



Counseling on Infant Feeding for Pregnant Patients with HIV

- Counsel patients on importance of adherence to ART, viral suppression during pregnancy and breastfeeding/chestfeeding, and engagement in postpartum care for both the infant and lactating parent.
- Inform patients that achieving and maintaining viral suppression through ART during pregnancy and postpartum decreases breastfeeding/chestfeeding transmission risk to less than 1%, but not zero.
- Document sustained viral suppression before delivery and throughout breastfeeding/chestfeeding.
- Consider HIV RNA testing every 1-2 months for the breastfeeding/chestfeeding parent while breastfeeding/chestfeeding infant.
- In the case of detectable viral load, bleeding nipples, or mastitis, discontinue breastfeeding/chestfeeding.
- For infants who are being breastfed/chestfed, virologic diagnostic testing is recommended at birth, week 2, month 1, then every 1-3 months during breastfeeding/chestfeeding. After cessation of breastfeeding/chestfeeding, virologic diagnostic testing should be performed at 4 to 6 weeks, 3 months, and 6 months after cessation.
- Extended prophylaxis with ARVs for the infant during breastfeeding/chestfeeding and one month post weaning may be considered.
- Counsel parent on the importance of exclusive breastfeeding/chestfeeding.



It is recommended that clinicians discuss infant feeding with all pregnant patients with HIV.