

## What women need to know about breastfeeding in the HIV context



**World Alliance for  
Breastfeeding Action**

PO Box 1200  
10850 Penang, Malaysia  
Tel: (604) 658 4816  
Fax: (604) 657 2655  
Email: [waba@waba.org.my](mailto:waba@waba.org.my)  
[www.waba.org.my](http://www.waba.org.my)

This pamphlet is written for women living with HIV who want to explore the possibility of breastfeeding their babies. The information set out below is not intended to replace medical advice that you may have received from your doctors and HIV clinicians. Please discuss the information in this leaflet with your healthcare providers so that, together, you can make an informed decision about how to feed your baby that will best fit your own individual circumstances.

Breastfeeding is one of the foundations of child health, development and survival, especially where diarrhoea, pneumonia and undernutrition are common causes of illness or death among children under five years of age. The World Health Organization and UNICEF recommend that babies should:

- Begin breastfeeding within the first hour after the birth;
- Receive no food or drink other than breast milk (exclusive breastfeeding) for the first six months;
- Continue breastfeeding after six months for two years or more, while also receiving other foods and drinks that are suitable for their age.

HIV, (the Human Immunodeficiency Virus), which leads to AIDS, (the Acquired Immunodeficiency Syndrome), can be acquired from a sexual partner. HIV can then be transmitted to a baby before, during or after birth, including through breastfeeding. While it may seem that the risk might be reduced by not breastfeeding, the health risks of artificial feeding may be even more serious for your baby.

Breastfeeding is very important to the health of the babies of HIV-positive women since babies who are not breastfed experience higher rates of illness, malnutrition and death due to infections such as pneumonia, diarrhoea or sepsis. Research also shows that exclusive breastfeeding greatly reduces the risk of the baby acquiring HIV, even if women are unable to access Antiretroviral Therapy (ART), although this is not ideal. Breastfeeding benefits women too; it can prevent breast cancer, increase the time between the birth of babies, and reduces a woman's risk of diabetes, ovarian cancer and heart disease.

### ROUTES OF TRANSMISSION OF HIV

#### **Horizontal infection**

The commonest source of infection is through unprotected sex with an HIV-infected partner who is not taking antiretroviral therapy.

#### **Blood-borne infection**

Individuals can also be infected by receiving a contaminated blood transfusion, or by being injected or cut by contaminated needles, syringes or knives.

#### **Vertical infection**

If a mother is infected with HIV, her baby can be infected during pregnancy, birth or breastfeeding.

### KEY PRINCIPLES RELATING TO HIV AND INFANT FEEDING:

#### **1. Women living with HIV who are not taking ART:**

- A woman who is already infected with HIV can transmit the virus to her child during pregnancy, labour or delivery, or through breastfeeding. The risk of transmission to the baby is very much higher during pregnancy and especially during labour and birth, and much lower during breastfeeding.
- A woman who becomes newly infected with HIV during pregnancy or during breastfeeding has a very much higher risk (one in three) of passing the virus to her baby.
- When ART is not available, breastfeeding still provides HIV-exposed infants with a greater chance of survival. You should be counselled to exclusively breastfeed your baby for the first six months of life and continue breastfeeding after that time unless your circumstances are safe for and supportive of formula-feeding.

## 2. Women living with HIV who are taking ART

- Women who suspect they may have been infected with HIV should receive an HIV test as soon as possible.
- Women who test HIV-Positive should receive ART for life.
- It is especially important for pregnant women who test HIV-Positive for the first time in early pregnancy to be started on ART straight away.
- You should be very careful to take your medication exactly as the doctor recommends and to take it regularly every day at the same time, without missing any doses (this is called ART-adherence)
- If you receive ART for at least 13 weeks and if you are adherent to your ART, then the risk of transmission of HIV to your baby is very low, as follows:
  - Pregnancy, labour and delivery – 0.1%
  - Exclusive breastfeeding, 0-6 months 0.3 – 0.8%
  - Mixed breastfeeding with weaning foods 6-24 months, 1 – 1.1%

## 3. Women who are HIV uninfected or whose HIV status is unknown

Pregnant women or new mothers whose status is unknown should be offered HIV testing –

- If you test HIV-negative during early pregnancy, you should be offered another test during the last three months and again shortly after your baby is born.
- If you are living in a setting with high HIV prevalence, you, your partner and baby may be re-tested often (as per your doctor's advice).

## 4. HIV-exposed babies

- Babies of HIV-infected women should receive antiretroviral prophylaxis for 4 – 6 weeks after birth.
- Babies should be tested for HIV shortly after birth and at 6, 10 and 14 weeks.
- Babies who test HIV-positive should commence ART immediately.

## WOMEN'S NUTRITIONAL NEEDS

- Making milk increases your nutritional requirements by 300-500 Kcal per day. To support breastfeeding and keep healthy, breastfeeding women (whether infected or not) should consume the equivalent of about one extra meal per day.
- Getting enough to eat helps maintain your ability to fight infections, keep up your energy levels and is essential for improving treatment outcomes with antiretroviral drugs.
- Your nutritional status before or during pregnancy and during breastfeeding influences both your health, and the health and survival of your baby.
- After birth, it is necessary for you to receive enough food to support the demands of breastfeeding and to keep up your own nutrition.
- HIV infection increases energy requirements due to higher resting energy expenditures and increased nutritional needs from HIV-related infections and illnesses.
- If you have poor appetite, you should be encouraged to eat well. Ensure that food is available, appetising and nutritious.

## RECOMMENDATIONS FOR WOMEN LIVING WITH HIV:

### 1. You should receive lifelong ART and prevention interventions to reduce HIV transmission.

- Every effort should be made to stress that women living with HIV should receive and keep taking ART, not only to prevent transmission of the virus to their babies, but also for their own health and well-being. This will enable them to live a normal lifespan with fewer opportunistic infections, and to take care of all their children.

### 2. Duration of breastfeeding by women living with HIV if she is receiving ART

- When you are able to continue breastfeeding for 24 months or beyond, your baby is likely to suffer fewer infections, especially where diarrhoea and pneumonia are significant causes of infant and child mortality.
- You and your baby will also enjoy other benefits of longer breastfeeding duration such as improved child development and lower risk of breast and ovarian cancer.

### 3. When women decide to stop breastfeeding

- Breastfeeding should only stop when you are able to provide your baby with sufficient safe food without breastmilk. Stopping breastfeeding completely should be done gradually, and should take approximately one month. Always seek the help of a professional when considering stopping breastfeeding.

### 4. If your baby tests HIV-Positive

- If babies and young children are found to be HIV-Positive, women are strongly encouraged to protect their health and survival by exclusively breastfeeding for the first six months of life and continuing to breastfeed in accordance with the recommendations for the general population: that is, up to two years or beyond.

### 5. Your need for counselling

- Counselling is a helping relationship specific to the needs of the individual and her family. Most women benefit from a respectful, empathetic discussion of their situation. It is especially helpful if you and your partner receive counselling together as a couple, or with other key family members. Also, it is important for you to have access to family planning to prevent unintended pregnancy.

## **NOTES/ADDITIONAL INFORMATION:**

### **The risk of replacement feeding and mixed feeding:**

- Intentionally replacing breast milk with another kind of milk, usually formula-milk is known as replacement feeding.
- Replacement feeding poses a greater risk of death and disease if there is a lack of sanitation, clean water and lack of health care, than transmission of HIV through breastfeeding.
- In resource-poor settings, the use of infant formula may interfere significantly in the monthly expenditure of the family. Almost half of the family budget can be wasted buying infant formula, fuel, water and expenditure due to medications and medical consultations/hospital fees, as the non-breastfed baby suffers a greater number of infections.
- Feeding a baby with breast milk as well as other foods and / or liquids before the age of 6 months is known as mixed feeding. Mixed feeding before six months after birth can increase the risk of postnatal HIV transmission compared to exclusive breastfeeding, and therefore should be avoided as the worst option.
- Reversing the decision from formula-feeding to breastfeeding is difficult.

If you need any additional information on

- (i) what to feed infants when you stop breastfeeding,
- (ii) conditions needed to safely formula feed and
- (iii) heat-treated, expressed breast milk,

please discuss your feeding plans with a skilled health professional, your HIV clinician, lactation consultant or peer counselling group.

More information can be found in the following documents which are available on the internet:

- [WHO 2016. Guidelines on infant and young child feeding Fact Sheet, fs342](#)
- WHO Guidelines: Updates on HIV and Infant Feeding (2016) [http://www.who.int/maternal\\_child\\_adolescent/documents/hiv-infant-feeding-2016/en/](http://www.who.int/maternal_child_adolescent/documents/hiv-infant-feeding-2016/en/)
- [Understanding International Policy on HIV and Breastfeeding: a comprehensive resource](#)
- Duration of ART to achieve undetectable viral load: Chibwasha CJ, Giganti MJ, Putta N, Chintu N, Mulindwa J, Dorton BJ, Chi BH, Stringer JS, Stringer EM. Optimal Time on HAART for Prevention of Mother-to-Child Transmission of HIV. J Acquir Immune Defic Syndr. 2011 Oct 1; 58(2):224-8. doi: 10.1097/QAI.0b013e318229147e, <http://www.ncbi.nlm.nih.gov/pubmed/21709566>
- Townsend CL, Cortina-Borja M, Peckham CS, de Ruiter A, Lyall H, Tookey PA. Low rates of mother-to-child transmission of HIV following effective pregnancy interventions in the United Kingdom and Ireland, 2000-2006. AIDS. 2008 May 11;22(8):973-81.
- Morrison P, Greiner T, Israel-Ballard K, Informed choice in infant feeding decisions can be supported for HIV-infected women even in industrialized countries, AIDS 2011, 25:18071811 e-pub ahead of print AIDS, 1 August 2011, final version 24 September 2011, PMID: 21811145 [PubMed - as supplied by publisher] <http://www.ncbi.nlm.nih.gov/pubmed/21811145>
- Silverman MS. Interim Results of HIV Transmission Rates Using a Lopinavir/ritonavir based regimen and the New WHO Breast Feeding Guidelines for PMTCT of HIV. Abstract H1-1153, International Congress of Antimicrobial Agents and Chemotherapy (ICAAC), Chicago IL, 2011
- Ngoma M et al, Efficacy of WHO recommendation for continued breastfeeding and maternal cART for prevention of perinatal and postnatal HIV transmission in Zambia, J Int AIDS Soc 2015 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4490793/pdf/JIAS-18-19352.pdf>
- Gartland MG, Chintu NT, Li MS et al. [Field effectiveness of combination antiretroviral prophylaxis for the prevention of mother-to-child HIV transmission in rural Zambia](#). AIDS, 2013, 27(8). doi:10.1097/QAD.0b013e32835e3937.