

Choosing to breastfeed your baby safely when you are HIV positive

Maternity Department

Information for Patients

Produced: December 2021

Review: December 2024

Leaflet number: 1264 Version: 1

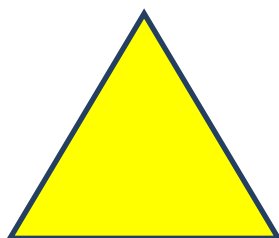
Introduction

The safest way for a parent living with HIV to feed their baby is to bottle feed using formula milk. If you are on treatment with an undetectable (level too low to be picked up on testing) viral load and choose to breastfeed your baby we can help you make it as safe as possible, but it will not be as safe as using formula; the research we have on HIV and breastfeeding comes from outside of the UK. You will need to protect your baby using 'The Safer Triangle' below:

No virus

If the HIV virus in your blood is found (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.



Happy tums

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

Healthy breasts

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

The Safer Triangle means - No virus + Happy tums + Healthy breasts

If one side of the safer triangle breaks, stop breastfeeding

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

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 team.

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. Do not go back to breastfeeding.

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 breastmilk that you expressed more than 2 days (48hrs) before your tummy or breast problem began. If your baby has formula milk while you are ill, continue feeding your baby formula milk only, do not go back to breast feeding. If your baby did not have formula milk you may return to breastfeeding 2 days (48hrs) after your breast problem has healed. If you had tummy problems you must contact your HIV Clinic team before breastfeeding.

These 4 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 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 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.

By 6 months babies are ready to start first (weaning) foods. Good first foods are cooled mashed vegetables like potatoes or carrots, soft fruits or baby cereals mixed with formula milk. Babies' tummies are more irritated during weaning. Using formula milk only while weaning means your baby will get the vitamins and calories he or she needs to grow, while being completely protected from any risk of HIV infection.

If your baby doesn't like the bottle at first, try having someone else apart from you give them the bottle – what your baby won't accept from you, he or she may take from someone else!

3. Breast milk only

If you choose to breastfeed you should give breast milk **only**; this is known as exclusive breastfeeding. Giving breast milk and other foods may upset the baby's tummy and increase the

risk of HIV infection. If you are 'only 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 baby gets used to a bottle as well as the breast.

4. Be prepared

Breastfeeding doesn't always go to plan. A person living with HIV faces the same challenges during breastfeeding as any other person who is breastfeeding. Living with HIV means these situations need to be managed with extra planning. Advice for a breastfeeding person 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 not sure about something ask your Specialist Midwife, your Specialist Children's Nurse or your HIV Doctor.

5. 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 sterilised. You can also use a breast pump. You can rent one from the manufacturers or buy one from supermarkets or electrical stores; 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. Write the date and the amount of milk on the container before you store it.

Storing expressed milk

You can keep your expressed milk:

- 6 hours at room temperature
- In the fridge for up to 5 days at 4°C or lower. Using a fridge thermometer (you can get them from supermarkets or electrical stores) 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 sterilising expressing and storing breast milk.

Breastfeeding

If you know you may breastfeed, finding out about how to get off to a good start while you are pregnant may be helpful. If you can come to a breastfeeding session to learn about skin to skin and how to hold your baby in a way that will help them to take the breast into their mouth, you will be more prepared.

Whichever way you chose to feed your baby, keeping your baby close and responding to their needs for food, comfort and attention, by picking them up and caring for them will help their development and your relationship with your baby. You cannot spoil a baby with cuddles and comfort.

Formula feeds for back-up

If a side of the Safer Triangle breaks (No Virus + Happy Tums + Healthy Breasts) 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 or first milk for 0 to 12months.
- 2 bottles or more
- 2 teats or more
- A way to sterilize the bottles and teats.
- A bottle brush

How to stop breastfeeding

You may stop breastfeeding quickly 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.

2 things can help:

If you have to stop breastfeeding immediately;

Hand express 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 to 3 days depending on how your breasts feel. This will help your breasts to gradually stop making so much milk.

Cabergoline is a tablet that stops your body making breast milk. You may need to take 1 tablet once or a smaller dose 4 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 people living with HIV

This section lists some of the problems that may come up whilst you are breastfeeding. It gives advice on how to manage them. This advice may be different than that given to people 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

This is caused by a build-up of milk in the breast and is less likely if you breastfeed frequently and ensure the baby is well attached and suckling well. Mastitis can become infected and may need treatment with antibiotics

Causes

- Baby not able to take enough milk from the breast when they are feeding
- Missing breastfeeds
- Feeding from just 1 breast
- Tight clothes, bra not fitting
- Knock or blow to your breasts

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 the Emergency Department if you have symptoms of mastitis to stop 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 breastmilk. 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 upset 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
- Express to keep breasts comfortable. Do not suddenly stop emptying your breasts as this may make the mastitis worse

Feeding your baby after the mastitis is healed

- If you start formula feeding, do not return to breastfeeding. Carry on feeding 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 2 days (48hrs) after your mastitis is completely healed.
- If your baby has runny poos or other signs of tummy upset 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 upset has improved.

Cracked or bleeding nipples

Sore and injured nipples are usually because the baby is not latching onto the nipple well. Please 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 your baby from the sore breast until the breast is healed and has been blood and pain free for at least 2 days (48hrs)

- Breastfeed your baby from the other breast
- If the nipples of 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. 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 breast feeding 2 days (48hrs) after your nipples are completely healed.

Thrush – Candida yeast infection

Thrush is a yeast infection in your nipple. It can be passed from you to your baby and from your baby to you. 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 it felt ok before.
- 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

Symptoms of thrush in the baby

- Baby's cheeks and tongue coated in white patches that do not wipe off easily
- Under the white patches may be red tissue that bleeds easily
- Corners of the mouth may crack
- More common with dummy use

Treatment of mouth (oral) thrush in baby

- Both nipples and baby's mouth should be swabbed and checked for fungal and bacterial infection
- GP will prescribe a medicine to spread on the inside of the mouth and tongue
- May take 2 weeks to disappear

Feeding baby with oral thrush

- If mouth is bleeding or cracked do not breastfeed
- Feed baby formula milk
- If you start formula feeding do not return to breastfeeding

What you can do to help get rid of thrush

- Change breast pads frequently
- Wash and sterilise dummies, nipple shields or bottle teats
- Wash and sterilise breast pump parts
- Wash and change bra's, night gown in hot water frequently
- Wash hands after every nappy change and before feeding baby
- Use a separate towel from other family member

Treating 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 you baby using baby formula
- Express and discard milk from the sore breast until 48hrs after it is recovered
- It takes about 1 to 2 weeks for thrush to disappear with treatment, although symptoms should improve in 2 or 3 days

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 (48hrs) after your nipples are completely healed.

Diarrhoea and being sick (vomiting) in the breastfeeding parent

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 being sick because you may not have absorbed enough of your anti-retroviral medicine
- Use your supply of stored expressed breast milk instead
- Express your milk and throw it away until at least 2 days (48hrs) after you last had diarrhoea or were sick
- Tell your Clinical Team as they may want to check that the virus in your blood is still undetectable
- Your HIV Clinical 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 to return to breastfeeding after you have spoken with your HIV Clinical Team.

Diarrhoea and being sick (vomiting) in the baby

If your baby is having diarrhoea or being sick, it is safer to feed your baby formula milk and not breast milk. Diarrhoea and vomiting are signs that your baby's tummy and gut are upset. This will make it more likely that any HIV in your breast milk 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's weight gain is a concern

If your baby's weight gain is a concern and other things such as expressing to increase supply have not improved things, you may be advised to give formula. If you decide to start formula, do not return to breastfeeding.

If HIV becomes detectable in the breastfeeding parents blood (detectable viral load)

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

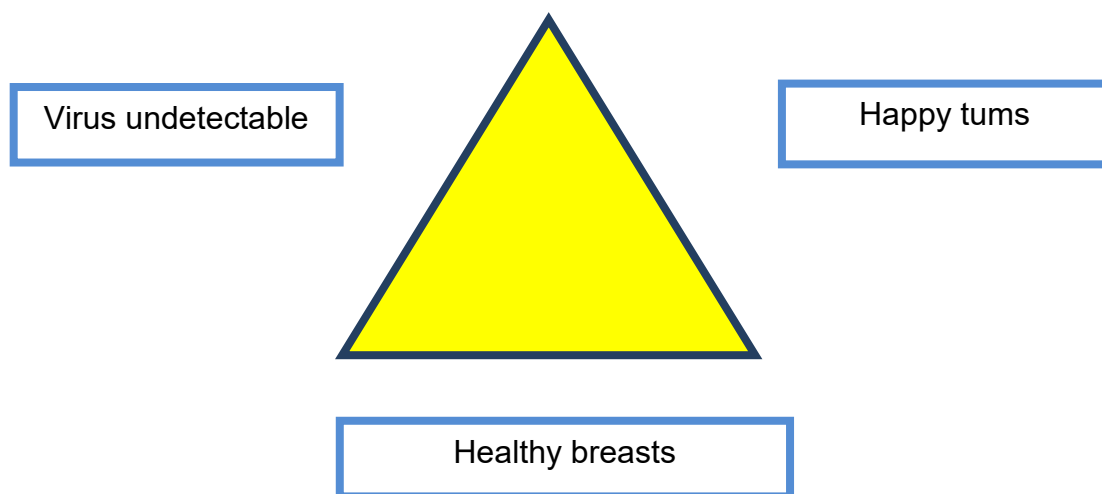
You may be eligible for free formula milk if the amount of HIV in your blood increases while you are breastfeeding.

And finally...

We are learning more all the time about how to keep people with HIV and babies 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 inform you when we know new scientific evidence.

If you have a question and cannot reach us, use the Safer Triangle if possible.

If one side of the Safer Triangle breaks, stop breastfeeding



Contact details

Leicester Royal Infirmary, Jarvis Clinic

Dr S Bandi – Consultant Paediatrician	Tel: 0116 258 6923 Srini.band@uhl-tr.nhs.uk
Liz Percival – Children's Clinical Nurse Specialist	Tel: 0116 258 6916 Elizabeth.brown@uhl-tr.nhs.uk
Maxine Jethwa & Louise Boon – Specialist Midwives Blood Born Infections	Tel: 0116 258 5990 Maxine.l.jethwa@uhl-tr.nhs.uk Louise.boon@uhl-tr.nhs.uk
Ann Raja – Specialist Midwife Infant Feeding	Tel: 07765 787279 Ann.raja@uhl-tr.nhs.uk
Community Midwife, GP & Health Visitor	Please see your hand held maternity notes and local GP practice/ Health Centre

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

Reference; British HIV Association <https://www.bhiva.org>

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk