

## Breastfeeding When You Are HIV Positive

*This handout for mothers with HIV explains options for feeding your baby. It gives steps to follow if you choose to breastfeed.*

### Formula Feeding Is the Safest Choice

If you have HIV and breastfeed, there is a small chance that the HIV virus will pass to your baby. The risk of passing HIV to an infant through breastfeeding is less than 1% if you are on medicine and have an *undetectable HIV viral load* (meaning the virus does not show up in standard tests).

This means that fewer than 1 out of 100 mothers with undetectable 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.



*Feeding formula is the safest choice when you are HIV positive.*

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

### Making Breastfeeding Safer

If you are HIV positive and choose to breastfeed, 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.

- Give your baby HIV medicine as prescribed, usually for about 4 to 6 weeks.
- Have your baby tested for HIV when advised by your pediatric HIV specialist. Your baby will need 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 food such as cereal or baby food until they are 6 months of age.
- **Never** give your baby pre-chewed food.
- Please talk with your baby's provider if you need to give your baby formula while you are breastfeeding.
- If you have bleeding nipples or a breast infection (*mastitis*), stop breastfeeding from that side. Talk with your provider about treatment.
- If your baby has vomiting or diarrhea, stop breastfeeding and call your pediatrician.
- 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. This is a plan to stop breastfeeding slowly and safely.

## 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 your prenatal care provider, primary care provider, or the Maternal and Infant Care Clinic at UWMC, 206.598.4070.
- **Care for infants:** Call your pediatrician or Seattle Children's Hospital at 206.987.2000. Ask to talk with someone in Pediatric Infectious Disease.

## 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://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states>

## 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

Your provider's name and  
phone number:

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