

HIV & Infant Feeding Options

Options for women living with HIV to feed their infant

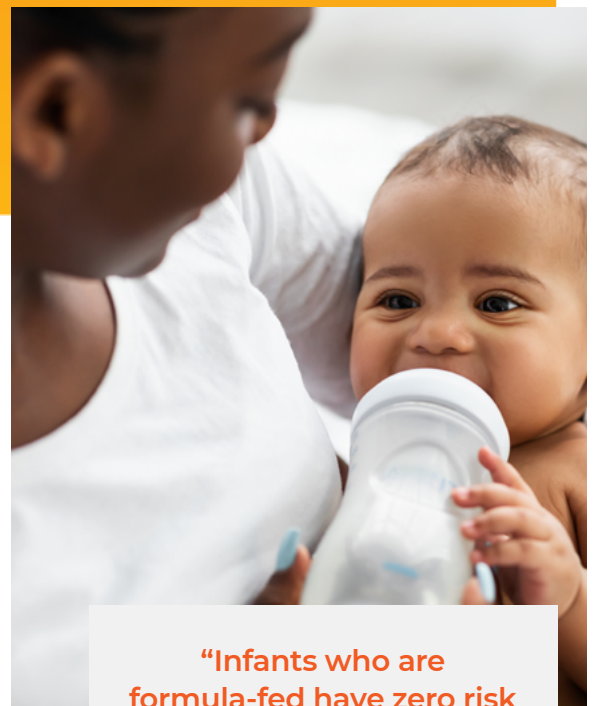
Infant feeding is the practice of feeding an infant under the age of one-year-old. There are several different options for women living with HIV to feed their infant. These include breastfeeding, formula feed, and using a milk bank.

The Facts

- Vertical transmission is the passing on of HIV from mother-to-child.
- The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) guidelines recommend women living with HIV formula feed infants exclusively.
- Resource-rich countries, like Australia, have different guidelines compared to countries with limited access to clean water. In developing countries, breastfeeding is recommended due to the lack of clean water to prepare the formula milk.
- In Australia, mothers who want to breastfeed can be supported to do so for six months after receiving information about the benefits and possible risks of breastfeeding from their healthcare providers.

Vertical transmission during breastfeeding

- HIV can be passed to the infant through breast milk when the mother has a detectable viral load.
- If the mother has an untreated breast infection resulting in cracked and bleeding nipples (mastitis), this is known to increase the risk of vertical transmission.
- If the child has an oral (mouth) infection, and this is untreated, it can also lead to vertical transmission.



“Infants who are formula-fed have zero risk of contracting HIV”

Some factors to consider

- Do you have access to clean water and formula feed?
- Do you have an undetectable HIV viral load?
- Have you discussed your feeding options with your HIV specialist and your partner?
- How can you manage your cultural values, and any cultural expectations and still ensure the best health outcome for your infant?

How do I prevent vertical transmission during breast feeding?

- Take your HIV antiretroviral medications as prescribed will help prevent vertical transmission.
- Take HIV antiretroviral medication as prescribed will suppress HIV and result in an undetectable viral load (UVL). A UVL is less than 200 copies of HIV per millilitre of blood or <200 copies/mL.
- Attend your follow-up appointments to get the best care and support for yourself and your infant.
- Get the latest HIV information, counselling, and support from your health care providers.
- Infants who are formula fed have zero risk of getting HIV.

Infant feeding options

- **Replacement feeding:** this is the process of substituting (replacing) breast milk, with formula milk which contains all the nutrients the infant needs. In Australia, replacement feeding is recommended for mothers living with HIV.
- **Exclusive breastfeeding:** this is when the child receives the milk directly from the breast or the milk has been expressed. In most developing countries, breastfeeding the baby for the first six months of life is recommended because replacement feeding is impractical due to social and economic factors like lack of clean water, poverty and stigma and discrimination.
- **Milk Bank:** is where breast milk is donated by nursing mothers (donors) who have excess milk to feed infants whose maternal supply is unavailable. NSW Health in partnership with the Red Cross Blood Service offers pasteurised donor's milk to meet the nutritional needs of these infants. (<https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/child/Pages/milk-bank.aspx>)

Will my infant be tested for HIV?

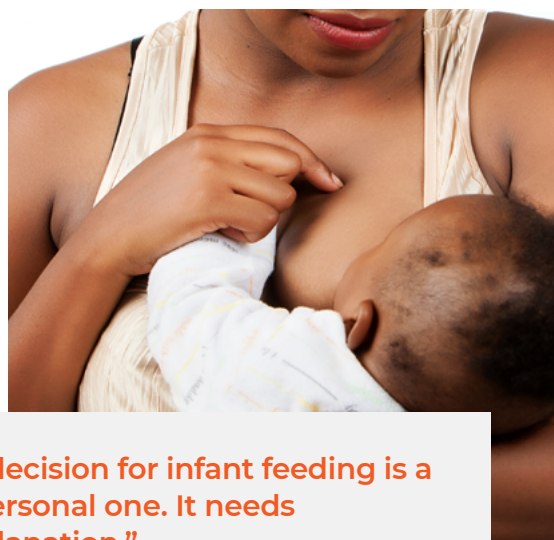
In Australia, all babies born to women living with HIV automatically receive HIV antiretroviral treatment immediately after birth until they are 4-6 months of age. The baby will be tested for HIV at 4-6 weeks of age and again at 18 months of age.

If an infant contracts HIV, they receive long-term HIV antiretroviral treatment under regular medical supervision for optimum health. With today's advanced HIV treatment in Australia, the chances of infants contracting HIV through childbirth are very low.

Why are you bottle feeding instead of breastfeeding?

Your decision for infant feeding is a very personal one. It needs no explanation. However, below are some reasons why mothers may decide to bottle feed instead of breastfeeding.

- Mastitis (painful nipples or inflammation of the breast).
- The breast milk is not 'coming down' or there is a low or insufficient milk supply such as insufficient glandular tissue (IGT), or hypoplasia, which is a condition where the mammary glands cannot produce sufficient milk to feed the baby.
- Taking antibiotics or other medication that may affect the baby.
- Postpartum depression or anxiety.
- Some women decide that their baby is better off drinking infant formula.
- The infant has a metabolic disorder, which means their digestive process does not process nutrients well or properly. An example would be where the baby cannot breakdown the simple sugars or the amino acids in the breastmilk.
- Privacy reasons, especially in public.
- Sometimes work pressures can interfere with breastfeeding.
- Women who have undergone breast reduction surgery are more likely to have low milk production.
- Other family or job pressures.



“Your decision for infant feeding is a very personal one. It needs no explanation.”

For more information phone 02 8357 8386 or 1800 245 677 (freecall) or visit www.positivelife.org.au

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The voice of all people living with HIV

Positive Life NSW