

## Feeding your new baby

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HIV positive women are advised to bottle-feed their babies to reduce the risk of HIV transmission.

### Why can't I breastfeed?

Breastfeeding places your baby at high risk of HIV infection, so where infant formula is available and the water supply is clean, formula feeding is advised for all women with HIV.

There is ongoing research in Africa looking for ways of reducing mother-to-infant transmission through breastfeeding because in many African countries infant formula is either not affordable, available or there are serious issues about quality of water supply. Interventions have included exclusive breastfeeding followed by immediate weaning and the prolonged use of [ARV](#) [1] medication or other substance which is active against retroviruses such as HIV. to treat infants.

In 2003 a third of the infants infected with HIV worldwide were infected through breast milk. No studies so far have shown infection rates as low as can be achieved by no breastfeeding at all.

### If my [viral load](#) [2] A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. is undetectable, can I transmit HIV through breast milk?

The lower the viral load the lower the likelihood of transmission, but there are still significant risks in breastfeeding your child regardless of the number of HIV copies circulating in your blood.

Unfortunately viral levels in breast milk do not always correspond to levels of [virus](#) [3] A small infective organism which is incapable of reproducing outside a host cell. measured in the blood. Research has shown that levels of virus in breast milk fluctuate unpredictably, even varying from left breast to right breast on the same woman (the speculated cause of this is that small infections or inflammations of the breast tissue and milk ducts, 'sub-[clinical](#)' [4])

### What about heat-treating breast milk?

Two different forms of heat-treating expressed breast milk have been tested with promising results: 'Pretoria pasteurisation' and flash heating. Flash heating is where a container of breast milk is placed into water and the water and milk are heated together until the water reaches a rolling boil, after which the milk is removed from the water and allowed to cool. Pretoria pasteurisation is where a container of water is heated to boiling and removed from heat, and a container of breast milk is immediately placed in the hot water for 20 minutes, after which it is allowed to cool to 37 degrees centigrade.

Recent experiments showed flash heating to be the more effective option for removing HIV, but it must be emphasised that these techniques are being developed for women who do not have good access to infant formula or clean water. 1 Heat-treating milk may affect nutritional and immunological components of breast milk.

Infant formula is nutritionally as close to breast milk as possible. There is no need to 'graduate' to special formula after six months. These 'follow-on' formulas have added iron, but your baby should be able to get iron from food at this stage, and iron-enriched formula is very constipating and largely a marketing ploy.

## Does bottle-feeding mark me as being HIV positive?

Many women in developed countries struggle with breastfeeding and opt to bottle-feed. Difficult deliveries, prior breast surgery (especially breast reduction), post-natal stress, low milk supply, breast and nipple pain, needing to take some certain medications and smoking are all common reasons for not breastfeeding. You do not have to disclose that you are HIV positive to justify not breastfeeding, and no-one has the right to make you feel bad about this.

## Feelings about not breastfeeding

You may feel a sense of grief or loss from not breastfeeding your baby. Talking to a counsellor or to other positive women may help.

## Might advice about breastfeeding change?

Research into ways of reducing HIV transmission through breast milk will continue because it is incredibly important for infant welfare where breast milk substitutes are not viable.

In some contexts treating an HIV uninfected baby with ARV for relatively long periods while breastfeeding may be a good alternative, but in the Australian context, the risks of the extended ARV exposure would outweigh the benefits because of the ready availability of infant formula and a safe water supply.

[◀ What is 'best practice' if I have hepatitis C as well as HIV? \[5\]up \[6\]Testing your baby for HIV ▶ \[7\]](#)

- [ANET resources](#)
- [pregnancy and childbirth](#)

### Links:

[1] <http://www.napwa.org.au/glossary/term/122>

[2] <http://www.napwa.org.au/glossary/term/416>

[3] <http://www.napwa.org.au/glossary/term/125>

[4] <http://www.napwa.org.au/glossary/term/475>

[5]

<http://www.napwa.org.au/resource/treat-yourself-right/pregnancy/what-is-best-practice-if-i-have-hepatitis-c-as-well-as-hiv>

[6] <http://www.napwa.org.au/resource/treat-yourself-right/pregnancy>

[7] <http://www.napwa.org.au/resource/treat-yourself-right/pregnancy/testing-your-baby-for-hiv>