

Breastfeeding When You Are HIV Positive

This handout for mothers with HIV explains options for feeding your baby. It tells why formula feeding is the safest choice. It also gives steps to follow if you choose to breastfeed.

Formula Feeding Is the Safest Choice

If you have HIV and breastfeed, there is a chance that the HIV virus will pass to your baby. This is why experts in the United States advise mothers with HIV **not** to breastfeed their infants.

The risk of passing HIV through breastfeeding is about 1 to 3%. This means that 1 to 3 out of 100 mothers with HIV pass the virus to their babies through their breast milk. Babies can get HIV even if their mother is on medicines and has an *undetectable HIV viral load* (the virus does not show up in standard tests).

At University of Washington Medical Center (UWMC), we agree that formula feeding is the safest choice for mothers who are HIV positive. But, we also understand that some mothers still want to breastfeed, even with the risk of passing HIV to their baby.



Feeding formula is the safest choice when a mother is HIV positive.

Making Breastfeeding Safer

If you are HIV positive and choose to breastfeed, do your best to protect your baby. These steps may lower the risk of passing HIV to your baby through your breast milk:

- Take your HIV medicines as prescribed. This will help keep your viral load undetectable during pregnancy, delivery, and breastfeeding.
- Get your viral load checked every 1 to 2 months while you are breastfeeding.
- For the first 6 weeks, give your baby 3 different HIV medicines as prescribed. (Most babies who bottle feed get only 1 medicine).

- Have your baby tested for HIV when advised by your pediatric HIV specialist. Your baby may continue to be tested for 4 to 6 months after you stop breastfeeding.
- Breastfeed *exclusively* for the first 6 months. This means you will **only** give your baby your breast milk. Do **not** give your baby any formula, or food such as cereal, baby food, or pre-chewed food.
- **Stop all at once if you stop breastfeeding before 6 months.** Do **not** go back and forth between breastfeeding and other milk sources. The amount of HIV in your breast milk (the *viral load*) may increase when you stop breastfeeding regularly. When you decide to stop, it is safest to start feeding either donor breast milk or formula right away.
- Talk with your care providers about:
 - What to do if you do not produce enough milk for your baby's needs.
 - A weaning plan when you are ready to stop breastfeeding.
- If you have bleeding nipples or a breast infection (*mastitis*), do **not** breastfeed from that breast. Talk with your provider about treatment.

Who to Call

Please call us if you have any concerns about breastfeeding, your baby, or your own care. For questions about:

- **Care for mothers:** Call the Maternal Infant Care Clinic at UWMC, 206.598.4070.
- **Care for infants:** Call Seattle Children's Hospital at 206.987.2000. Ask to talk with someone in Pediatric Infectious Disease.
- **Breastfeeding:** Call Lactation Services at UWMC, 206.598.4628.

To Learn More

The U.S. Department of Health and Human Services has guidelines for providers who work with women with HIV who wish to breastfeed. To read these guidelines, please visit:

<https://aidsinfo.nih.gov/guidelines/html/3/perinatal/513/counseling-and-management-of-women-living-with-hiv-who-breastfeed>

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Maternal and Infant Care
Clinic: 206.598.4070