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An Overview of Infant Feeding Options for Parents Living with HIV

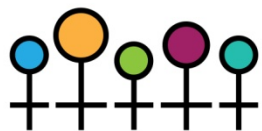
Last updated: January 31, 2023

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

#onewomanatatime

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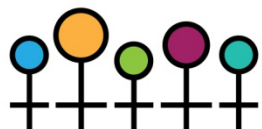


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Breastfeeding, Chestfeeding, and HIV

Breastfeeding while taking HIV drugs:

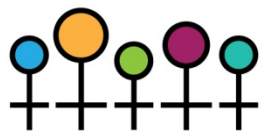
- Standard of care for women and other parents living with HIV in resource-limited areas globally
- Shown to increase survival and well-being of their babies
- Likelihood of HIV transmission extremely low
 - *Breastfeeding* is also called nursing, body feeding, chestfeeding (term inclusive of those who do not have breasts due to surgery or otherwise, or who may prefer language that is gender neutral)



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Breastfeeding, Chestfeeding, and HIV

- In high-resource settings (US, Canada, western Europe, etc.), general HIV and public health guidelines have discouraged breastfeeding among women living with HIV
- Available information has often been confusing for those who may want to explore breast/chestfeeding
- Important emotional, cultural, family, and health reasons to consider breast/chestfeeding

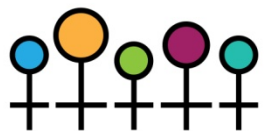


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Breastfeeding, Chestfeeding, and HIV

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

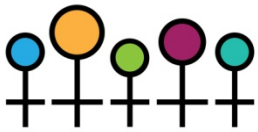


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Informed Infant Feeding Decision-Making

- Many reasons why parents may choose a method other than breast/chestfeeding
- Having information about a range of options can prepare you for conversations with your provider, and support you in making an informed decision

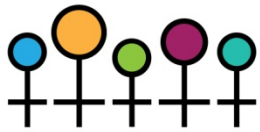




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Breastfeeding as Safely as Possible

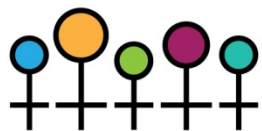
- Take your HIV drugs exactly as prescribed (adherence)
 - Keeps amount of virus in your blood low; makes it far less likely that your baby will acquire HIV
 - Provider may run additional viral load tests while you are breastfeeding
- Make sure your infant gets their HIV drug doses
 - If you breastfeed, additional drugs and testing may be prescribed for baby
- Do your best to breastfeed exclusively (no other forms of nutrition for the baby) for 6 months
- Take good care of your breasts
 - Try to avoid engorgement, mastitis, cracked nipples



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Breastfeeding as Safely as Possible

- Find people who will help you manage stressors
 - Taking care of an infant, healing your own body after birth, breastfeeding, dealing with your HIV
- Seek help if you feel very sad after having a baby ("postpartum blues" or, in more severe cases, postpartum depression)
- Ask knowledgeable people in your community or professionals (lactation consultants, etc) for advice on any breastfeeding challenges
 - Cracked or sore nipples, baby having difficulty nursing
- Take good care of your own health while nursing
 - Enough healthy food, clean water to drink, rest

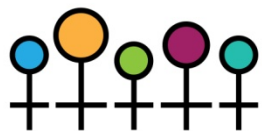


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Other Options for Infant Feeding

Infant Formula

- Modified cow's (or goat or soy) milk to be similar to human milk
- Has no antibodies or protective effects of breast milk
- Available as a powder (mix with clean water) or liquid (must be refrigerated after opening)
- Usually not free
- Not from a human, so guarantees absolutely no risk of HIV transmission

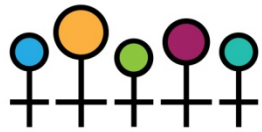


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Other Options for Infant Feeding

Milk Bank

- Women who produce more breast milk than they need may donate extra
 - Potential donors are screened and take blood tests before donating their milk
 - Milk bank gives that milk (often for a cost) to babies who for whatever reason cannot be breastfed
- Milk banks may not always have enough to give away
- Your baby may get milk from different women with different antibodies; may not get as much of some antibodies as when always fed by one woman

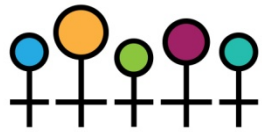


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Other Options for Infant Feeding

Wet Nurse or Cross-Feeding

- Arranging for another woman to breastfeed your baby (paid or informal via a friend)
- Wet nurses were once common
- Depends on a woman producing more breast milk than she needs
- Woman providing milk must be nearby where your baby is, available whenever baby must be fed
- Woman would need to be screened for HIV, other health conditions that affect breastfeeding

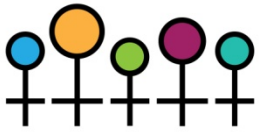


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Other Options for Infant Feeding

Flash Heating

- Express your own breast milk, then quickly heat to destroy germs or viruses
- Process also destroys some other components of milk that are healthy for baby
- Developed for people in resource-limited countries who do not have access to any other options listed
- Extremely time-consuming process

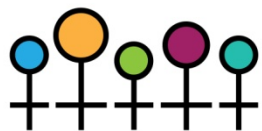


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What Choice Should I Make?

You are the only person who should decide how your baby will be fed

- If you choose to breastfeed, it is important to:
 - Keep up with health care exactly as prescribed and recommended by your provider
 - Find a support network and a provider whom you trust, who can be good sources of information without judgment
- Making this decision can be challenging
- You may feel fear, stress, or even some sadness over any choice you are considering

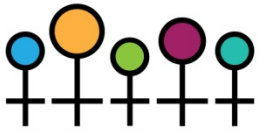


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What Choice Should I Make?

Take care of yourself during this process

- Connect with a group of women or others who can offer support, write about your thoughts and concerns, or engage in some other activity that helps you feel supported as you prepare to make the best possible decision for you and your growing family



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Learn More!

- To learn more, and for links to articles featuring more details, please read the full fact sheet:
 - [Overview of Infant Feeding Options for Parents 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](#)