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An Overview of Infant Feeding Options for Parents Living with HIV

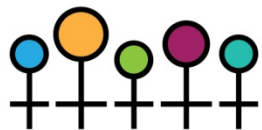
Last updated: August 18, 2025

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

#onewomanatatime

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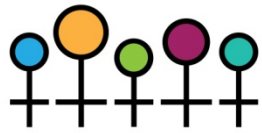


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Breastfeeding, Chestfeeding, and HIV

Breastfeeding while taking HIV drugs:

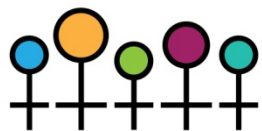
- Standard of care for women and other parents living with HIV in resource-limited areas globally
- Shown to increase survival and well-being of their babies
- Likelihood of HIV transmission is low



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Breastfeeding, Chestfeeding, and HIV

- High-resource settings
 - Until recently, guidelines have discouraged breastfeeding among women living with HIV
- Information on breast/chestfeeding confusing
 - Nursing, body feeding, chestfeeding: more inclusive terms than breastfeeding



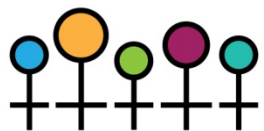
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Breastfeeding, Chestfeeding, and HIV

2023: Significant change to US Perinatal HIV Clinical Guidelines:

- Reflect current knowledge about low likelihood of HIV transmission through breast milk
- Discuss benefits of breast/chestfeeding
- Encourage informed, shared infant-feeding decision-making between provider and patient

Previous guidelines had started to acknowledge breast/chestfeeding desire among some parents living with HIV in high-resource countries

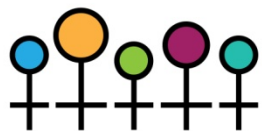


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Informed Infant Feeding Decision-Making

- Emotional, cultural, family, and health reasons for considering breast/chestfeeding
- 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; support you in making an informed decision

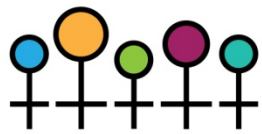




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Breastfeeding as Safely as Possible

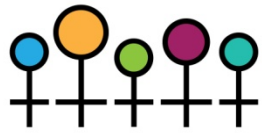
- Take your HIV drugs exactly as prescribed (adherence)
 - Keeps amount of virus in your blood low
 - Makes it far less likely that your baby will acquire HIV
 - Additional viral load tests may be run while breastfeeding
- Make sure your infant gets their HIV drug doses
 - Additional drugs and testing may be prescribed for the baby
- Do your best to breastfeed exclusively for 6 months
- Take good care of your breasts
 - Regular feedings to prevent mastitis
 - Warm washcloth on breast to prevent engorged breasts
 - Try different positions for proper latching to prevent 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”
 - Postpartum depression (if sadness is severe)
- Ask knowledgeable people or professionals for advice on any breastfeeding challenges
 - Cracked or sore nipples
 - Baby has difficulty nursing
- Take good care of your own health
 - Enough healthy food, clean water to drink, rest

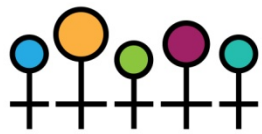


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Other Options for Infant Feeding

Infant Formula

- Cow's (or goat or soy) milk modified to be similar to human milk
- Has no antibodies or protective effects of breast milk
- Available as a powder or liquid
 - Must be mixed with clean water (not available everywhere)
 - Liquid must be refrigerated
- Usually not free
 - Formula shortages possible even in US
- Guarantees zero risk of HIV transmission

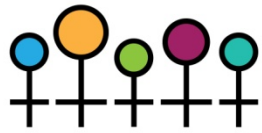


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Other Options for Infant Feeding

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 cannot be breastfed
- Milk banks may not always have enough to give away
- Antibodies may differ among donors
 - Baby may not get as much of a specific antibody as they would if always fed by the same woman

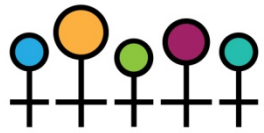


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Other Options for Infant Feeding

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 near your baby and available whenever baby must be fed
- Woman would need to be screened for HIV, other health conditions that affect breastfeeding

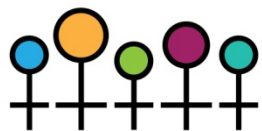


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Other Options for Infant Feeding

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

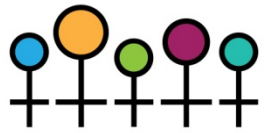


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What Choice Should I Make?

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 healthcare 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



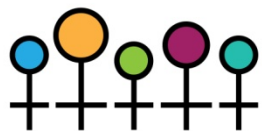
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What Choice Should I Make?

Take care of yourself during this process

May be helpful to:

- Connect with groups of women or others who can offer support
- Write about your thoughts and concerns
- Engage in some other activity that helps you feel supported



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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
 - [@thewellprojecthiv.bsky.social](https://bsky.app/@thewellprojecthiv)
 - www.facebook.com/thewellproject
 - www.instagram.com/thewellprojecthiv/
 - www.threads.net/@thewellprojecthiv
 - www.youtube.com/thewellprojecthiv