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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

NICK LYON  
DIRECTOR

October 5, 2018

**Subject: Breastfeeding Guidance for Providers**

Dear: Public Health Partners

Given new research and recent discussions on the safety of breastfeeding in mothers living with HIV, this letter seeks to communicate breastfeeding guidance to providers, medical personnel, MDHHS Maternal Infant Health (MIH) and WIC staffs.

In concurrence with the Academy of Pediatrics and the Centers for Disease Control and Prevention, to prevent HIV transmission, **mothers in the United States living with HIV should not breastfeed their infants.**

Breast milk provides infants with perfect nutrition and protects them from a range of infectious and chronic conditions. However, perinatal HIV transmission, also known as mother-to-child transmission, can happen at any time during pregnancy, labor, delivery, or breastfeeding. Infant formula should be offered if access to donor human milk is not available.

Breast milk can contain high levels of HIV. Transmission can also occur from exposure to blood from cracked or bleeding nipples. Transmission of HIV can occur when the mucous membranes that line the back of the throat and the gut of an infant are exposed to breast milk or blood that contains HIV. HIV can enter the infant's body through the throat or gut, where it can replicate and spread throughout the body to cause a permanent infection. Newborn infants are particularly vulnerable to HIV and other infections because their immune systems and their bodies, particularly their guts, are underdeveloped.

While excellent HIV therapies have the ability to decrease the amount of HIV *in blood* to undetectable levels, the presence of these immune cells in breast milk and possible issues with medication adherence has kept [Centers for Disease Control and Prevention \(CDC\)](#), the [American Academy of Pediatrics](#) and Health Resources & Services Administration (HRSA) of the U S Department of Health and Human Services from changing their breastfeeding guidance for women living with HIV.

**The best way to prevent transmission of HIV to an infant through breast milk is to not breastfeed.**

Healthcare providers should be aware that some mothers with HIV may have a strong desire to breastfeed. These mothers may need ongoing feeding guidance and/or emotional support to balance feelings of loss and self-blame and help them find other ways to love and nurture their infant. The [2018 HRSA guidelines](#) have provided advice on harm-reduction counseling for women who desire to breastfeed.

Please refer to the link and resources below for more information:

- <https://aidsinfo.nih.gov/guidelines/html/3/perinatal/513/counseling-and-management-of-women-living-with-hiv-who-breastfeed>
- [“Why Aren't You Breastfeeding?": How Mothers Living with HIV Talk About Infant Feeding in a “Breast Is Best” World](#)

For consultation concerning implementation of these guidelines, please contact:

- Michigan HIV Consultation Program at Henry Ford Health System – Urgent questions call: 313-575-0332; Non-urgent questions visit: <https://www.henryford.com/hcp/academic/medicine/divisions/id/hiv-consult>
- Midwest AIDS Training and Education Center-Michigan 313-962-2000 <http://matecmichigan.org/>
- National Perinatal HIV Consultation and Referral Service 1-888-448-8765
- Michigan Department of Health and Human Services-Perinatal HIV Program 517-241-5900
- Michigan Department of Health and Human Services Breastfeeding Consultant 517-373-6486

Sincerely,



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