

Positive Women & Breastfeeding

Breastmilk is one of the body fluids that carries the HIV virus. Babies can be exposed to HIV infection through breast feeding, therefore in Canada breastfeeding is NOT recommended for HIV positive mothers.

Canadian guidelines state that all women living with HIV who are pregnant should be counselled that **formula feeding** is recommended in our context.

Transmission

Breast milk can transmit HIV. The Public Health Agency of Canada puts the probability of HIV transmission through breastfeeding in the range of 9% to 16%. Other factors that affect risk of transmission include maternal viral load, whether mother and baby are taking ARVs, maternal breast health (cuts or broken skin around nipples), duration of feeding, viral load in breast milk, and other co-morbidities.¹

Viral load in breast milk is lower than a woman's plasma viral load, but each ten-fold increase in breast milk viral load is associated with a two-fold increase in transmission risk.²

Use of ARVs (anti-retroviral medications) by HIV-positive pregnant women and by infants does not eliminate the risk of HIV transmission from breast milk. Transmission can happen even if women's viral load is undetectable (<40 copies of HIV per ml of blood).

Mixed Feeding

It's important to note that mixed feeding (using both formula and breast feeding) carries higher risk for transmission of HIV for an infant than either method alone. A baby's GI tract can become irritated and inflamed when exposed to mixed feeding, increasing the risk of mother to child transmission of HIV.

Breastmilk Substitutes from the Teresa Group

In Ontario, the MOHLTC funds the Teresa Group to provide free formula to HIV positive mothers for one year. The Teresa Group supplies prepared liquid formula that does not require mixing with water, suitable for any environment, including those where clean water is not accessible.

The Teresa Group offers a range of financial and material support to HIV-positive families, including free diapers for 3 years, a Welcome Home Baby package, and other programming. Please see their website for more information:
<http://www.teresagroup.ca/>

Disclosure & Stigma

Cultural messaging can often strongly encourage a "breast is best" attitude, which can make formula feeding a complex recommendation for many women. Fear of disclosure of HIV status to family & friends can be a challenge, adding to emotions around infant feeding. Breastfeeding is highly personal and can be an emotional experience.

¹ PHAC <http://www.phac-aspc.gc.ca/aids-sida/publication/hivtr-rtvih-eng.php>

² J Infect Dis 2003;187(5): 741-747

Some women might fear that not breastfeeding is visible indicator of her HIV status and with that comes the challenge of disclosure. Women should receive counselling, education, and support around managing disclosure from their HIV specialist, midwife, or obstetrician.

A 'cover story' may be required to address questions around the decision to formula feed. Women should be supported to create messaging around what to say when asked by family, friends and the public why they aren't breastfeeding.

What are some messages that women who are facing pressure to breastfeed can use?

A simple, clear message is best. Some women find repeating too many stories can become difficult to keep track of. Some simple messages that HIV positive women have used include:

- The doctors say I am not producing enough milk
- The baby needs more calories
- I have an infection in my breast
- I can't breastfeed because I have TB, arthritis, and/or other chronic illness

Strategies for Mother-Child Attachment

Some parents might worry that not breastfeeding will interfere with the mother-child bond. Attachment between parent and baby can be achieved in many ways. Best practices recommend placing babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes. This encourages mothers to recognize when their babies are ready to feed.

Mothers are encouraged to hold their baby to their chest in the same position as breast feeding. Newborns recognize their parent's smell and voice, so bonding naturally occurs with time spent together. While bottle feeding, women can speak or sing to their infant, which increases attachment and helps develop language skills.

Breast Health for Best Health

Breast care is important for women's post natal health: the decision not to breast feed can lead to breast engorgement, a painful but very treatable condition. 30% of women living with HIV have subclinical breast inflammation. Inflammation in the breasts increases viral load in breast milk and women can experience mastitis, breast engorgement, abscesses, and cracked nipples.

To manage breast health, there are some strategies women might want to discuss with their doctors, including wearing a properly fitting and supportive bra, cutting down on salt intake as it results in water retention, and to access health services to treat their breast health needs.

Resources

Teresa Group <http://www.teresagroup.ca/>

Health Canada <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/index-eng.php>

You Can Have a Healthy Pregnancy if you are HIV Positive (printed copies available) <http://www.catie.ca/en/practical-guides/pregnancy>

Maternikit (printed copies available) <http://library.catie.ca/pdf/ATI-20000s/26452.pdf>