

### **4.0 Breastfeeding**

*Effective Date: 5/1/2024*

#### **4.03 Contraindications or Modifications to Breastfeeding**

**PURPOSE:** To clarify the rare exceptions when breast/chestfeeding is contraindicated or when modifications to breast/chestfeeding must be assessed.

#### **A. POLICY**

1. Families must be counseled to NOT breast/chestfeed or provide expressed human milk in the following circumstances:
  - a. An infant diagnosed with galactosemia, a rare genetic metabolic disorder.
  - b. A lactating client who is infected with human T-cell lymphotropic virus type I or type II (HLTV-I, II).
2. Families must be counseled to TEMPORARILY CEASE breast/chestfeeding or providing expressed human milk if the lactating client is:
  - a. Infected with untreated brucellosis.
  - b. Infected with suspected or confirmed Ebola virus disease.
  - c. Infected with Mpox (Monkeypox) virus.
  - d. Living with Human Immunodeficiency Virus (HIV) and not on antiretroviral therapy (ART) or is on ART but has not achieved sustained viral suppression during pregnancy (at a minimum throughout the third trimester) or at the time of delivery or is unable to maintain sustained viral suppression postpartum.
  - e. Undergoing diagnostic imaging with radiopharmaceuticals.
  - f. Taking chemotherapy agents, amphetamines, ergotamines or statins. Refer to healthcare provider to determine if there is an appropriate substitute that is compatible with lactation.
  - g. Infected with an active herpetic lesion or open sore on breast/chest. The lactating parent should temporarily refrain from breast/chestfeeding or feeding expressed milk from the affected breast. The infant may feed from the unaffected breast when lesions on the affected breast are covered completely.
  - h. Infected with shingles with a lesion on or near the areola where the infant's mouth would touch. The lactating parent should temporarily refrain from breast/chestfeeding or feeding expressed milk from the affected breast. Breast/chestfeeding can continue on the unaffected breast/chest during this time. All lesions should be covered with clean, dry bandages until they are healed to avoid direct contact with the infant.
  - i. Lactating client is taking nonprescribed opioids, phencyclidine (PCP), sedative-hypnotics (benzodiazepines, z-drugs, gabapentin, and phenobarbital), or stimulants (cocaine, methamphetamine, amphetamines) WIC staff must follow ABM Protocol #21 Breast/chestfeeding in the Setting of Substance Use and Substance Use Disorder.

3. Families must be counseled to only PROVIDE EXPRESSED HUMAN MILK but not feed directly at the breast/chest if the lactating parent has:
  - a. Active, untreated, pulmonary tuberculosis. Breast/chestfeeding may resume once parent has been treated appropriately for 2 weeks and is documented to be no longer contagious.
  - b. Active varicella-zoster (chicken pox) infection that developed five days prior to delivery to the two days following delivery.
  - c. Measles. Infants exposed to parent with documented measles should be isolated from the parent until 72 hours after the onset of rash.
4. Lactating clients must be provided with lactation support and a breast pump, when appropriate, to maintain their milk supply. Infants may resume breast/chestfeeding after families consult with their health care provider to determine when and if their human milk is safe for their infant.

## **B. GUIDANCE**

1. Substance Misuse
  - a. If lactating parents are using combustible tobacco and nicotine vaping, recommend continued breast/chestfeeding but suggest they reduce their use as much as possible and avoid tobacco smoking and nicotine vaping product use around their infants.
  - b. Breast/chestfeeding should be avoided after moderate-to-high alcohol consumption. Occasional intake of more modest amounts of alcohol during lactation and waiting two hours per drink consumed to resume breast/chestfeeding is likely safe.
  - c. Limited data is available on the acute and long-term effects of cannabis exposure through human milk. Lactating parents should be counseled to reduce or eliminate their use of both medicinal and recreational marijuana in a shared decision-making process. Recommend avoiding secondhand marijuana smoke exposure.
  - d. Medication-Assisted Treatment (MAT) with methadone or buprenorphine is safe to use while breast/chestfeeding.
2. HIV
  - a. Advise pregnant clients to know their HIV status.
  - b. Provide referrals to local HIV testing and counseling services.
  - c. Provide evidence-based, client-centered counseling to support shared decision-making about infant feeding.
    - i. Replacement feeding with properly prepared formula or pasteurized donor human milk from a milk bank eliminates the risk of postnatal HIV transmission to the infant.
    - ii. Achieving and maintaining viral suppression through antiretroviral therapy (ART) during pregnancy and postpartum decreases breast/chestfeeding transmission risk to less than 1%, but not zero.
    - iii. Replacement feeding with formula or banked pasteurized donor human milk is recommended to eliminate the risk of HIV transmission through breast/chestfeeding when people with HIV are not on ART and/or do not have a

- suppressed viral load during pregnancy (at a minimum throughout the third trimester), as well as at delivery.
- iv. Individuals with HIV who are on ART with a sustained undetectable viral load and who choose to breast/chestfeed shall be supported in this decision.
  - d. Individuals with HIV who choose to formula feed shall be supported in this decision.
  - e. Engaging Child Protective Services or similar agencies is not an appropriate response to the infant feeding choices of an individual with HIV.
  - f. Consult the national [Perinatal HIV/AIDS](#) hotline (1-888-448-8765) with questions about infant feeding by individuals with HIV.
  - g. Provide information on donor milk options.
3. Lead
- a. Lactating dyad (parent and infant) with elevated blood lead levels (BLL) should contact their healthcare provider to determine source of lead exposure.
  - b. Lactating parent with BLLs  $\geq 40$   $\mu\text{g/dL}$  is encouraged to pump and discard their milk until their BLLs drop below 40  $\mu\text{g/dL}$ .

### References:

- Academy of BF Medicine protocol ABM Clinical Protocol #21: [Breastfeeding in the Setting of Substance Use and Substance Use Disorder](#) (Revised 2023).
- American Academy of Pediatrics Policy Statement [Breastfeeding and the Use of Human Milk](#), 2022.
- Centers for Disease Control and Prevention: [Breastfeeding and Special Circumstances](#).
- Department of Health and Human Services' [Infant Feeding for Individuals with HIV in the United States](#).
- Hale, T.W. (2019) Medications and Mothers' Milk. Spring Publishing Company.
- Lawrence, R. M. (2011). [Transmission of Infectious Diseases Through Breast Milk and Breastfeeding. Breastfeeding](#), 406.
- National Library of Medicine [Drugs and Lactation Database \(LactMed\)](#).
- USDA WIC [Nutrition Services Standards](#), August 2013.
- USDA WIC Breastfeeding Curriculum, Contraindications to Breastfeeding.
- USDA WIC [Breastfeeding Policy and Guidance](#), July 2016.