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Can I Breastfeed While Living With HIV?

Last updated: August 19, 2025

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

#onewomanatatime

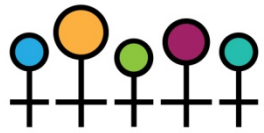
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Can I Breastfeed?

Breastfeeding (nursing, body feeding, chestfeeding) is considered the healthiest infant-feeding option for most humans, offering many ***benefits for babies as well as nursing parents***





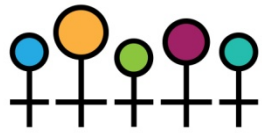
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HIV and Breastfeeding: Overview

Breast milk can transmit HIV

BUT

If breastfeeding parent has **undetectable viral load**, risk of HIV transmission to infant through breast/chestfeeding is low (**but not zero**)

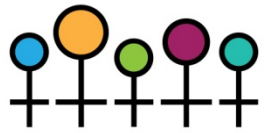


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HIV and Breastfeeding Around the World

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 limited

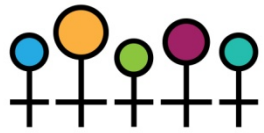


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HIV and Breastfeeding Around the World

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

- Based on belief that risk of a baby getting HIV from breast milk is not justified when parents can access alternatives

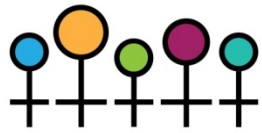


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HIV and Breastfeeding Around the World

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 between provider and patient



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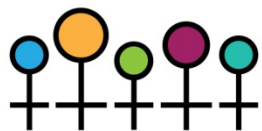
Breast/Chestfeeding Considerations

Parents might consider breastfeeding because:

- 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 mean unwanted HIV disclosure
- Moving from a resource-limited to a resource-rich country may make different recommendations confusing

Breastfeeding may protect against SIDS, other diseases

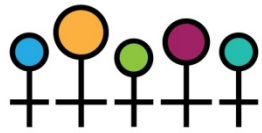
- Recommendation against breastfeeding may increase health inequities experienced by women of color



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HIV Transmission and Breastfeeding

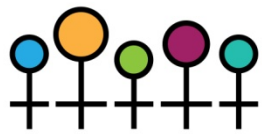
- Undetectable viral load in blood may not guarantee an undetectable viral load in breast milk
 - More research needed into how HIV drugs affect cells in breast milk, breastfed infants
- PROMISE trial: A large study among more than 2,000 breastfeeding women with HIV and their infants in Africa and India
 - HIV transmission rates to babies were < 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
- 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 the child



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HIV Transmission and Breastfeeding

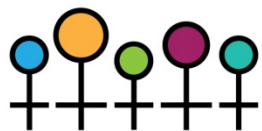
- Information we have on HIV and breastfeeding comes mostly from research in resource-limited settings
 - Breastfeeding recommended
 - Older HIV drugs common
- Breastfeeding in resource-rich settings
 - Newer HIV drugs
 - Usually access to enough food and clean water
 - Breastfeeding may affect health of mother and child differently than in resource-limited settings
 - Limited information in these settings because of years of guideline recommendations against breastfeeding

Factors Affecting Risk

- **Adherence challenges for new parents**
 - 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 all breastfeeding mothers) can increase HIV-infected inflammatory cells in area of infection

Factors Affecting Risk

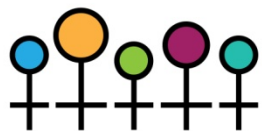
- **Nipple health**
 - Many women's nipples become sore or cracked during breastfeeding
 - Cracked nipples may expose the baby to some of their mother's blood, increasing transmission risk
- **Breast engorgement**
 - New mothers' breasts can sometimes become engorged (painfully overfilled with milk)
 - 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 parent's viral load has been undetectable for a while on HIV drugs
- Risk of HIV transmission through breastfeeding is low when the parent'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 parents make informed choices based on the information we have today, and to provide support to those who choose to breastfeed their babies*

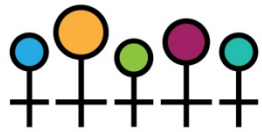
Breastfeeding: Benefits

- **Nutrition and protection for baby**
 - Breast milk is the most nutritious food for babies
 - Carries parent'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

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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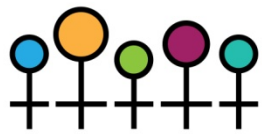
Breastfeeding: Challenges

- **Transmission**

- Baby born HIV- could acquire HIV from parent's milk
- Risk may increase if child is fed breast milk along with formula or solid food
 - Reason for WHO recommendation that babies in resource-limited countries only be fed breastmilk for first 6 months of life

- **Breastfeeding difficulties**

- Breastfeeding struggles while working outside the home or taking care of other children and a household
- Finding time and space to breastfeed may be more difficult alongside HIV drug dosing schedules for parent and baby, additional health appointments



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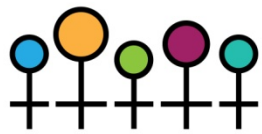
Breastfeeding: Challenges

- **Legal considerations**

- If clinical recommendations discourage breastfeeding, child endangerment authorities or criminal charges possible for woman choosing to breastfeed
- Women in US have been prosecuted for HIV exposure of child during pregnancy, birth or breastfeeding
- US guidelines now warn *against* involving Child Protective Services for breastfeeding while living with HIV

- **Disclosure**

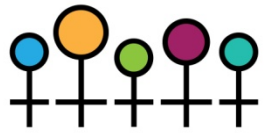
- If everyone breastfeeds, not doing so may signal parent's HIV status, even if they haven't disclosed it
 - Especially true if there is free formula for women living with HIV but not for other women



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Breastfeeding: Challenges

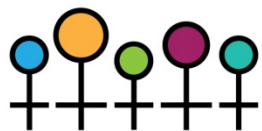
- **Family coercion**
 - Women may face pressure from their families to breastfeed
 - Women have reported being pushed by their mothers-in-law to breastfeed their babies
- **Overall lack of support for breastfeeding**
 - In some countries, women find it difficult to breastfeed, independent of HIV status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

- For parents who are living with HIV and 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
 - [@thewellprojecthiv.bsky.social](https://bsky.app/@thewellprojecthiv)
 - www.facebook.com/thewellproject
 - www.instagram.com/thewellprojecthiv/
 - www.threads.net/@thewellprojecthiv
 - www.youtube.com/thewellprojecthiv