



Women's Advocacy and  
Treatment Coalition on HIV

A program of The Well Project



# Breastfeeding and HIV: What We Know and Considerations for Informed Choices

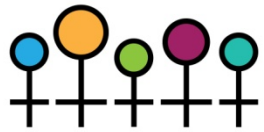
Thursday, December 13, 2018

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

#onewomanatatime

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# Agenda

- Introductions
- Experiences with HIV and infant feeding
- Research
- Considerations for breastfeeding
- Roundtable discussion
- Q&A



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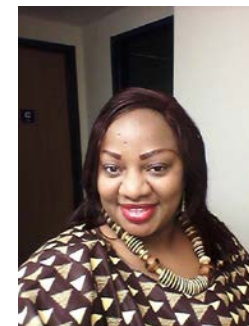
# Speakers



**Lena Serghides, PhD**  
Toronto General Hospital  
Research Institute,  
University Health Network



**Jenell Coleman, MD, MPH**  
Johns Hopkins University School of  
Medicine



**Claire Gasamagera**  
International Community of  
Women Living with HIV



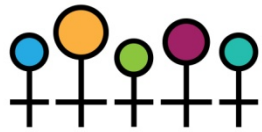
**Jessica Whitbread**



**Krista Martel**  
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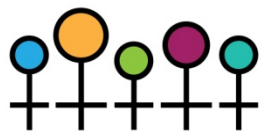
**Shannon Weber, MSW**  
HIVE



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# Webinar Details

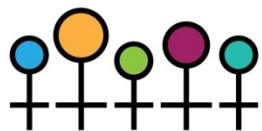
- Webinar will last approximately 90 minutes with Q&A
- Use live chat box to enter questions while presenters talk; questions will be put in queue to be answered at the end
- Participants' lines will be muted
- Hashtags for social media postings  
#BreastfeedingandHIV #thewellproject



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## About *WATCH!*

- ***WATCH!*** (Women's Advocacy and Treatment Coalition on HIV) is an ongoing HIV treatment advocacy and capacity-building webinar series
- The ***WATCH! 2018 series*** will take place throughout the year and will include **3 webinars**
- Webinars will be **recorded** and can be accessed on our website after they take place
- **Certificates** for completed webinars available upon request



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# Personal Choices Related to Breast and Infant Feeding with HIV

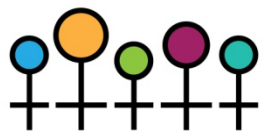
*Claire Gasamagera and Jessica Whitbread*

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

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# HIV and Breastfeeding: Overview and Transmission Research

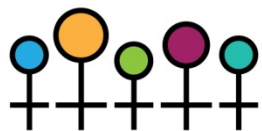
*Lena Serghides, PhD*

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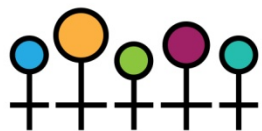
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# Can I Breastfeed?

- Choosing how to feed their babies is one of the most important decisions expectant and new parents make
- It can be even more complicated when the birthing parent is living with HIV





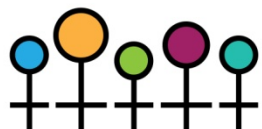


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# HIV and Breastfeeding: Overview

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

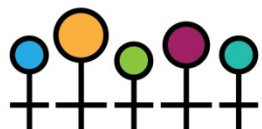
- **Zero** risk that she will transmit HIV to her sexual partners
- **Very low** (< 1%) risk of transmitting HIV to her baby during pregnancy or birth
- **Low, but not zero** risk of HIV transmission to the baby through breastfeeding



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# HIV and Breastfeeding: Overview

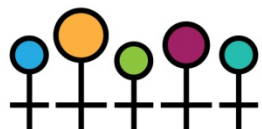
- Guidelines differ based on where you live:
  - If you are a WLHIV in a **resource-limited area**, World Health Organization (WHO) recommends breastfeeding if you take HIV drugs
  - If you are a WLHIV in a **resource-rich region** of the globe, HIV treatment guidelines all recommend avoiding breastfeeding
- Some parents in resource-rich areas may still want to consider breastfeeding despite these guidelines
- 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

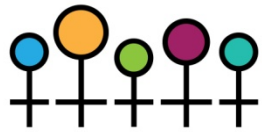
- Breast milk is one of the body fluids that transmit HIV
- Undetectable viral load in blood may not guarantee an undetectable viral load in breast milk
  - More research needed into how HIV drugs affect cells in breast milk, breastfed infants
- PROMISE trial: A large study among more than 2,000 breastfeeding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



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# HIV Transmission and Breastfeeding

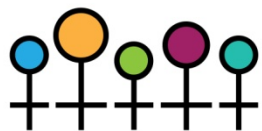
- Mother's antibodies in breast milk can protect an infant against common illnesses and allergies
- HIV drugs, like other medications, are also passed on to babies through breast milk
- This transfer of antibodies and HIV drugs may protect an infant from acquiring HIV
- However, we do not know
  - How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



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# HIV Transmission and Breastfeeding

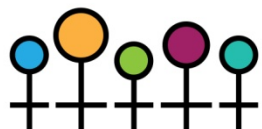
- Data on HIV and breastfeeding comes from research in resource-limited settings where breastfeeding is recommended, older HIV drugs common
- Because HIV guidelines in most resource-rich countries recommend against breastfeeding, no studies on breastfeeding have been conducted there
- Women in resource-rich countries have different circumstances (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



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# HIV Transmission and Breastfeeding

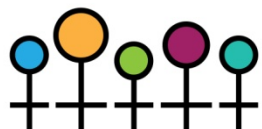
- Recently, key U.S. and European HIV treatment guideline updates have ***acknowledged desire of some WLHIV in resource-rich countries to breastfeed***
  - These guidelines all recommend against breastfeeding when formula is available
- Not recommendations; these guidelines suggest ways for providers to support health of women who choose to breastfeed, and their babies
  - U.S. advocates and clinicians are working to update U.S. guidelines to reflect principles of informed decision-making and support



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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
- Risk of HIV transmission through breastfeeding is low when the mother's viral load is undetectable, but ***is not zero***

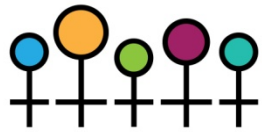


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# U Equals U: True for Breastfeeding?

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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# HIV and Breastfeeding: Guidelines and Making Informed Choices

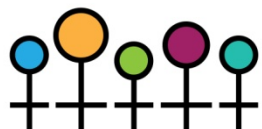
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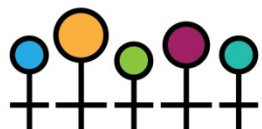


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# HIV and Breastfeeding: Guidelines

If you are a WLHIV in a **resource-limited area**, the 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 in this setting

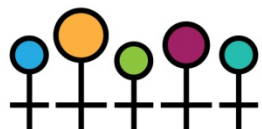


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# HIV and Breastfeeding: Guidelines

If you are a WLHIV in a **resource-rich region**, HIV treatment guidelines 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 the risk of a baby getting HIV from breast milk is not justified when parents can access safe alternatives

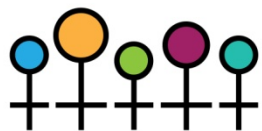


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# HIV and Breastfeeding: Guidelines

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

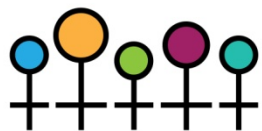
- Research shows breast milk protects growing baby's health, satisfies all nutritional needs
- Emotional and cultural reasons
- May experience pressure from family to breastfeed
- Not breastfeeding may be a matter of unwanted HIV disclosure
- Women moving from a resource-limited country to a resource-rich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



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# Breastfeeding: Benefits

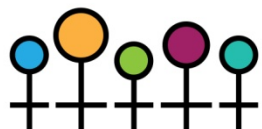
- Nutrition and protection for baby
  - Breast milk is most nutritious for babies
  - Carries mother's antibodies, protecting babies from some illnesses, allergies
- Health beyond infancy
  - Breastfed babies have lower risk of diseases such as type 2 diabetes and obesity later in life
- Cost, availability, 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

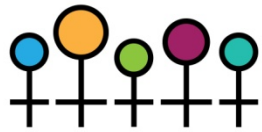
- Bonding
  - May help new mothers feel close to their infants
- Mental health
  - Can help new mothers avoid postpartum depression, which can be serious, make it harder to care for a new baby
- Overall maternal health
  - Breastfeeding also shown to reduce risk of breast and ovarian cancers, high blood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



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# Breastfeeding: Risks and Challenges

- HIV transmission
  - Baby born without 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
- Breastfeeding difficulties
  - Many mothers struggle with breastfeeding while they work outside the home; take care of other children, household
  - Nipple health
  - Breast engorgement
  - Breast infection
- Adherence challenges for new moms

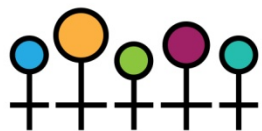


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# Breastfeeding: Risks and Challenges

- 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
- Legal considerations
  - Depending on the setting, WLHIV who choose to breastfeed could face child protection authorities or criminal charges
  - High-income countries have prosecuted WLHIV for alleged HIV exposure through pregnancy, birth, breastfeeding
- 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

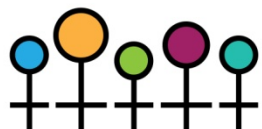




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# Breastfeeding: Risks and Challenges

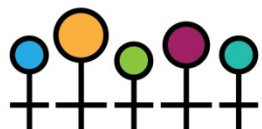
- Family coercion
  - Women may face pressure from their families to breastfeed
  - Women have reported being pushed to breastfeed their babies by their mothers-in-law
- Overall lack of support for breastfeeding
  - In some countries, women find it difficult to breastfeed, independent of HIV status
  - Breastfeeding in public places may be stigmatized
  - New mothers are expected to return to work outside home soon after birth



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# Breastfeeding as Safely as Possible

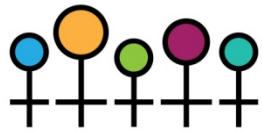
- Find a support team
  - It is best to start identifying a support team of providers during your pregnancy, so that you will be supported after birth
  - Seek advice for breastfeeding challenges from people in your community, professionals
- Take your HIV drugs exactly as prescribed (adherence)
  - 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



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# Breastfeeding as Safely as Possible

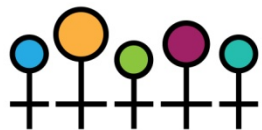
- Do your best to breastfeed exclusively (no other forms of nutrition for the baby) for 6 months
- Take good care of your own health while nursing
  - Enough healthy food, clean water to drink, rest
- Take good care of your breasts
  - Try to avoid engorgement, mastitis, cracked nipples
- Find people 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, depression)



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# Breastfeeding as Safely as Possible

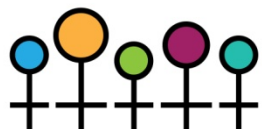
- **“Safer Triangle:”** Developed at a clinic in UK
- Triangle points (stop breastfeeding if 1 “point” breaks):
  - **No virus:** only breastfeeding if the mother's viral load is undetectable
  - **Happy tums:** only breastfeeding when mother and baby both have healthy guts, are not having diarrhea or vomiting, and can both absorb HIV drugs properly
  - **Healthy breasts for mums:** only breastfeeding when breasts and nipples are free of cracks, bleeding, infections



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# Other Options for Infant Feeding

- Infant formula
- Milk bank
- Wet nurse or cross-feeding
- Flash heating



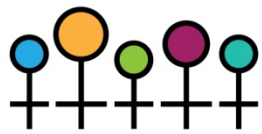
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# What Choice Should I Make?

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

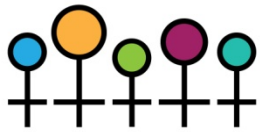
- If you choose to breastfeed, it is important to:
  - Find a support network and a provider whom you trust
  - Keep up with healthcare exactly as prescribed
- Know that making this decision can be challenging
  - You may feel fear, stress, or even some sadness over any choice you are considering

***It is important to take care of yourself during this process!!***



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# Roundtable Discussion

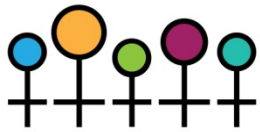


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## Learn More!

- 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](#)

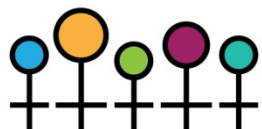




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# Resources

- [Infant Feeding Basics: For Women Living with HIV in the US \(HIVE, PDF\)](#)
- [HIV & Breastfeeding Fact Sheet \(Avert\)](#)
- [Positive Women & Breastfeeding \(Women & HIV/AIDS Initiative, Canada; PDF\)](#)
- [Breastfeeding and Special Circumstances: Human Immunodeficiency Virus \(HIV\) \(US Centers for Disease Control and Prevention\)](#)
- [HIV and Infant Feeding \(World Health Organization\)](#)
- [HIV and Infant Feeding \(UNICEF\)](#)
- [10 Facts on Breastfeeding \(World Health Organization\)](#)
- [Breastfeeding With an Undetectable Viral Load: What Do We Know? \(PositiveLite, via TheBody\)](#)
- [Pregnancy and Infant Feeding: Can We Say U=U About the Risk of Passing HIV to an infant? \(CATIE\)](#)
- [Management of HIV Infection in Pregnant Women 2018 \(see Appendix 5: Information on Infant Feeding, for the "Safer Triangle"\) \(BHIVA\) \(PDF\)](#)



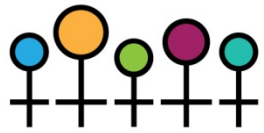
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# Thank You!



## Questions & Answers

*The Q & A will come from the questions submitted to the presenters through the chat box during the webinar session.*



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# Thank You!

*Please take the evaluation for this webinar:*

[https://www.surveymonkey.com/r/WATCH3\\_2018](https://www.surveymonkey.com/r/WATCH3_2018)

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2018 Survey  
Today!

*The Well Project 2018 Survey*

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