

Breastfeeding with HIV: Optimizing Informed Choices in the Era of “U=U”

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INTRODUCTION

It is widely recognized that people with durable undetectable viral loads cannot sexually transmit HIV (Undetectable=Untransmittable/U=U), but important questions remain about other modes of transmission. Data from the limited existing research demonstrate that while the risk of transmission through breastfeeding is very low when the mother’s viral load is undetectable, it is not zero. The confusing and often contradictory information that is available in the U.S. and globally may make it difficult for women living with HIV to make informed decisions around infant feeding, and for providers to support their choices.

DESCRIPTION

The Well Project is initiating discussions with key thought-leaders to address the complexities around infant feeding choices for women living with HIV in the era of U=U. Through engagement with clinicians and community professionals, women living with HIV, and partner organizations, as well as a review of existing guidelines and current literature, we found that there is an urgent need for additional research, a review of clinical guidelines, and development of provider-focused resources and trainings to ensure they are able to support diverse infant feeding choices among women living with HIV.

“U=U AND ETHICAL ANALYSIS emphasize the need to rethink our approach to infant feeding among women living with HIV. We need to re-educate clinicians and address stigma; provide unbiased, evidence-based counseling; support access to ‘fourth trimester’ care, including support for medication adherence; offer breastfeeding support and counseling; promote family, social, and workplace support; and subsidize access to safe alternatives for those who don’t breastfeed.”

*Marielle Gross, MD
Johns Hopkins Berman Institute of Bioethics*

BENEFITS OF BREASTFEEDING

- Infant health** (nutrition, immunity)
- Maternal health** (reduced risk of breast, ovarian cancers, high blood pressure, diabetes)
- Mental health** (decrease in post-partum depression)
- Bonding**
- Health beyond infancy**
- Cost, availability, and convenience**

RISKS AND CHALLENGES OF BREASTFEEDING

- HIV transmission** (less than 1% when mother has access to ART and a sustained undetectable viral load)
- Potential legal considerations** (criminalization, child protective services)
- Breast health** (mastitis, cracked nipples)
- Breastfeeding difficulties** (lack of support, mother fatigue)

ADDITIONAL CONSIDERATIONS

- Availability of clean water**
- Cultural practices and norms**
- Disclosure** (women may be questioned about using formula, leading to inadvertent disclosure)
- Autonomy** (women should be able make the best choices for themselves/their babies)
- Postpartum loss to care and viral rebound**

LESSONS LEARNED

- Decisions around infant feeding are many and complex, particularly for women living with HIV. Different sets of guidelines encourage different approaches to infant feeding based on considerations that vary by setting.
- Because women weigh the benefits, risks, and other considerations based on their personal circumstances, “one-size-fits-all” guidance to infant feeding in any setting is insufficient, impractical, and counterproductive.

“AS A WOMAN BORN WITH HIV in Africa, people have told me what to do with my body my whole life. When I moved to the U.S., I was confused when they told me I couldn’t breastfeed, another example of someone else deciding what was best for me. I wish women living with HIV in the U.S. could be empowered to make informed decisions when it comes to breastfeeding. I urge providers to trust women living with HIV and provide them with information and services to help support their choices.”

*Claire Gasamagera
HIV advocate*

- The dearth of research on transmission through breastfeeding (particularly in virally suppressed women), coupled with multiple guidelines, have left women living with HIV confused about their options and providers without clear direction on how to support women in their decision-making.
- The current infant feeding environment has facilitated stigma against women living with HIV who choose to breastfeed, and even criminal prosecution in certain settings in the U.S.

RECOMMENDATIONS

- Additional research is needed on HIV transmission risk through breastfeeding, particularly for virally suppressed women living with HIV.
- More discussion and research are needed on the medical and ethical bases that discourage (and often prohibit) breastfeeding for women living with HIV in the U.S. who are virally suppressed and consistently taking their medication.
- Guidelines should be reevaluated/ revised for clarity, and to reflect scientific developments.
- Ongoing education must be available for all providers (HIV specialists, OB-GYNs, pediatricians, etc.) to ensure they are able to support the infant feeding choices of women living with HIV.