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# Can I Breastfeed While Living With HIV?

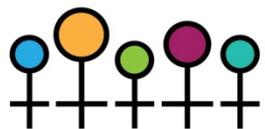
*Last updated: February 8, 2023*

*Together, we can change the course of the HIV epidemic...one woman at a time.*

#onewomanatatime

[www.thewellproject.org](http://www.thewellproject.org)

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# Can I Breastfeed?

Choosing a method for feeding their babies is one of the most important decisions expectant and new parents make

- Even more complicated when the birthing parent is living with HIV
- Available information confusing for those who may want to explore this option





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# HIV and Breastfeeding: Overview

When a woman with HIV has an **undetectable viral load** (not enough HIV in the blood for tests to measure):

- **Zero** risk that she will transmit HIV to her sexual partners
- **Extremely low** (< 1%) risk of transmitting HIV to her baby during pregnancy or birth
- **Extremely low** (< 1%), **but not proven zero** risk of HIV transmission to the baby through breastfeeding



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# HIV and Breastfeeding Around the World

If you are a woman with HIV in a **resource-limited area** (ex.: parts of Africa or India), World Health Organization (WHO) recommends breastfeeding if you take HIV drugs

- Formula feeding may not be an option
  - Lack of funds to purchase, clean water to mix (powdered formula), refrigeration to keep fresh
- Infants more likely to develop (and possibly die from) diarrhea and other illnesses
  - Breast milk contains substances that protect and strengthen a child's immune system
  - Breast milk may help children to survive these illnesses
- Benefits of breastfeeding outweigh risks of HIV when resources are constrained in this way

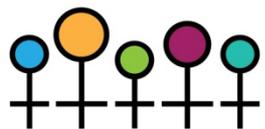


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# HIV and Breastfeeding Around the World

If you are a woman with HIV in a **resource-rich region** of the globe (ex.: Canada, western Europe, US), prominent HIV treatment guidelines have all recommended avoiding breastfeeding

- Infant formula, clean water, refrigeration tend to be readily available
- Chances of a baby dying from illnesses for which breast milk can provide protection is much lower
- Based on belief that risk of a baby getting HIV from breast milk is not justified when parents can access alternatives



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# HIV and Breastfeeding Around the World

***January 31, 2023:*** Significant change to US Perinatal HIV Clinical Guidelines (inform healthcare providers specifically on pregnancy, infant care, and HIV)

- Updated to:
  - Reflect current knowledge about low likelihood of HIV transmission through breast milk
  - Discuss benefits of breast/chestfeeding
  - Encourage informed, shared infant-feeding decision-making for women and other birthing parents living with HIV



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# HIV and Breastfeeding Around the World

- **Important to note:** In previous years, key US and European HIV treatment guidelines had all included updates that ***acknowledge desire of some women with HIV in resource-rich countries to breastfeed***
- Suggested ways for providers to support health of women who choose to breastfeed, and their babies



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# HIV and Breastfeeding Around the World

Some parents in resource-rich areas may still want to consider breastfeeding despite these guidelines

- Research shows breast milk protects growing baby's health, satisfies all nutritional needs
- Emotional and cultural reasons
- May experience pressure from family to breastfeed
- Not breastfeeding may be a matter of unwanted HIV disclosure
- Women moving from a resource-limited country to a resource-rich area may wonder why there are different instructions and potential restrictions

The process of ***deciding how to feed your infant can be overwhelming*** for parents who are living with HIV



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# HIV Transmission and Breastfeeding

- Undetectable viral load in blood may not guarantee an undetectable viral load in breast milk
  - More research needed into how HIV drugs affect cells in breast milk, breastfed infants
- PROMISE trial: A large study among more than 2,000 breastfeeding women with HIV and their infants in Africa and India
  - HIV transmission rates to babies were low— < 1% a year after birth
    - 2 infants in the study acquired HIV; possible that their mothers did not have undetectable viral loads at time of transmission



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# HIV Transmission and Breastfeeding

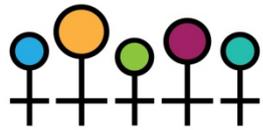
- Mother's antibodies in breast milk can protect an infant against common illnesses and allergies
- HIV drugs, like other medications, are also passed on to babies through breast milk
- This transfer of antibodies and HIV drugs may protect an infant from acquiring HIV
- However, we do not know
  - how much HIV drug is passed on to breastfed infants;
  - whether that amount changes throughout breastfeeding period; or
  - what long-term effects HIV drugs may have on a child



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# HIV Transmission and Breastfeeding

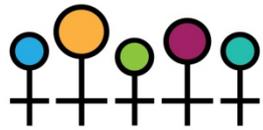
- Because HIV guidelines in most resource-rich countries recommend against breastfeeding, studies on breastfeeding and HIV have been limited
- Much information we have on HIV and breastfeeding comes from research in resource-limited settings
  - Breastfeeding recommended; older HIV drugs common
- Women in resource-rich countries usually take newer HIV drugs, more likely to have access to enough food and clean water
  - Breastfeeding may affect health of mother and child differently than in resource-limited settings



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# Factors Affecting Risk

- **Adherence challenges for new moms**
  - Exhaustion of caring for a newborn; parents foregoing their own care as they care for baby
  - Missing doses of HIV drugs or health care appointments may lead to the mother's viral load increasing
- **Inflammation/irritation in baby's gut**
  - Can happen when baby is vomiting or has diarrhea
  - Shown to be a risk factor for breast milk HIV transmission
- **Breast infections**
  - Mastitis (common among breastfeeding mothers, living with HIV or not) can increase viral load in breast milk



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# Factors Affecting Risk

- **Nipple health**
  - Many women's nipples become sore or cracked during breastfeeding
  - Cracked nipples may expose the baby to some of their mother's blood, increasing transmission risk
- **Breast engorgement**
  - New mothers' breasts can sometimes become engorged (painfully overfilled with milk)
  - May also increase viral load in breast milk and risk of transmitting HIV during feeding



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# U Equals U: True for Breastfeeding?

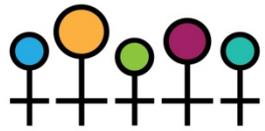
- "Undetectable Equals Untransmittable" (U=U) refers to extensive research showing that a person with HIV who takes HIV drugs and whose viral load is undetectable cannot pass the virus during sex
  - Amount of HIV in breast milk and blood can be different
  - Do not know if true when a woman's viral load has been undetectable for a while on HIV drugs
- Risk of HIV transmission through breastfeeding is low when the mother's viral load is undetectable, but ***is not proven to be zero*** as with sexual HIV transmission



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# U Equals U: True for Breastfeeding?

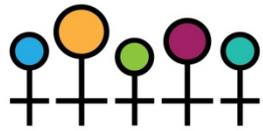
While research into this issue continues, it is important for care providers and other community health professionals to *help women make informed choices based on the information we have today, and to provide support to those who choose to breastfeed their babies*



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# Breastfeeding: Benefits

- **Nutrition and protection for baby**
  - Breast milk is the most nutritious food for babies
  - Carries mother's antibodies, which protect babies from some illnesses and allergies.
- **Health beyond infancy**
  - Breastfed babies have lower risk of diseases such as type 2 diabetes and obesity later in life
- **Cost, availability, and convenience**
  - Breast milk is free, readily available whenever mother is with baby
  - Can be expressed (pumped) and fed to baby in a bottle when mother is not nearby



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# Breastfeeding: Benefits

*For the breastfeeding parent:*

- **Bonding**
  - May help new mothers feel close to their infants
- **Mental health**
  - Can also help new mothers avoid postpartum depression
  - Can be serious, make it harder to care for a new baby
- **Maternal blood loss**
  - Lowers risk of blood loss after delivery
- **Overall maternal health**
  - Breastfeeding also shown to reduce risk of breast and ovarian cancers, high blood pressure, diabetes



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# Breastfeeding: Challenges

- **Transmission**

- Baby born HIV- could acquire HIV from mother's milk
- Risk may increase if child is fed breast milk along with other forms of nourishment, such as formula or solid food
  - Reason for WHO recommendation that women in resource-limited countries only feed their babies breast milk for first 6 months of life

- **Breastfeeding difficulties**

- Numerous mothers, regardless of their HIV status, struggle with breastfeeding while they work outside the home or take care of other children and a household
- Finding time and space to breastfeed may be more difficult alongside HIV drug dosing schedules for mother and baby, additional health appointments



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# Breastfeeding: Challenges

- **Legal considerations**

- In countries where clinical recommendations discourage women with HIV from breastfeeding, chance of a woman who chooses to breastfeed being forced to face child protection authorities or criminal charges
- Prosecutions of women living with HIV for alleged HIV exposure through pregnancy, birth, or breastfeeding have happened in several high-income countries, including the US  
(*Source: HIV Justice Network*)

- **Disclosure**

- In communities where everyone breastfeeds, choosing not to may signal to others that a mother has HIV, even if she has not disclosed her status



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# Breastfeeding: Challenges

- **Family coercion**
  - Women may face pressure from their families to breastfeed
  - Women have reported being pushed to breastfeed their babies by their mothers-in-law
- **Overall lack of support for breastfeeding**
  - In some countries, women find it difficult to breastfeed, independent of HIV status
  - Breastfeeding in public places may be stigmatized
  - New mothers are expected to return to work outside home soon after birth
  - If "breast is best," **women who breastfeed must get the support they need**, whether or not they are living with HIV



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# The Bottom Line

- The process of deciding how to feed your infant can be overwhelming for parents who are living with HIV
- If you choose to breast/chestfeed, it is important to take your HIV drugs, and keep up with healthcare visits and viral load testing, exactly as prescribed and recommended by your provider
- Also very important to find a support network, including a provider—and other allies—whom you trust, and who can be good sources for information without judgment



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## Learn More!

- To learn more, and for links to articles featuring more details, please read the full fact sheet:
  - [Can I Breastfeed While Living With HIV?](#)
- For more fact sheets and to connect to our community of women living with HIV, visit:
  - [www.thewellproject.org](#)
  - [www.facebook.com/thewellproject](#)
  - [www.twitter.com/thewellproject](#)