

Breastfeeding in Patients With Human Immunodeficiency Virus

This Clinical Practice Update was developed by the ACOG Committee on Clinical Consensus—Obstetrics and the Breastfeeding Expert Work Group in collaboration with Christopher Zahn, MD, Susan Crowe, MD, FACOG, Sharon B. Mass, MD, FACOG, and Andrea L. Braden, MD, FACOG, IBCLC.

This Clinical Practice Update provides revised guidance regarding the opportunity for infant feeding in patients with human immunodeficiency virus (HIV) based on revised recommendations from the U.S. Department of Health and Human Services and the American Academy of Pediatrics. This document updates the content in Committee Opinion No. 756, *Optimizing Support for Breastfeeding as Part of Obstetric Practice* (Obstet Gynecol 2018;132:e187–96).

BACKGROUND

Recently, recommendations from both the U.S. Department of Health and Human Services, Office of AIDS Research Advisory Council, and the American Academy of Pediatrics Committee on Pediatric and Adolescent HIV, Section on Breastfeeding, advise that patients with human immunodeficiency virus (HIV) should receive evidence-based, patient-centered counseling to support shared decision making about infant feeding, rather than HIV being an outright contraindication to breastfeeding (1, 2).

It is acknowledged that avoidance of breastfeeding is the only infant feeding option with 0% risk of HIV transmission; however, the risk of viral transmission from breastfeeding in a patient with HIV who is receiving antiretroviral therapy (ART) and virally suppressed is less than 1% (1). Based on a patient's desire to breastfeed, it is recommended that patients with HIV should be counseled regarding the transmission risk and infant feeding options. Health care professionals should provide a family-centered, nonjudgmental approach to support patients with HIV desiring to breastfeed who are using ART and have sustained viral suppression below 50 copies/mL (1). There are some situations in which a person with a viral load greater than 50 copies/mL and below 200 copies/mL may choose to breastfeed; in this setting, consultation with a pediatric HIV expert is imperative to advise regarding infant prophylaxis (1).

Patients who are not using ART during pregnancy and postpartum or have not achieved adequate viral load suppression or both should be counseled that replace-

ment feeding with formula or banked pasteurized donor human milk is recommended to eliminate the risk of HIV transmission (1). Additionally, in breastfeeding patients in whom a detectable viral load is identified, it is recommended that breastfeeding be temporarily stopped or discontinued and replacement feeding initiated while the viral load is rechecked. Whether or not to resume breastfeeding in this situation involves counseling and shared decision making and may depend on alterations to ART and persistence of viral load (1).

UPDATED CLINICAL RECOMMENDATIONS

- **Patients with HIV should receive evidence-based, patient-centered counseling to support shared decision making about infant feeding.**
- **Counseling should include the following points:**
 - **Replacement feeding with appropriate formula or pasteurized donor human milk from a milk bank eliminates risk of viral transmission.**
 - **Achieving and maintaining viral suppression with ART during pregnancy and postpartum reduces the risk of viral transmission with breastfeeding and chestfeeding to less than 1%.**
- **Patients with HIV who are using ART and have a sustained undetectable viral load**

and who choose to breastfeed should be supported in this decision.

- **Replacement feeding with formula or banked pasteurized donor human milk is recommended to eliminate the risk of viral transmission through breastfeeding and chestfeeding for patients with HIV who either:**
 - **Are not on ART, or**
 - **Do not have a sustained suppressed viral load during pregnancy (at minimum through the third trimester), delivery, and postpartum.**

RATIONALE

Existing clinical guidance from the American College of Obstetricians & Gynecologists (ACOG) regarding breastfeeding lists several contraindications to breastfeeding, including contraindications to breastfeed for patients with HIV infection (3, 4). The rationale for this contraindication was prior evidence regarding the risk of transmission of infection in breast milk to the neonate or infant, even in patients treated with antiretroviral medications, because ART was considered insufficient to completely eliminate the risk of transmission through breastfeeding (4). However, as described above, more recent evidence has demonstrated the risk of viral transmission with breastfeeding and chestfeeding to be lower in the setting of maintained viral suppression with the use of ART, warranting an update to the guidance.

IMPLEMENTATION CONSIDERATIONS

It is important to note that, after counseling regarding breastfeeding and chestfeeding in eligible patients, individuals with HIV who choose to formula feed should be supported in their decision. Additionally, engaging Child Protective Services is not an appropriate response to the infant feeding choices of a patient with HIV (2, 5).

Additional Resources

- National Perinatal HIV/AIDS Hotline—1-888-448-8765.
- ACOG Committee Opinion 756: *Optimizing Support for Breastfeeding as Part of Obstetric Practice* (<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice>).
- ACOG Committee Opinion 751: *Labor and Delivery Management of Women With Human Immunodeficiency Virus Infection* (<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/09/labor-and-delivery-management-of-women-with-human-immunodeficiency-virus-infection>).

- ACOG Committee Opinion 752: *Prenatal and Perinatal Human Immunodeficiency Virus Testing* (<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/09/prenatal-and-perinatal-human-immunodeficiency-virus-testing>).
- Centers for Disease Control and Prevention: HIV and Breastfeeding (<https://www.cdc.gov/breastfeeding-special-circumstances/hcp/illnesses-conditions/hiv.html>).
- ACOG Patient Education: HIV and Pregnancy (<https://www.acog.org/womens-health/faqs/hiv-and-pregnancy>).

USE OF LANGUAGE

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American College of Obstetricians & Gynecologists
409 12th Street SW, Washington, DC 20024-2188

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