigration- Visa expired. Peer Navigator Referral.
- Developed oral & genital ulceration- HSV-Aciclovir 5days- Valaciclovir OD
- 22 weeks' gestation- – HIV VL 50 copies/ml CD4 103
- Wishes- NVD and to breast feed.
- Viral Suppression throughout pregnancy- What do you care plan?

Case Continued

Seen in ANC 39+4- Booked for induction 5 days later.

- VL 68- Obs Cons contacted ANC MDT and GUM on-call.
- Care Plan changed- C-Section and Triple PNP for baby & Formula
- VL Repeated - <50 copies. MDT happy to class as blip.
- Stepped down to Low Risk- NVD, Single PNP and Breast feeding
- Outcome- Emergency C section (failure to progress in labor)
- Paired bloods <50 copies/ml.
- Infant given formula as Mum in theatre.

Key Take-Home Message

Listen to parents' wishes and choices for their pregnancy and delivery.

- Assess parental risk
- Select the appropriate infant prophylaxis pathway
- Support informed feeding choices
- Monitor maternal viral load and infant testing as per appropriate pathway
- Work collaboratively across HIV, maternity and paediatric services

With the overall goal of:

> *Supporting women and birthing parents living with HIV to achieve healthy pregnancies, make informed choices, and experience positive outcomes for themselves, their babies and their families through person-centred, evidence-based care.*

References

https://bhiva.org/clinical-guideline/pregnancy-guidelines/