

FREE GUIDE FOR
CLINICIANS & COMMUNITY



Support For Lactating Parents Living with HIV

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Welcome

This is a guide for clinical providers, community health care workers and anyone else who works closely with lactating parents living with HIV or living with HIV themselves.

Here you will find support for parents and babies to live their best and most healthiest lives possible through the receiving the benefits of human milk and the act of chest/breastfeeding.

Charda Bell

Lactation Consultant, Doula, Birth Educator, Parent





05 - 08

CONTINUING EDUCATION

Stay updated on the latest research, recommendations and guidelines related to HIV and human milk and lactation.

09 - 10

WHOLE PERSON CENTERED CARE

The overarching theme is the coordination of health, behavioral health, and social services, in a patient-centered manner with the goals of improved beneficiary health and wellbeing through more efficient and effective use of resources.

11 - 12

EMOTIONAL SUPPORT

Addressing the emotional challenges parents living HIV may face by explaining the significance of establishing and maintaining care.

14 - 20

RESOURCES

Empower and educate with comprehensive education on HIV and chest/breastfeeding to parents, families, and healthcare providers.



How To Use This Guide

Collaborative Approach = Collective Impact

The importance of collaboration among providers, organizations, and the community is key to the success of supporting our parents living with HIV,

With this guide, you should share it with the circles of support that surround your clients/patients to ensure evidence based information is received on access to appropriate medical care, antiretroviral therapy and regular check-ups to help clients/patients manage their condition.

Bias Check to Erase the Stigma & Address Inequities

Community Inclusivity is fostering a non-discriminatory environment to reduce stigma around HIV and further empower and uplift lactating parents living with HIV.



QUESTIONS?

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DEI Statement

In this guide, the term “breastfeeding” is used to describe feeding a child one’s own milk (direct feeding or with expressed milk). Some may use chest feeding, body feeding, human milk feeding, etc.

Respect all choices.

Transgender and gender-diverse people may choose to feed their infants their own milk, but some may find it dysphoric.

Sexual assault victims or survivors may find it hard to feed at chest, this is OK, pumping is still breastfeeding.

All pregnant individuals regardless of gender identity, should be counseled about infant feeding options.





Know Your Stuff

CONTINUING EDUCATION

Latest 3 Recommendations per The World Alliance
for Breastfeeding Action (WABA):

Transmission of HIV through breastfeeding can be reduced to almost zero (between 0-1%) when:

- Upon diagnosis, pregnant women living with HIV have access to lifelong ART. Mothers and/or their babies receive ART from early / mid-pregnancy and throughout the breastfeeding period
- ART is provided for at least 13 weeks prior to delivery to reduce viral load by the time of birth
- Mothers living with HIV breastfeed their babies exclusively for the first 6 months of life





Know Your Stuff

CONTINUING EDUCATION

Transmission of HIV from mother to baby through pregnancy, birth and breastfeeding is said to be substantially reduced with the use of antiretroviral therapy (ART).

BREAST MILK INHIBITS HIV

A 2012 study suggests that breast milk can inhibit the spread of the HIV virus and most breastfed babies do not become infected despite frequent exposure via breast milk.





Know Your Stuff

CONTINUING EDUCATION

When people with HIV are not on antiretroviral therapy or do not have a suppressed viral load during pregnancy, the guidelines recommend replacing breastfeeding with formula or **banked pasteurized donor human milk**.

For infants exposed to HIV, the panel recommends assessing risk in determining the appropriate regimen.



Whole Person Centered Care

Whole-person care looks at both body and mind in developing attainable and effective care plans. This patient-centered approach leverages a wide range of resources to provide physical, behavioral, and social support.

- 1) Treat patients as multidimensional persons
- 2) Lengthen the breadth and depth of your scope
- 3) Based on the foundation of a open doctor-patient relationship
- 4) Implement Team-Based Care

CLINICIAN TIP

Be open to having a multidisciplinary team to monitor parent and baby's health. Routine check-ups ensure consistent monitoring of both parent and baby's health to catch and address any issues promptly. Refer to other providers when needed. Continuity of care is key for these patients success.





Adopting a Whole Person Mindset

Successful care coordination programs focus on meeting the needs of each individual and considering the social determinants of health as factors beyond healthcare services, including but not limited to:

- Transportation - to get to healthcare appointments
- Home safety - safe living conditions and environment
- Nutrition - access to healthy nutrient dense foods
- Literacy - educational opportunities
- Finances - resources for affordable living and jobs



“CARE COORDINATION INVOLVES ADDRESSING MORE THAN JUST THE MEDICAL NEEDS OF A PATIENT AND SUPPORTING THE ENTIRE PERSON TO HELP HAVE A POSITIVE IMPACT ON OVERALL WELL BEING OF THE FAMILY.”



MENTAL HEALTH SUPPORT

Addressing Emotional Challenges

Offer mental health resources and peer support groups where disclosed HIV positive parents can share experiences and advice.

Consider facilitating anonymous peer networks for non-disclosed parents.

Providers and care coordinators should also consider the potential impact of trauma as an important social determinant of health.

Trauma is an experience that is: “physically or emotionally harmful or life-threatening with lasting adverse effects on an individual's functioning and mental, physical, social, emotional, or spiritual well-being.”

Trauma-informed care, or a trauma-informed approach to care coordination, involves care providers having an understanding about the different types of trauma that people can experience and the potential influence of trauma on individuals, families, and communities.



DATE

MOOD

Daily Journal

YOUR THOUGHTS

GOALS

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MENTAL HEALTH SUPPORT

Addressing Disparities

Recognize the need for health equity, given that **Black women are disproportionately affected by HIV** and have the **lowest breastfeeding rates** among all races due to the lack of culturally congruent and high quality lactation resources for these communities.

It is not appropriate to contact **Child Protective Services** if a **parent with HIV chooses to breastfeed**. These engagements can be extremely harmful to families and exacerbate the stigma associated with HIV. Parents who identify as Black, indigenous or other people of color have been disproportionately affected by reports to CPS.

Everyone deserves access to unbiased & non-discriminatory adequate support regardless of health status



Medications

BREASTFEEDING COMPATIBILITY

For Clinicians:

Lact Med

- <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

For Patients:

- www.mothersbaby.org

For Anyone:

www.Infantrisk.com





RESOURCES FOR CLINICIANS
& COMMUNITY

Trusted Sources

<https://www.thewellproject.org/>



<https://4mmm.org/>

<https://icwnorthamerica.org/>

<https://blackaids.org/>

<https://www.ladyburgandy.org/>

<https://www.pwn-usa.org/>

<https://www.sisterlove.org/>

<https://www.sistersong.net/>

<https://www.theafiyacenter.org/>

<https://www.hivlawandpolicy.org/>

<https://whp.ucsf.edu/>

<https://sdprojectpearl.com>

<https://christiesplace.org>

<https://aidsresponseeffort.org/>





RESOURCES FOR CLINICIANS
& COMMUNITY

Trusted Sources

[UC Milk Bank](#)

[Human Milk Institute](#)

<https://health.ucsd.edu/care/hiv/women-children/>

www.kellymom.com

<https://www.thewellproject.org/hiv-information/can-i-breastfeed-while-living-hiv>

<https://www.childrenandaids.org/sites/default/files/2018-04/Care%20of%20the%20HIV-Exposed%20Infant%20Flipchart.pdf>

<https://www.thewellproject.org/hiv-information/resources-talk-your-provider-about-breastfeeding-and-hiv>

<https://www.thewellproject.org/hiv-information/list-us-based-providers-who-support-informed-infant-feeding-choices-parents-hiv>

<https://www.who.int/news-room/questions-and-answers/item/hiv-aids-infant-feeding-and-nutrition>





Dedication

THANK YOU



This guide is dedicated to the amazing, resilient and flourishing moms living with HIV.

Thank you for trusting me with your journey & sharing your story. It is my honor to support you and learn from you. You ARE doing it and showing your baby and the world that you can too, and I'm so very proud of you. I know it's not been easy, I admire your bravery and strength. You are erasing the stigma.



Final Words

CONCLUSION



Encouraging parents living with HIV to chest/breastfeed exclusively is still strongly advised because it benefits the infant in many ways including, reduced illness, and improved growth and development.

National and local health authorities should actively coordinate and implement services in health facilities and activities in workplaces, communities and homes to protect, promote and support breastfeeding among parents living with HIV.

FAQ'S

FREQUENTLY ASKED & ANSWERED QUESTIONS

If a mother on HIV treatment plans to return to work or school, is a shorter duration of breastfeeding better than no breastfeeding at all?

Yes. Mothers and health-care workers can be reassured that shorter durations of breastfeeding of less than 12 months are better than never initiating breastfeeding.

Parent is HIV+ but baby status is unknown?

Parents known to be HIV-infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods thereafter, and continue breast feeding.

How long can a parent living with HIV breastfeed?

Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer while being fully supported for ART adherence

In settings where health services provide and support lifelong ART, including adherence counseling, and promote and support breastfeeding among women living with HIV, the duration of breastfeeding should not be restricted. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided.





NEED MORE INSIGHT & SUPPORT?

Contact Me!

Melanin Milk SD

We are here to support you & our community! If you have questions that were not answered here or are looking for circles of support for a patient/client parent living with HIV, please feel free to contact us.

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