

Breastfeeding If You Are Living with HIV

This handout for people living with HIV explains options for feeding your baby. Formula feeding may be the safer choice, but there are steps you can follow if you choose to breastfeed.



Scan for a digital copy of this handout.

Formula Feeding May Be the Safer Choice

If you are breastfeeding (*sometimes called chestfeeding or body feeding*) and you have HIV, there is a very small chance that HIV will pass to your baby.

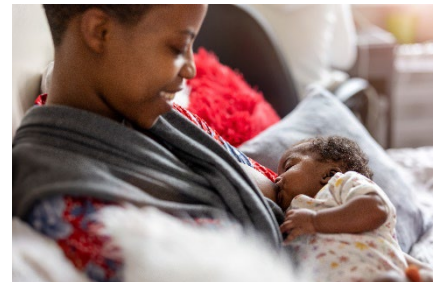
The risk of passing HIV to an infant through breastfeeding is less than 1% if you and your baby are taking medicine and you have an *undetectable HIV viral load* (the virus does not show up in standard tests). This means that fewer than 1 out of 100 people with well-controlled HIV pass the virus to their babies through their breast milk.

At the University of Washington Medical Center (UWMC), we will give you information and support so that you can decide what is best for you and your baby.

Making Breastfeeding Safer

If you are living with HIV and choose to breastfeed, these steps will 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 2 months while you are breastfeeding.
- Give your baby HIV medicine as prescribed. This will be for at least 6 weeks or longer, depending on what you and your pediatric HIV specialist decide.
- Have your baby tested for HIV when advised by your pediatric HIV specialist, about every 2 months. Your baby may continue to be tested for 4 to 6 months after you stop breastfeeding.
- We encourage you to breastfeed *exclusively* for the first 6 months. This means you will **only** give your baby breast milk, or use formula as little as possible after breastfeeding is working well for you and your baby. *Donor breast milk* (milk from another person) may be available in the hospital if needed.
- Do **not** give your baby any food such as cereal, baby food, or pre-chewed food until after they are 6 months old.
- If you have bleeding nipples or a breast infection (*mastitis*), stop breastfeeding from that side. Talk with your provider about treatment.



Breastfeeding has a very low risk if you and your baby are taking medicine, and you have an undetectable viral load.

- Talk with your care providers:
 - If you have persistent vomiting.
 - If you or your baby stops taking medication for any reason.
 - If you do not produce enough milk for your baby’s needs.
 - When you are ready to stop breastfeeding. They can help you create a plan for *weaning* (stopping breastfeeding slowly and safely).



We’re here to help you make a safe and comfortable feeding plan for you and your baby.

Who to Call

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

For questions about:

- **Care for breastfeeding parents:** Call the Maternal Fetal Medicine Clinic at UWMC, 206.598.4070, or your primary care provider.
- **Care for infants:** Call Seattle Children’s Hospital at 206.987.2000. Ask to talk with someone in Pediatric Virology.
- **Breastfeeding:** Call Lactation Services at UWMC, 206.598.4628.

To Learn More

The U.S. Department of Health and Human Services has information on breastfeeding if you have HIV. You can learn more by visiting the link below or scanning the QR code on the right.

clinicalinfo.hiv.gov/en/guidelines/perinatal



Questions?

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

**Maternal Fetal Medicine
Clinic: 206.598.4070**