



BREASTFEEDING PROGRAM FOR PEOPLE LIVING WITH HIV (PLWH) IN BROOKLYN, NY

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# STAR – Special Treatment and Research Program

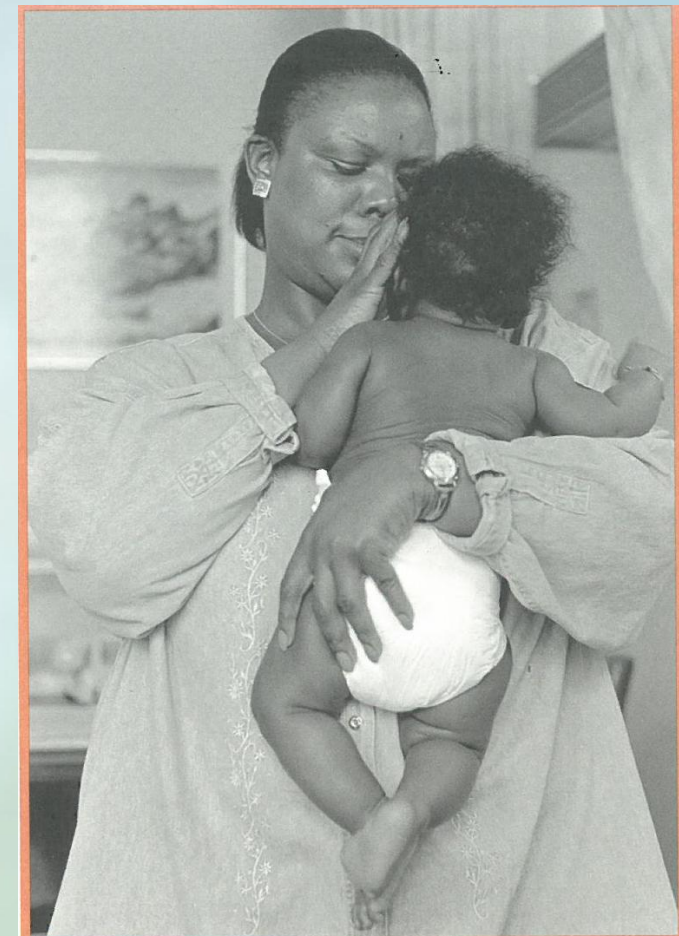
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**Family-Focused Health Care for Women Program (FFHCP)** is designed to improve health outcomes for women and reduce the risk of mother-to-child transmission

- Engages PLWH who are the primary caregiver to their children (age 18 & under)
- Serves approximately 8-10 pregnant people each year
- Funded through the New York State Department of Health AIDS Institute

## Services include

- Family-centered case management
- Adult HIV primary care
- Prenatal care
- Pediatric care





# Background

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- Up until 2023 PLWH were advised against breastfeeding/chestfeeding in the US where safe infant feeding alternatives are available <sup>1</sup>
- In 2023 the US Dept. of Health and Human Services, and in 2024 the American Academy of Pediatrics (AAP) updated infant feeding recommendations <sup>2,3</sup>
- Breastfeeding/chestfeeding is now supported as long as individuals are taking antiretroviral medications and have a sustained undetectable HIV viral load (<50 copies) <sup>2,3</sup>

1. Recommendations for assisting in the prevention of perinatal transmission of human T-lymphotropic virus type III/lymphadenopathy-associated virus and acquired immunodeficiency syndrome. *MMWR Morb Mortal Wkly Rep.* 1985;34:721-731.
2. Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission Recommendations for the use of antiretroviral drugs during pregnancy and interventions to reduce perinatal HIV transmission in the United States available at: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal>.
3. Meek JY, Noble L; Section on Breastfeeding. Policy statement: breastfeeding and the use of human milk. *Pediatrics.* 2022;150(1): e2022057988



# Choice For PLWH About Infant Feeding

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- Health benefits to mom <sup>1</sup>
- Health benefits to baby <sup>1</sup>
- People WERE ALREADY breastfeeding without disclosing <sup>2</sup>
- Shared decision making <sup>3</sup>

1. Department of Health and Human Service Office on Women's Health. Benefits of breastfeeding. *Nutr Clin Care*. 2003;6(3):125–131

2. Tuthill EL, Tomori C, Van Natta M, Coleman JS. "In the United States, we say, 'No breastfeeding,' but that is no longer realistic": provider perspectives towards infant feeding among women living with HIV in the United States. *J Int AIDS Soc*. 2019;22(1):e25224.

3. <https://www.cdc.gov/breastfeeding-special-circumstances/hcp/illnesses-conditions/hiv.html>





## FFHCP Infant Feeding Implementation Plan

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- Team formed in October 2023 to update breastfeeding policies and procedures for PLWH
- Brought together specialists in obstetrics, midwifery, infectious disease, pediatric infectious disease and case management
- Institutional guidelines were developed in 2024 and we began counseling our pregnant patients about infant feeding choices, risks, and benefits



# FFHCP Infant Feeding Implementation Plan

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## Essential Components

- Multidisciplinary team-based approach
- Adherence counseling and support
- Early and continued counseling/discussion of breastfeeding options
- Lactation support
- Close monitoring of the lactating parent and infant
- Documentation of counseling and decision



# FFHCP Infant Feeding Implementation Plan

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## Counseling and monitoring in the prenatal period

- PLWH who are not on ART and/or do not have a suppressed viral load at delivery -> replacement feeding recommended
- PLWH on ART with a consistently suppressed viral load during pregnancy and at the time of delivery counseled on feeding options
  - The infant feeding options that eliminate the risk of HIV transmission are formula and pasteurized donor human milk.
  - Fully suppressive ART during pregnancy and breastfeeding decreases breastfeeding transmission risk to less than 1%, but not zero.
  - If breastfeeding is chosen, exclusive breastfeeding up to 6 months of age is recommended over mixed feeding
- The pregnant patient is encouraged to meet with the pediatric ID physician and lactation specialist before and after birth for consultation and education and for any complications that may arise such as mastitis.

# FFHCP Infant Feeding Implementation Plan

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#continuum2025



## Counseling and monitoring in the postpartum period

- Lactating parent to have regular visits with their HIV provider to document sustained viral suppression before delivery and every 1-2 months while breastfeeding.
- Administer appropriate ARV prophylaxis for the infant starting at birth and throughout breastfeeding\*
- Infant PCR testing at birth, 1 week, 2 months, 4 months and then every 2 months for the duration of breastfeeding
- Infant PCR after cessation of breastfeeding at 4 to 6 weeks, 3 months, and 6 months after cessation.
- Case managers work to provide coordination between the infant routine visits and parent HIV visits.
- The pregnant patient is encouraged to meet with the pediatric ID physician and lactation specialist before and after birth for consultation and education, for any complications and for gradual weaning guidance

\* First two weeks- twice daily PO AZT; then once daily nevirapine while breastfeeding and for a month after cessation





## FFHCP Infant Feeding Implementation Plan - Outcomes\*

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**Since implementation 16 individuals met the guidelines for breastfeeding**

- 9 individuals declined the option of breastfeeding
- 4 individuals breastfed/breastfeeding
- 1 is undecided
- 2 have plans to breastfeed when they deliver



## FFHCP Infant Feeding Implementation Plan - Outcomes

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- The 4 breastfeeding parents have breastfed for a range of 1-23 weeks with an average of 11 weeks of breastfeeding
- 75% of the breastfeeding individuals followed all infant monitoring guidelines
- 75% followed all maternal monitoring guidelines
- To date the 4 infants have continued to test negative for the HIV virus



## FFHCP Infant Feeding Implementation Plan – Lessons Learned

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- Client satisfaction
- Postpartum management challenges
  - monitoring infants whose parents leave the family program
  - potential difficulty in obtaining ongoing medication for infants
- The FFHC program has been instrumental for providing the support services needed to provide optimal guidance and surveillance of the breastfeeding dyad



# Thank You!

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## For more information

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