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Can I Breastfeed While Living With HIV?

An Overview of Infant Feeding Options

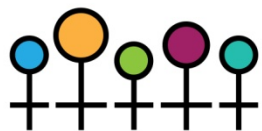
Last updated: August 1, 2021

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

#onewomanatatime

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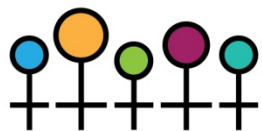
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Can I Breastfeed?

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

This decision can be even more complicated when the birthing parent is living with HIV.



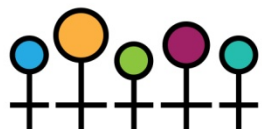


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HIV and Breastfeeding: Overview

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
- **Low, but not proven zero** risk of HIV transmission to the baby through breastfeeding

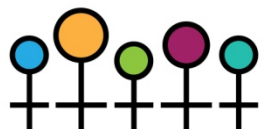


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HIV and Breastfeeding: Overview

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

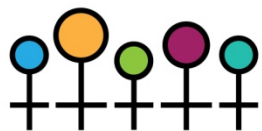


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HIV and Breastfeeding: Overview

If you are a woman with HIV in a **resource-rich region** of the globe (ex.: United States, Western Europe), prominent HIV treatment guidelines all recommend 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 safe alternatives



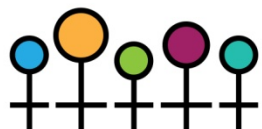
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HIV and Breastfeeding: Overview

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

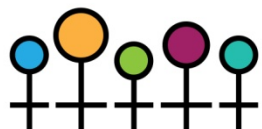
The process of ***deciding how to feed your infant can be overwhelming*** for parents who are living with HIV



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HIV Transmission and Breastfeeding

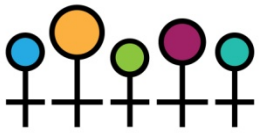
- Breast milk is one of the body fluids that transmit HIV
- Undetectable viral load in blood may not guarantee an undetectable viral load in breast milk
 - More research needed into how HIV drugs affect cells in breast milk, breastfed infants
- PROMISE trial: A large study among more than 2,000 breastfeeding 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

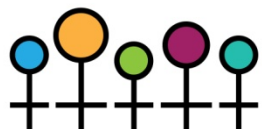
- Mother's antibodies in breast milk can protect an infant against common illnesses and allergies
- HIV drugs, like other medications, are also passed on to babies through breast milk
- This transfer of antibodies and HIV drugs may protect an infant from acquiring HIV
- However, we do not know
 - how 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

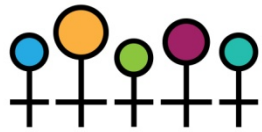
- Because HIV guidelines in most resource-rich countries recommend against breastfeeding, no studies on breastfeeding have been conducted in such countries
- Much information we have on HIV and breastfeeding comes from research in resource-limited settings
 - Breastfeeding recommended; older HIV drugs 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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HIV Transmission and Breastfeeding

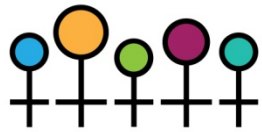
- **Important to note:** In recent years, key US and European HIV treatment guidelines (all recommend against breastfeeding when formula is available) included updates that ***acknowledge desire of some women with HIV in resource-rich countries to breastfeed***
- Not recommendations; these guidelines suggest ways for providers to support health of women who choose to breastfeed, and their babies
 - US advocates and clinicians are working to update US guidelines to reflect principles of informed decision-making and support



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Factors Affecting Risk

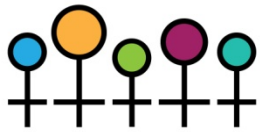
- **Adherence challenges for new moms**
 - Exhaustion of caring for a newborn; parents foregoing their own care as they care for baby
 - Missing doses of HIV drugs or health care appointments may lead to the mother's viral load increasing
- **Inflammation/irritation in baby's gut**
 - Can happen when 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

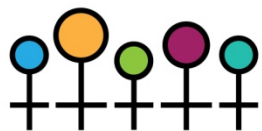
- **Nipple health**
 - Many women's nipples become sore or cracked during breastfeeding
 - Cracked nipples may expose the baby to some of their mother's blood, increasing transmission risk
- **Breast engorgement**
 - New mothers' breasts can sometimes become engorged (painfully overfilled with milk)
 - 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?

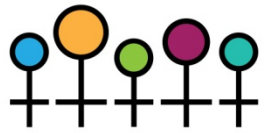
- "Undetectable Equals Untransmittable" (U=U) refers to extensive research showing that a person with HIV who takes HIV drugs and whose viral load is undetectable cannot pass the virus during sex
 - Amount of HIV in breast milk and blood can be different
 - Do not know if true when a woman's viral load 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?

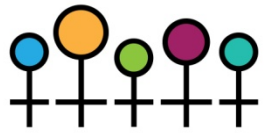
- While research into this issue continues, it is important for care providers and other community health professionals to *help women make informed choices based on the information we have today, and to provide support to those who choose to breastfeed their babies*



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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

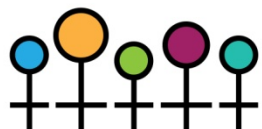


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Breastfeeding: Benefits

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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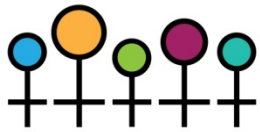
Breastfeeding: Risks and Challenges

- **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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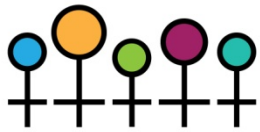
Breastfeeding: Risks and Challenges

- **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**

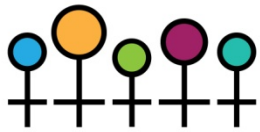
- In communities where everyone breastfeeds, choosing not to may signal to others that a mother has HIV, even if she has not disclosed her status



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Breastfeeding: Risks and Challenges

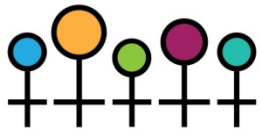
- **Family coercion**
 - Women may face pressure from their families to breastfeed
 - Women have reported being pushed to breastfeed their babies by their mothers-in-law
- **Overall lack of support for breastfeeding**
 - In some countries, women find it difficult to breastfeed, independent of HIV status
 - 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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Breastfeeding as Safely as Possible

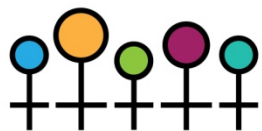
- Take your HIV drugs exactly as prescribed (adherence)
 - Keeps amount of virus in your blood low; makes it far less likely that your baby will acquire HIV
 - Provider may run additional viral load tests while you are breastfeeding
- Make sure your infant gets their HIV drug doses
 - If you breastfeed, 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

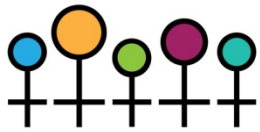


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Other Options for Infant Feeding

Infant Formula

- Safest option from HIV perspective; guarantees absolutely no risk of HIV transmission
- 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

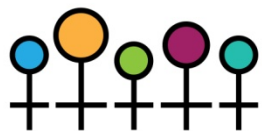


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Other Options for Infant Feeding

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

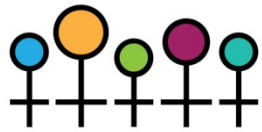


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Other Options for Infant Feeding

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

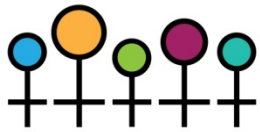


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Other Options for Infant Feeding

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

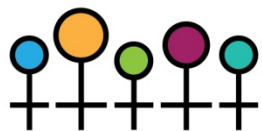


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What Choice Should I Make?

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

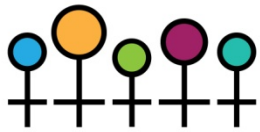


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What Choice Should I Make?

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:
 - [Can I Breastfeed While Living With HIV? An Overview of Infant Feeding Options](#)
- 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](#)