Breastfeeding Guidance for HIV-Positive Parents Pathway

Pathway Purpose: Standardize process to support HIV positive parent who meets low risk criteria for viral transmission to breastfeed their infant through the continuum of care.

Inclusion Criteria:
- HIV-positivity confirmed during pregnancy
- Confirmed to be "low risk of HIV transmission" by Pediatric Infectious Disease (Peds ID) and Maternal Fetal Medicine (MFM) teams (including sustained virologic suppression during pregnancy)
- No concern for maternal antiretroviral (ART) compliance and ability to have close follow up for both parent and infant
- Desire to breastfeed after weighing risks and benefits

Exclusion Criteria:
- High risk of HIV transmission e.g., lack of adequate virologic suppression during pregnancy

If high risk for HIV transmission through breastfeeding, infant should be started on donor breast milk or formula.

Inpatient:
- If patient plans to store pumped breastmilk in the hospital, storage has to be in a designated refrigerator
- Lactation consult

Parental care

Inpatient Labs
- Obtain HIV RNA PCR at delivery (*see next page for breastfeeding guidance)*

Inpatient Medications
- Continue previously prescribed ART

Outpatient Labs
- HIV RNA PCR every month (*see next page for breastfeeding guidance based on results)*

Outpatient Medications
- Continue previously prescribed ART
- Reiterate importance of ART compliance
- Regular follow up with MFM-ID clinic

Special Circumstances: *To be discussed with MFM, Peds ID, and lactation team if they arise*
- **Mastitis/Nipple Injury:** If a nursing patient develops mastitis, or develops nipple injury with active bleeding, pump and dump from the affected breast while continuing to feed/pump from the unaffected breast.
- **Supplemental Nutrition:** If supplemental nutrition is needed for infant, formula or donated breast milk are safe and reasonable options.
- **Solids:** Solid foods can be safely introduced at the discretion of the infant's pediatrician when infant meets appropriate developmental milestones.

Infant care

Inpatient Labs
- Obtain HIV RNA PCR, CBC with differential at time of delivery

Inpatient Medications
- Zidovudine within 6 hours of birth. Dosing is based on weight and gestational age (*see dosing table included at end of document)*

Outpatient Labs
- HIV RNA PCR:
  - 14-21 days
  - 1-2 months
  - 4-6 months
  - Every 3 months thereafter throughout duration of breastfeeding
  - 4-6 weeks after cessation of breastfeeding
  - 4-6 months after cessation of breastfeeding

Outpatient Medications
- Continue zidovudine for 6 weeks
- After 6 weeks, engage in shared decision-making regarding discontinuation of ART or transition to extended prophylaxis with nevirapine for duration of breastfeeding

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Associated Order Set: HIV Exposed Neonates (Preterm and Full-Term Gestation)
Associated Policies: Reducing the Risk of Perinatal HIV Infection

Feedback?

Packard Clinical Pathway Program

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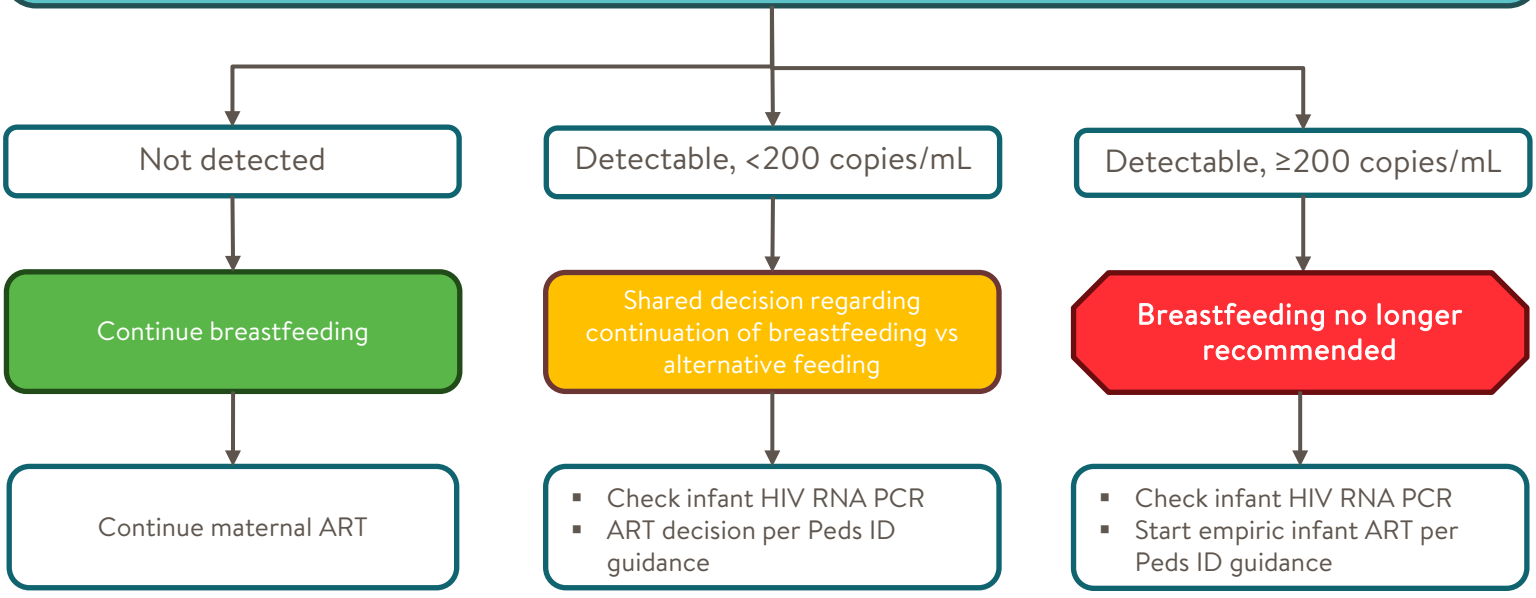
Evaluating Breastfeeding Resumption or Discontinuation based on Viral Load (VL)

Maternal HIV RNA PCR

Note: Any **positive** maternal HIV RNA PCR should be immediately confirmed with a repeat test. **While results are being confirmed, it is recommended to temporarily discontinue breastfeeding (pump and dump).**



Pathway Measure	Baseline	Target
Months of breastfeeding	NA	≥6 months
Number of breastfeeding interruptions due to maternal viremia	NA	Zero interruptions
Infant HIV status	Zero conversions	Zero conversions
Monthly parental VL assessments completed	NA	Zero months missed

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Dosing for Zidovudine based on Weight and Gestational Age (adapted from national HIV guidelines)

Gestational Age	Weight Based Dose
≥35 Weeks Gestation at Birth	*Birth to age ≤6 weeks:* 4 mg/kg per dose orally twice daily or alternative simplified weight-band dosing (see table below) Simplified Weight Based Dosing for Infants ≥35 Weeks Gestation at Birth (to be used age birth-4 weeks)
≥30 Weeks to <35 Weeks of Gestation at Birth	*Birth to age 2 weeks:* 2 mg/kg per dose orally twice daily *From age 2 weeks to ≤ 6 weeks:* 3 mg/kg per dose orally twice daily
<30 Weeks Gestation at Birth	*Birth to age 4 weeks*: 2 mg/kg per dose orally twice daily *From age 4 weeks to ≤6 weeks*: 3 mg/kg per dose orally twice daily

Weight Range	Volume of Zidovudine 10 mg/mL Oral Syrup Twice Daily
2 to <3 kg	1 mL
3 to <4 kg	1.5 mL
4 to <5 kg	2 mL

References:

1. Abuogi L. Infant feeding for persons living with and at risk for HIV in the United States: clinical report. Pediatrics. 2024;153(6):e2024066843. doi:10.1542/peds.2024-066843
2. HIV.gov. Recommendations for the use of antiretroviral drugs during pregnancy and interventions to reduce perinatal HIV transmission in the United States. Updated December 19, 2024. Accessed October 30, 2025. https://clinicalinfo.hiv.gov/en/guidelines/perinatal/management-infants-diagnosis-hiv-infection-children
3. HIV.gov. Recommendations for the use of antiretroviral drugs during pregnancy and interventions to reduce perinatal HIV transmission in the United States. Updated December 19, 2024. Accessed October 30, 2025. https://clinicalinfo.hiv.gov/en/guidelines/perinatal/management-infants-utero-intrapartum-breastfeeding-hiv-exposure?view=full#table-arv-management
4. Breastfeeding in Patients With Human Immunodeficiency Virus. Obstet Gynecol. 2026; doi:10.1097/AOG.0000000000006273. https://journals.lww.com/greenjournal/fulltext/9900/breastfeeding_in_patients_with_human.1490.aspx

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