

HIV and Breastfeeding

When considering how to feed your baby, mothers with HIV may receive conflicting information and advice about the safety of breastfeeding. For many years, mothers with HIV in developing nations have been encouraged to breastfeed their babies despite the risk of viral transmission through breast milk. This was mainly due to the lack of available resources in developing nations to purchase and prepare infant formula safely. In these areas of the world, the risk of not breastfeeding was more life threatening than the long term concerns about HIV transmission. Since mothers in the United States have access to clean water and resources to purchase and prepare infant formula, until recently, this was considered a safer alternative for mothers with HIV and breastfeeding was actively discouraged.

With the development of improved antiretroviral therapies (ART) and their widespread use in countries like the United States, many mothers with HIV now have undetectable levels of the virus in their system. As a result, there is emerging evidence supporting the safety of breastfeeding with HIV and an almost negligible risk of HIV transmission in mothers who are virally suppressed and on ART. In January 2023, the US Department of Health and Human Services issued new guidelines supporting the decision of these mothers with HIV to breastfeed their babies. Here are the highlights of the new guidelines:

- Mothers should be supported in their decision to breastfeed if on ART, have viral suppression for at least the last 3 months of pregnancy, and continue to have undetectable viral load while breastfeeding.
- Viral testing should be done every 3 months during breastfeeding.
- The risk of transmission through breastfeeding is very low (less than 1%), for women on ART with an undetectable HIV viral load, but not zero.
- If breastfeeding is chosen, exclusive breastfeeding for the first 6 months is recommended over combination feeding to further reduce the risk.³
- Replacement feeding with properly prepared formula or pasteurized donor human milk from a milk bank eliminates the risk of postnatal HIV transmission to the infant.
- For mothers with HIV who are not on ART and/or do not have a suppressed viral load at delivery, replacement feeding with formula or banked pasteurized donor human milk is recommended to eliminate the risk of HIV transmission.

What If I Have Questions?

If you are interested in learning more about breastfeeding, this Aeroflow class expands on some of the topics discussed above:

• Ultimate Breastfeeding Prep

To register for this class, log into your portal or click here.

Want More Info?

For a directory of Aeroflow's other Care Guides offering information on pregnancy, baby care, and more, browse our comprehensive list of titles:

https://www.hersourcehealth.com/aeroflow-care-quides/

References

- 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10242550/
- 2. https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states?view=full
- 3. https://pubmed.ncbi.nlm.nih.gov/17398310/