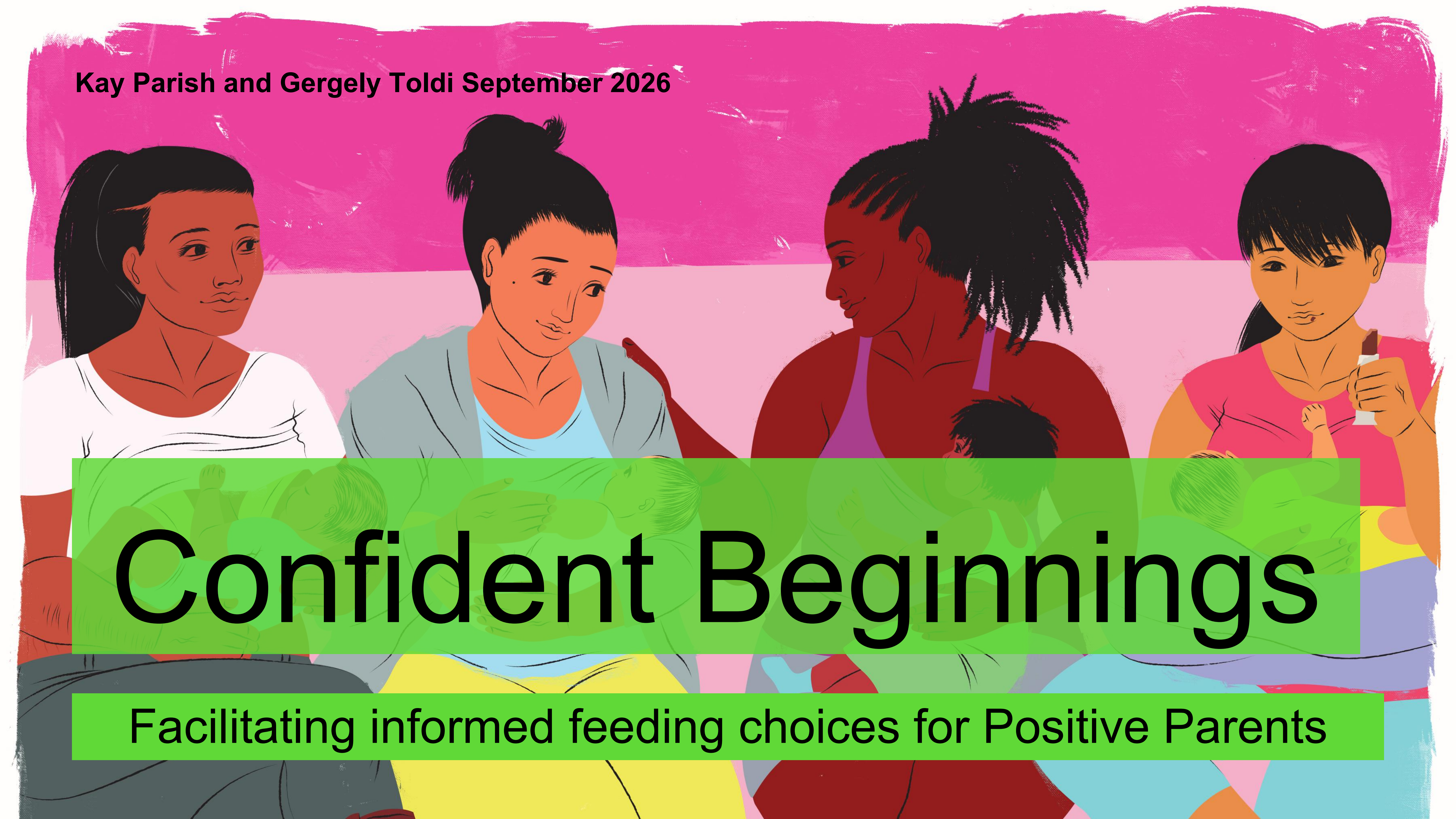


Kay Parish and Gergely Toldi September 2026

An illustration featuring four women and a baby. The women are shown from the chest up, looking towards the right. The woman on the far left has dark hair in a ponytail and wears a white shirt. The second woman has dark hair in a bun and wears a grey cardigan over a blue top. The third woman has dark hair in a bun and wears a red top. The woman on the far right has dark hair and wears a pink top, holding a small baby. The background is a vibrant pink. A green banner with the title 'Confident Beginnings' is overlaid on the image.

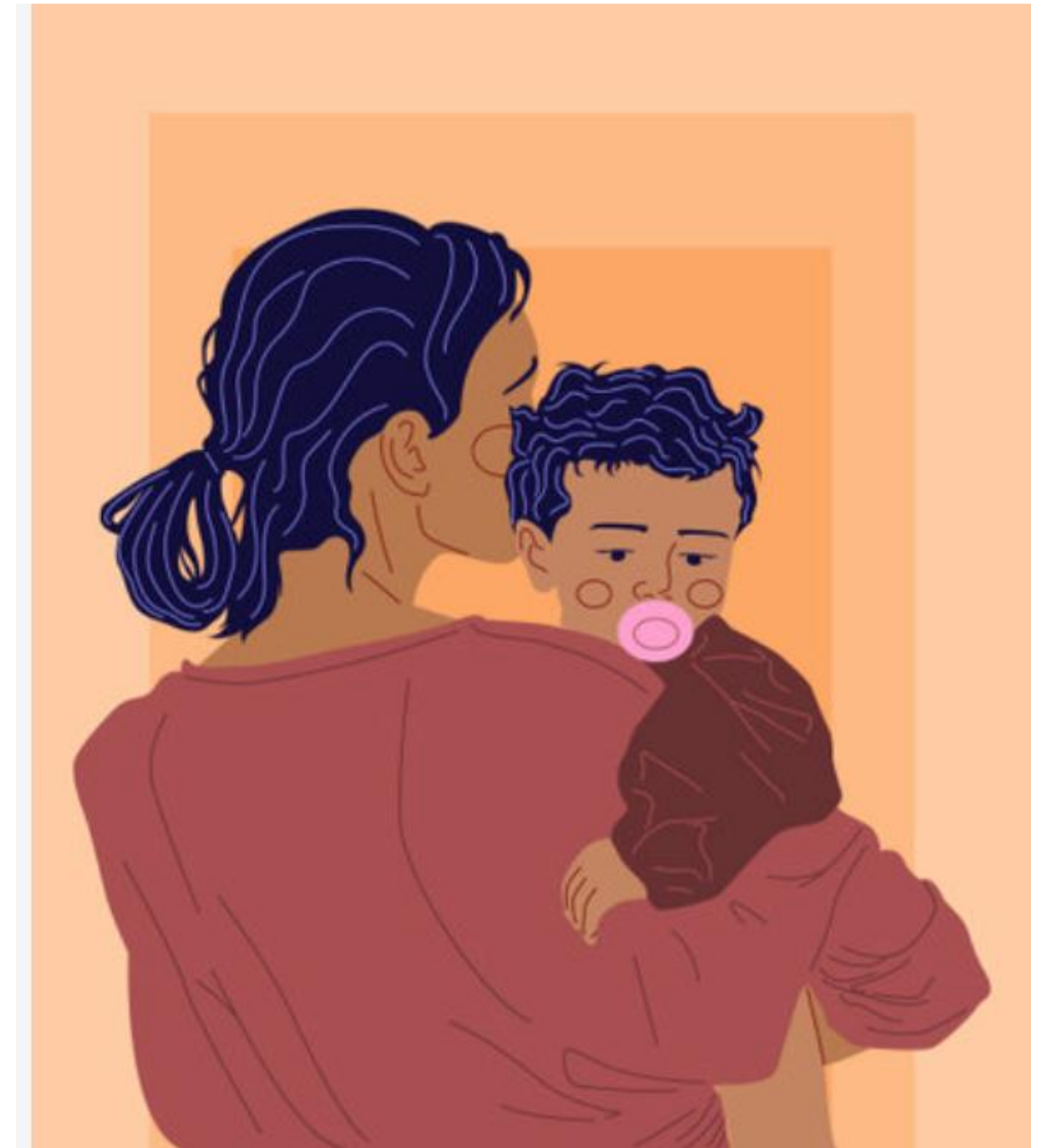
Confident Beginnings

Facilitating informed feeding choices for Positive Parents

Breast is best, but not for you!

“ I felt like I was toxic to my baby!”

Ciarra Covin
The Well Project



NZ Ministry of Health still recommends that all HIV positive parents formula feed their babies.

Risk of HIV transmission =0

Risk of transmission via human milk if viral load is suppressed=<1%

Seen by some as an unnecessary risk.

But this is not factoring in all sides of the equation!

Benefits of breastfeeding for baby = reduced risk of asthma and respiratory infections, obesity, diabetes, otitis media, gastro-intestinal disease.

Benefits of breastfeeding for mother = reduced risk of cardio-vascular disease, type 2 diabetes, and breast and ovarian cancers.

Chest-feeding also carries psycho-social implications, and to have the choice to chest-feed, is hugely important to many parents.

“I did not want my HIV status to limit another life choice for me.” C Covin

UNDETECTABLE VIRAL LOAD

HIV IS UNTRANSMITTABLE

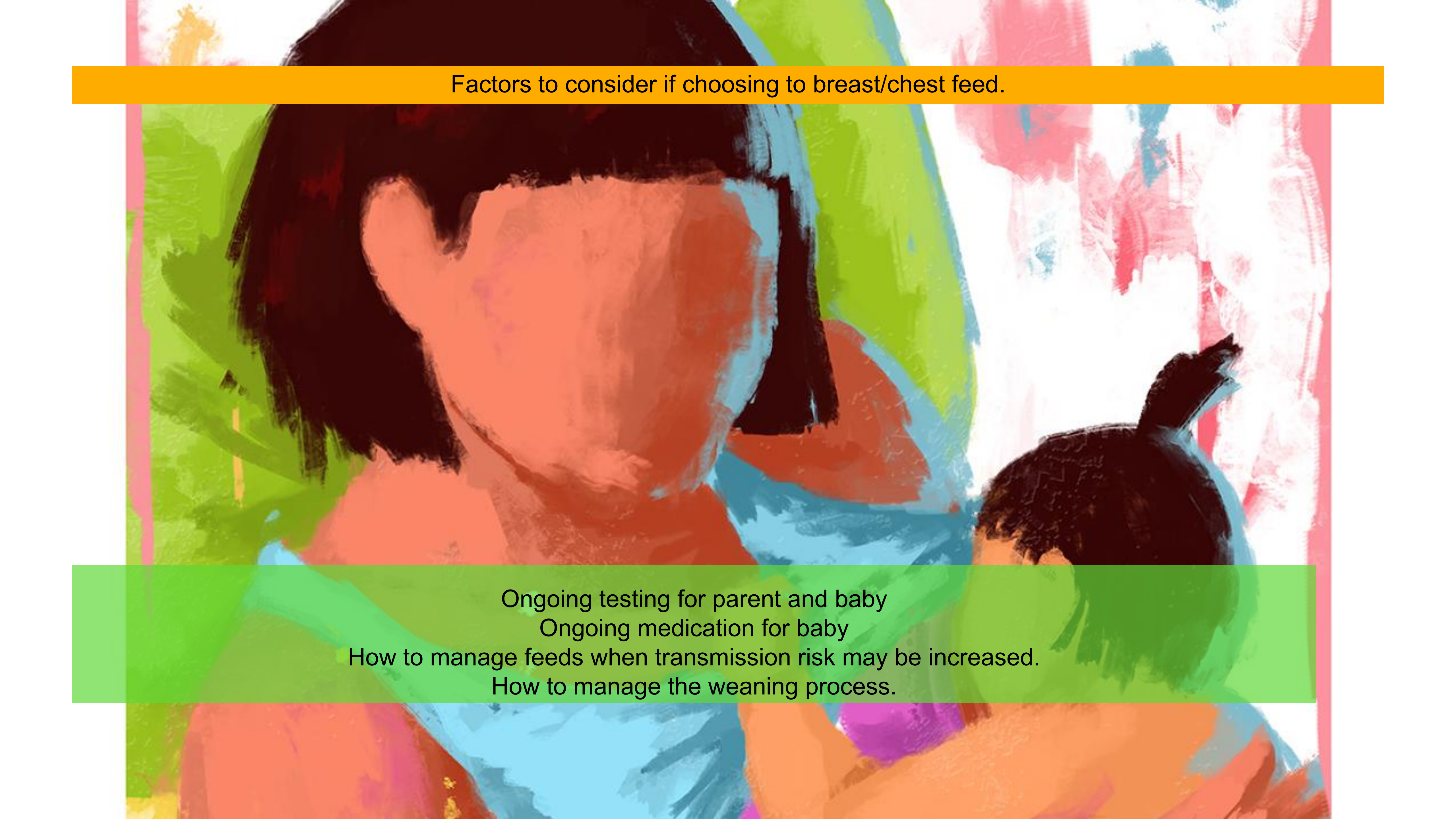


Whilst this is true normally

The postpartum period and human milk present many variables

HIV and breast milk

<https://www.ohtn.on.ca/hiv-transmission-through-breastfeeding/>

An abstract painting in a painterly style. The upper portion features a large, dark, rounded shape, possibly representing a head or a breast, rendered in shades of brown and black. Below this, there are broad, expressive brushstrokes in vibrant colors: a large area of bright green on the left, a patch of light blue in the center, and a mix of pink, red, and white on the right. The bottom of the image shows more colorful, somewhat blurred strokes in orange, purple, and blue. The overall composition is dynamic and emotional, with a focus on color and form rather than realistic detail.

Factors to consider if choosing to breast/chest feed.

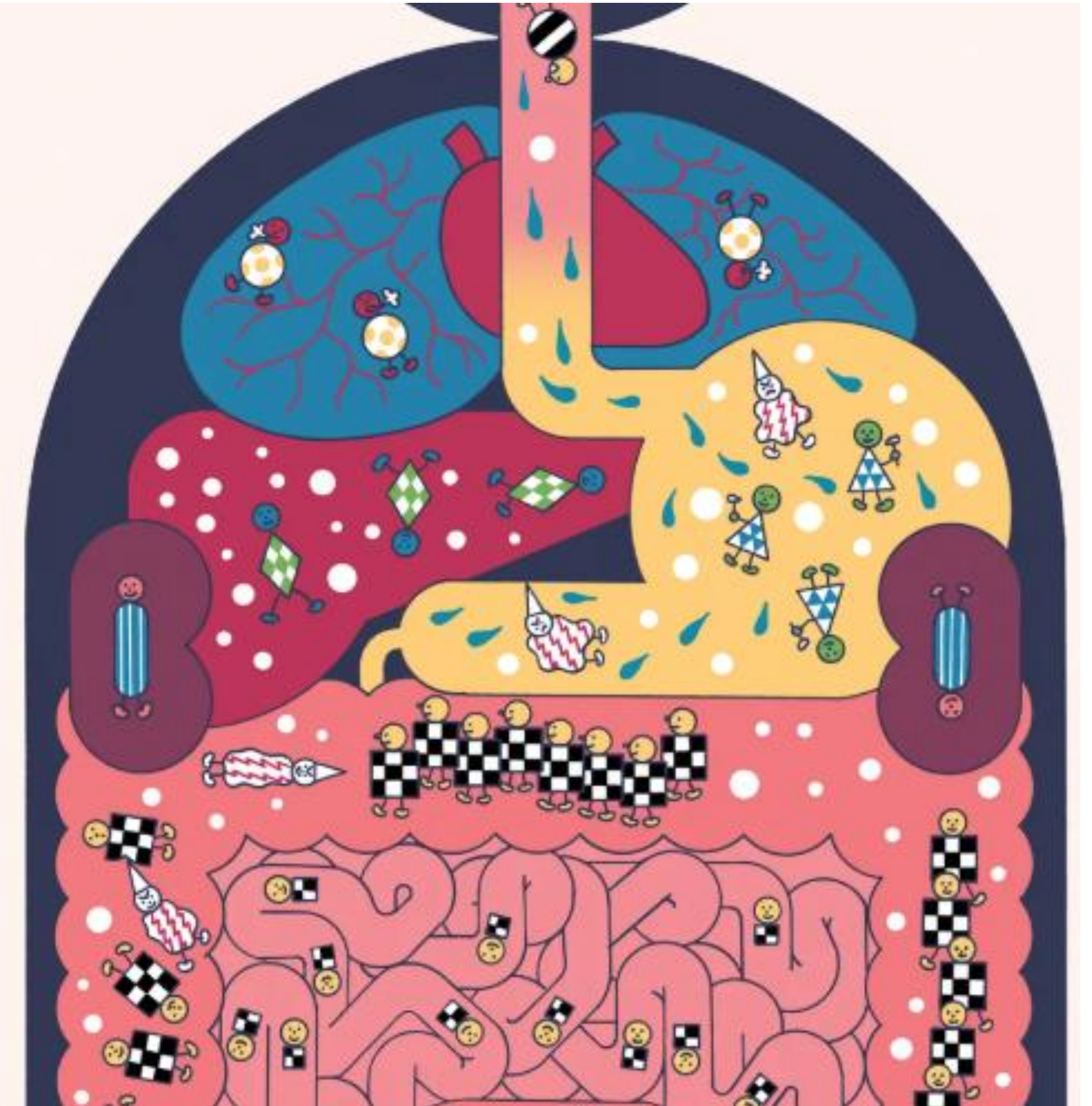
Ongoing testing for parent and baby
Ongoing medication for baby
How to manage feeds when transmission risk may be increased.
How to manage the weaning process.

How to manage feeds when there is inflammation in the breast, or low supply.

Parents need to prepare in advance.

Baby needs to be used to taking a bottle.
Is it ok to use formula? If non human milk proteins going to cause gut irritation thus increasing gut permeability, and disrupting the microbiome, is this an increased transmission risk?

Can the milk be safely pasteurised, using Holder Method?



There are scenarios which we need to be able to anticipate, and for which we need to prepare strategies for getting everyone through safely. Our work is just beginning, we welcome your insights.

Acknowledgements

- The Well Project**
- International Community of Women Living with HIV INFORM+**
- Dr Judy Levinson**
- Preclaurus Press**
- Maaori Mermaid**



The newborn immune system



- Do newborns have an immature immune system, or is it just differently regulated?
- Our immune system has to both react to, and tolerate things it is exposed to

Developing immune balance

Reactivity

- Innate immunity
- Adaptive immunity
- Immune memory



Tolerance

- Microbiome
- Environment
- Own cells

Developing immune balance

Overreactive

- Allergies
- Autoimmunity



Developing immune balance



Too tolerant

- Infections
- Cancer

Routine follow-up

Testing regimen for pēpi (infant) not receiving breast milk[#]

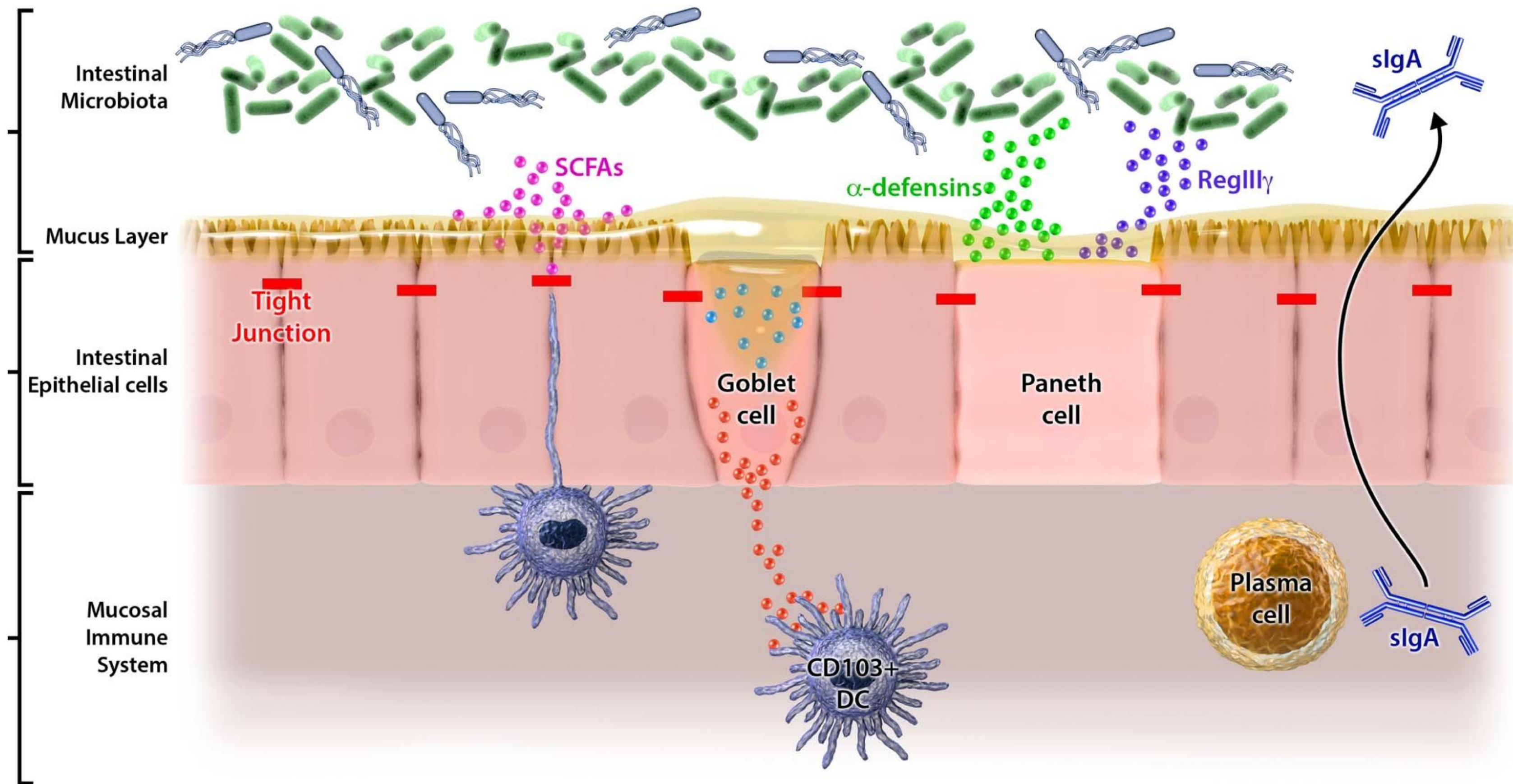
Time	Clinical Review	FBC	HIV Viral Load (usually HIV RNA VL)*	Antibody
First week (< 48 hrs is ideal)	+	+ (Pre-treatment)	+	
Week 6 (or 2 weeks post stopping ART)	+	+	+	
Week 12 (or 8 weeks post stopping ART)	+		+	
12 - 24 months**	+			+

- BCG delayed until 3 months
- Seroreversion around 18-24 months: HIV antibodies negative

Enhanced follow-up

- Monthly paired viral load samples
- For the duration of breastfeeding and at least two months beyond
- Lactation consultant input
- Multidisciplinary team input

The “leaky” gut



Current knowledge gaps

- Frequency of testing
- Is there a role for testing breastmilk?
- Duration of ART prophylaxis for the infant
- Mixed feeding
- Weaning
- Pasteurized milk
- Timing of BCG vaccination

- More research
- International register