

HIV and feeding your baby

Information on infant feeding

BSUH Sunflower Clinic

Information for parents

The safest way for a mother living with HIV in the UK to feed her baby is to bottle feed using formula milk.

If you are on treatment with an undetectable viral load and choose to breastfeed your baby we can help you make it as safe as possible for your baby, but it will not be as safe as using formula.

This leaflet has been developed to help you to make an informed choice about how you feed your baby and includes:

- Information about responsive formula feeding
- Information about breastfeeding in as safe a way as possible.

Formula feeding

In the UK it is recommended that mother's living with HIV give their baby formula milk as there is no risk that HIV can be passed on through feeding in this way. (BHIVA, 2018).

The Lawson Unit and Sussex Beacon work together to provide free formula milk for the first year of your baby's life.

If you choose to formula feed your baby you will be offered a medication called Cabergoline to suppress your milk supply to avoid your breasts becoming uncomfortable in the first few days after birth.

Lots of skin to skin contact with your baby is still really important even if you are not breastfeeding and has many benefits including that it:

- Calms and relaxes both mother and baby
- Regulates the baby's heart rate and breathing, helping them to better adapt to life outside the womb
- Stimulates digestion and an interest in feeding
- Regulates temperature
- Enables colonisation of the baby's skin with the mother's friendly bacteria, thus providing protection against infection
- Stimulates the release of hormones to support bonding (UNICEF Baby Friendly Initiative).

More information about bottle feeding including sterilizing, making up a feed and introducing solid food can be found on the Unicef website.

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/>

Breastfeeding

There is significant evidence for the long term benefits of breastfeeding for both baby and mother (Unicef, Baby friendly initiative).

There is a small risk of transmission of HIV from mother to baby during breastfeeding.

A recent trial found that for breastfeeding women with HIV who were taking their medication and had an undetectable viral load the risk of transmission of HIV to their baby was 0.3% over 6 months or 0.6% over 12 months (PROMISE, 2018)

If you choose to breastfeed your baby we advise that you do this for a maximum of 6 months and we will advise you to do this in the safest possible way.

Both you and your baby will need to be seen in clinic monthly for viral load testing and support during breastfeeding and for two months after breastfeeding has ended.

These four golden rules will help to protect your baby from HIV while breastfeeding.

1 Taking your meds = Giving your love

The HIV medicines you take protect your baby as well as you. You need to be 'undetectable', with no HIV detectable in your blood, to breastfeed your baby. The only way to do this is to take your HIV medications at the right time every day.

You are already caring for your baby keeping them warm, comforted, clean and safe. Taking your HIV medication as perfectly as possible is just another part of the love that you are already giving to your child.

2 Short and sweet

Breastfeeding for up to six months, rather than 12 months halves the risk of passing HIV on to your baby.

Therefore, if you choose to breastfeed it is recommended that you stop when your baby starts to wean on to solid foods at 6 months old.

Babies' tummies are more irritated during weaning which increases the risk of your baby becoming infected with HIV. Using formula milk only while weaning means your baby will get the vitamins and calories they need to grow, while being completely protected from any risk of HIV infection.

Your Health Visitor can offer lots of advice about weaning and how to encourage your baby to take a bottle.

The Lawson Unit and the Sussex Beacon work together to provide free formula milk from the time you stop breastfeeding until your baby is one.

3 Breast milk only

If you choose to breastfeed while your baby is less than 6 months old you should give breast milk only.

This is known as exclusive breastfeeding and means your baby is receiving no other food or drink.

You can still give your baby vitamins or prescribed medicines.

Your baby can also have bottles of your own expressed breast milk. We recommend starting to do this early on, so your baby gets used to a bottle as well as the breast.

Mixed feeding (giving breast milk and formula milk) may irritate the baby's tummy and increase the risk of HIV infection and should therefore be absolutely avoided.

Donor Milk

If you decide not to breast feed there is an option to use human donor milk provided through a certified milk bank for the first few weeks of your baby's life. Donor milk is rigorously tested for infections and heat treated to pasteurise. If you would like to explore this option, please speak to your team at the Lawson Unit for more information.

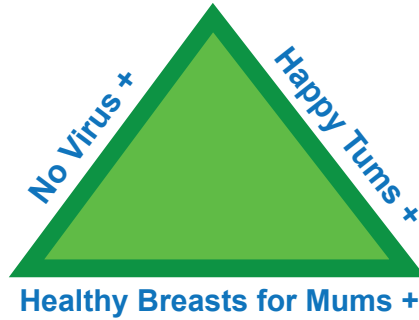
4 Be prepared

Breastfeeding can be challenging to establish in the first days after your baby is born and doesn't always go to plan. Living with HIV and breastfeeding means specialist planning is required to support you to feed in as safe a way as possible. Advice for a breastfeeding mother who does not have HIV may not be correct for you and your baby.

If you choose to breastfeed the Lawson unit will work together with the Specialist feeding midwives to make a detailed plan of how best to support your feeding journey in the first days and weeks.

We encourage you to tell your community midwife about your HIV to help make sure they are giving you the right advice for you and your baby. If you are uncertain about something ask your specialist midwife, your specialist children's nurses, or your HIV doctor.

Protecting your baby by using 'The Safer Triangle'



No Virus + Happy Tums + Healthy Breasts for Mums

Only breastfeed if:

- your HIV is undetectable AND
- both you and your baby are free from tummy problems AND
- your breasts and nipples are healthy with no signs of infection.

No virus

If the HIV virus in your blood is detectable, there will be HIV in your breast milk, and HIV will enter your baby's body on feeding. You should only breastfeed if your HIV is undetectable.

If HIV virus becomes detectable in your blood:

- Stop breastfeeding and contact your HIV clinic.
- Do not use breast milk you have expressed and stored.
- Consider using donor breast milk provided through a certified milk bank.
- Feed your baby using formula milk only (if donor milk unavailable).
- If your baby has formula milk while your viral load has become detectable, continue feeding your baby formula milk only.

Happy tums

Diarrhoea and vomiting show that a tummy is irritated. If your baby's tummy is irritated it may be more likely that HIV will cross into the blood stream and infect your baby. If your tummy is irritated you may not absorb your HIV medication properly. Only breastfeed if both of you have a 'happy tummy'.

If your baby has diarrhoea or vomiting:

- Consider using donor breast milk provided through a certified milk bank.
- Feed your baby with formula milk only (if donor milk unavailable).

Keep feeding your baby using formula milk even after their tummy is healed.

If you have diarrhoea or vomiting

- Stop breastfeeding and contact your HIV clinic
- Feed your baby with expressed breast milk (that you expressed more than 2 days (48hrs) before your tummy or breast problem began), donor breast milk or formula milk.
- If your baby has formula milk while you are ill, continue feeding your baby formula milk only.
- If your baby has not had formula milk you may return to breast feeding two days (48hrs) after your tummy problems have stopped. You must contact your HIV clinic before breastfeeding again.

Healthy breasts for mums

It is really important that your breasts stay healthy.

Your midwife will support you to learn how to latch your baby at the breast and show you different feeding positions. This will reduce the chance of injuries to your nipple and ensure that your baby is draining the breast when feeding. An injured nipple or inflamed breast (known as mastitis) can increase the amount of HIV in your milk.

If you think your breasts have an injury or infection:

- Stop breastfeeding and **contact your HIV clinic and midwife.**
- Feed your baby with expressed breast milk (that you expressed more than 2 days (48hrs) before your breast problem began), donor breast milk or formula milk.
- If your baby has formula milk during this time, continue feeding your baby formula milk only.
- If your baby has not received formula milk you may return to breastfeeding two days (48hrs) after your breast problem is healed.

Expressing milk

'Expressing' milk means gently squeezing or pumping your milk from your breast into a sterile container to use either right away or save for later. One of the most useful ways to prepare for any breastfeeding difficulties is to express and freeze your breast milk while your breasts and tummy are healthy and free from problems and your viral load is undetectable. You can express your milk by hand into a sterile container. You can also use a breast pump. You can discuss funding to buy or rent a breast pump with the team at the Lawson Unit.

Your milk can be safely stored in a sterilised container or individual pre-sterilised plastic breast milk bags. Write the date and the amount of milk on the container before you store it.

You can keep your expressed milk:

- In the fridge for up to five days at 4 degrees centigrade or lower. Store milk in the main part of the fridge rather than the door to maintain the right temperature.
- For two weeks in the ice compartment of a fridge.
- For up to six months frozen in a freezer.

Ask your community midwife for more advice on expressing and storing milk.

British HIV Association guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update)
<https://www.bhiva.org/pregnancy-guidelines>

**For further information about this leaflet please contact
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Disclaimer

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