

HIV *and* breastfeeding your baby

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. Until we know more about the safety of breastfeeding on antiretroviral therapy, our careful guidance will give your baby his or her best chance of remaining HIV free while being breastfed. Always protect your baby using 'The Safer Triangle' below:

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 your baby if your HIV is undetectable.



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'.

Healthy breasts for mums

There may be HIV in your breast milk if your nipples are cracked or bleeding, or if you have thrush, develop an infection or have mastitis. Only breastfeed if your breasts are healthy.

The Safer Triangle means:

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.

If HIV virus becomes detectable in your blood: Stop breastfeeding and start using formula milk. Do not use breast milk you have expressed and stored. Feed your baby using formula only until you have spoken with your HIV clinic.

If your baby has diarrhoea or vomiting: Feed your baby with formula milk only. Keep feeding your baby using formula milk even after their tummy is healed.

If you have diarrhoea or vomiting, or your breasts have an injury or infection: Stop breastfeeding and feed your baby with formula milk OR use breast milk that you expressed more than 2 days (48 hours) before your tummy or breast problem began. If your baby has formula milk while you are ill, continue feeding your baby formula milk only. If your baby did not receive formula milk you may return to breastfeeding 2 days (48 hours) after your breast problem is healed. If you had tummy problems you must contact your HIV clinic before breastfeeding.

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.

Every day you are already caring for your baby keeping them clean, warm and comforted. 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

The fewer breastfeeds your baby ever has, the lower the chance your baby will have of becoming HIV positive. Even if you are taking your HIV medication, your baby has double the chance of becoming infected with HIV if you breastfeed for 12 months rather than stopping before your baby is 6 months old.

(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. Giving breast milk and other foods may irritate the young baby's tummy and increase the risk of HIV infection. If you are 'exclusively breastfeeding', it 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 new baby gets used to a bottle as well as the breast. If your baby does not like the bottle at first, try having someone else apart from you give them the bottle – what your baby will not accept from mum, he or she may take from someone else.

(4) Be prepared

Breastfeeding doesn't always go to plan. A mother living with HIV faces the same challenges during breastfeeding as any mother. Living with HIV means these situations need to be managed with extra planning. Advice for a breastfeeding mother who does not have HIV may not be correct for you and your baby. 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.

Get comfortable

Good feeding positions are better for you and your baby. They will reduce the chance of injuries to your nipple. An injured nipple or inflamed breast (known as mastitis) can increase the amount of HIV in your milk. Ask your specialist midwife and community midwife for help with breastfeeding positions.

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 cup that has been boiled in water for 10 minutes and then allowed to cool. You can also use a breast pump. You can rent one from the hospital or buy one from places such as Boots or Argos. Pumps can be by hand or electric and cost from £10 to more than £200.

Your milk can be safely stored in a sterilised container or individual pre-sterilised plastic breast milk bags (about £7.50 for 30). 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 5 days at 4 degrees centigrade or lower. Using a fridge thermometer (about £5 from places such as Tesco or Currys) is the best way to make sure your milk is kept at the right temperature
- For 2 weeks in the ice compartment of a fridge
- For up to 6 months frozen in a freezer

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

Formula feeds for back-up

If a side of the Safer Triangle breaks (No Virus + Happy Tums + Healthy Breasts for Mums) you may need to stop breastfeeding and give your baby formula milk. Even if you are breastfeeding, keep a small supply of formula milk at home for your baby in case of an emergency.

You will need

The right stage formula milk for your baby (stage 1 for 0–6 months, stage 2 follow on milk for 6–12 months)

- Two bottles or more
- Two teats or more
- A method to sterilize the bottles and teats

Introducing your baby to food

When babies are 6 months old, they are ready to start weaning and can gradually have simple foods along with their breast milk or formula. If you are breastfeeding while living with HIV, do not introduce your baby to any other food, purees or cereal, before they are 6 months old. If your baby begins weaning early (before they are 6 months old), you must stop breastfeeding and switch to formula milk.

When your baby is 6 months or older, you can stop breastfeeding and move your baby onto formula and then food, or continue breastfeeding while introducing your baby to food. Good first foods are cooled mashed vegetables like potatoes or carrots, soft fruits or baby cereals mixed with formula milk. You should follow the same weaning advice from your health visitor and the NHS as all mothers and babies in the UK.

If you continue to breastfeed after your baby has started food, your HIV viral load must always be undetectable. If your viral load becomes detectable you need to stop breastfeeding. Babies' tummies may be more irritated during weaning. If your baby develops diarrhoea or vomiting you must stop breastfeeding.

Using only formula milk while weaning means your baby will get the vitamins and calories he or she needs to grow without any risk of HIV infection. Until we learn more from breastfeeding mothers living with HIV, using formula milk and no breast milk is still the safest way to feed your weaning baby in the UK.

How to stop breastfeeding

Abrupt weaning from breastfeeding to formula and/or solids can be avoided, as long as your HIV viral load remains fully suppressed. However, if your viral load becomes detectable you will have to stop breastfeeding and only use formula milk to protect your baby from HIV. This can make your breasts feel full of milk and uncomfortable. It may also increase your risk of a breast infection. Two things can help:

1. Hand expressing just enough milk to keep your breasts comfortable. Each day make the amount you express less and less, and the length of time between when you are expressing longer and longer. Do one less session every 2–3 days depending on how your breasts feel. If normally you breastfeed your baby six times a day reduce this to five times a day, wait 1 or 2 days and reduce this to four times a day. Keep going until you have stopped breastfeeding. This will help your breasts to gradually stop making so much milk.
2. Cabergoline is a tablet that stops your body making breast milk. You may need to take one tablet once, or a smaller dose four times over 2 days. This can make ending breastfeeding more comfortable for you. Contact your HIV clinic or your GP to prescribe cabergoline for you. You can keep this medicine at home for when you want to stop breastfeeding.

Help with breastfeeding problems for women living with HIV

This section lists some of the problems that may come up while you are breastfeeding. It gives advice on how to manage them. This advice may be different from that for women who do not have HIV.

If you have a problem breastfeeding, and this leaflet does not help and you cannot reach a healthcare professional who understands HIV and breastfeeding, use The Safer Triangle and ask your community midwife or GP for advice.

Once you begin feeding your baby formula milk do not return to breastfeeding.

Mastitis

When milk stays in the breast for longer than usual, or the whole breast is not being fully emptied of milk, you can get a blocked milk duct. This can become inflamed and/or infected. This is called mastitis. Mastitis is very common. One in ten, and up to one in three, breastfeeding women develops mastitis. Speak to your community midwife about how to prevent and treat a blocked duct so it does not become mastitis.

Symptoms of mastitis

- A red, swollen area on your breast that may feel hot and painful to touch
- A breast lump or area of hardness on your breast
- A burning pain in your breast that may be continuous or may only occur when you are breastfeeding
- Nipple discharge, which may be white or contain streaks of blood
- You may also feel achy, have a high temperature, chills and be very tired.
- Mastitis can develop quickly. See your GP or go to A & E if you have symptoms of mastitis to avoid a breast abscess forming.

How to manage mastitis

Mastitis causes the amount of virus in breast milk to increase.

If you develop mastitis, do not breastfeed your baby.

The safest thing you can do if you develop mastitis is to stop breastfeeding and change to formula milk.

Express and throw away milk regularly from both breasts.

- Throw away any milk expressed from the 2 days before the breast became sore.
- Your doctor may give you antibiotics. Some will enter your breast milk. If you continue to breastfeed your baby against advice, the antibiotics may cause your baby to have diarrhoea. This is a sign that your baby's tummy is irritated and can increase the risk that HIV will enter your baby's body.
- Rest and drink lots of fluids.
- You can use paracetamol or ibuprofen. Do not use aspirin if breastfeeding.
- Avoid tight clothes or bras.
- Warm baths and directing a hot shower onto the affected breast can help.

Feeding your baby after the mastitis is healed

- If you start formula feeding, do not return to breastfeeding. Continue to only feed your baby formula milk even after the mastitis has healed.
- If you had enough stored breast milk to feed your baby with while you were unwell, and did not feed your baby formula, you may return to breastfeeding two days (48 hours) after your mastitis is completely healed.
- If your baby has runny poos or other signs of tummy irritation do not feed your baby with any breast milk – neither stored expressed milk, nor straight from your breast. Continue to feed your baby with formula milk after their tummy irritation has improved.

Cracked or bleeding nipples

Sore and injured nipples are usually because the baby is not latching onto the nipple well. Ask your community midwife or health visitor for help with this.

Irritated and broken skin can allow your blood to get into your breast milk. This could increase the chance your baby maybe infected with HIV.

- Do not feed your baby from the sore breast while the nipple is cracked.
- Hand express or pump milk from the sore breast and throw this milk away.
- Do not feed you baby from the sore breast until the breast is healed and has been blood and pain free for at least 2 days (48 hours).
- Breastfeed your baby from the other breast.
- If both breasts are cracked and sore – even if there is no blood – then do not breastfeed your baby.
- Use your supply of stored expressed milk instead.
- If you do not have enough stored expressed milk, feed your baby using baby formula.

Feeding your baby after cracked nipples have healed

If you start formula feeding, do not return to breastfeeding. Continue to only feed your baby formula milk.

If you had enough stored expressed breast milk to feed your baby with while your nipples were cracked or irritated, and did not feed your baby formula, you may return to breastfeeding 2 days (48 hours) after your nipples are completely healed.

Thrush: Candida yeast infection

Thrush is a yeast infection in your nipple. It can be passed from mother to baby and baby to mother. Sore and cracked nipples are more likely to develop thrush and nipples with thrush are more likely to stay sore and cracked. You are more likely to develop nipple thrush if you, or your baby, have been on antibiotics. If you, or your baby, have signs of thrush you are likely to pass it back and forth to each other until both of you are successfully treated.

Symptoms of nipple thrush in the mother

- Breastfeeding is painful in both breasts, when previously it felt ok.
- It is less likely to be nipple thrush if the pain is only on one side, you have a fever, or there is a warm red patch on one of your breasts.

Managing nipple thrush

- Treat thrush with anti-fungal medicine for you and your baby and painkillers such as paracetamol or ibuprofen (not aspirin). Your GP can prescribe this for you.
- If your nipple is cracked or bleeding do not breastfeed from the sore breast.
- You can continue to breastfeed from the healthy breast, although it is likely that both nipples will have thrush.
- Use your supply of frozen milk instead.
- If you do not have enough frozen milk, feed your baby using baby formula.
- Express and discard milk from the sore breast until 48 hours after it is recovered.

Feeding your baby after the nipple thrush has healed

- If you start formula feeding, do not return to breastfeeding. Continue to only feed your baby formula milk
- If you had enough stored expressed breast milk to feed your baby with while your nipples were cracked or irritated, and did not feed your baby formula, you may return to breastfeeding 2 days (48 hours) after your nipples are completely healed.

Diarrhoea and vomiting in the mother

You may not absorb your HIV medicine well if you have diarrhoea or are vomiting. This may cause a temporary increase in the amount of HIV in your breast milk.

- Do not breastfeed your baby if you have diarrhoea or are vomiting because you may not have absorbed enough of your antiretroviral medicine.
- Use your supply of stored expressed breast milk instead.
- Express your milk and throw it away until at least 2 days (48 hours) after you last had diarrhoea or vomited.
- Tell your clinic team, as they may want to check that the virus in your blood is still undetectable.
- Your HIV clinic team may ask you not to breastfeed your baby and throw away any expressed breast milk, until they have been able to check the amount of virus in your blood.
- If you do not have enough stored expressed breast milk then feed your baby with formula milk.
- If you start formula feeding, do not return to breastfeeding. Continue to only feed your baby formula milk.
- If you had enough stored expressed breast milk to feed your baby with while you were unwell and did not feed your baby formula, you may be able return to breastfeeding after you have spoken with your HIV clinic team.

Diarrhoea and vomiting in the baby

If your baby is having diarrhoea or vomiting, it is safer to feed your baby formula milk and not breast milk. Diarrhoea and vomiting are signs that your baby's tummy and intestines are irritated. This will make it more likely that any HIV in your breastmilk can enter into your baby's blood and cause infection.

- Start formula feeding and do not return to breastfeeding. Continue to only feed your baby formula milk.

If your baby is not putting on weight

You may be told to give your baby additional feeds of formula milk.

- Start formula feeding and do not return to breastfeeding. Continue to only feed your baby formula milk.

If HIV becomes detectable in the mother's blood (detectable viral load)

If your HIV viral load becomes detectable in your blood stop breastfeeding and start formula milk feeding.

You may be eligible for free formula milk if the amount of HIV in your blood increases while you are breastfeeding.

And finally...

We are learning more all the time about how to keep mothers and babies with HIV healthy. You may have a question for which we do not yet have a definite answer. If this happens we will use our experience to guide you. We will tell you when we know new scientific evidence. If you have a question and cannot reach us, use the Safer Triangle.

Contact details

Clinic contact details

Mentor Mother at **Positively UK** <http://positivelyuk.org/pregnancy/>

Helen Rogers

Telephone number: 020 7713 0444 Email address: hrogers@positivelyuk.org

For other organisations that can give basic breastfeeding advice please see NHS choices 'Breastfeeding Help and Support' for a list of websites and helplines.

Helplines

National Breastfeeding Helpline – **0300 100 0212**

Association of Breastfeeding Mothers – **0300 330 5453**

La Leche League – **0345 120 2918**

National Childbirth Trust (NCT) – **0300 330 0700**

Acknowledgement

Adapted from the Imperial College Healthcare NHS Trust, Family Clinic Leaflet, produced by Nell Freeman-Romilly, Angelina Namiba, Moira Marks, Paula Seery and Hermione Lyall (family.clinic@nhs.net).