



**Department
of Health**

**Situations Where Breastfeeding is
Contraindicated or Not Advisable:
New York State Department of Health (NYSDOH)
Policy Statement
(Posted January 2018)**



Objectives

- Provide an overview of the NYSDOH's new policy re: situations where breastfeeding is contraindicated or not advisable
- Review expectations for those who provide care to women who should not breastfeed

Objectives (continued)

- Discuss issues faced by women for whom breastfeeding is contraindicated or not advisable, including stigma
- Review appropriately tailored, individualized messaging on best infant feeding options based on maternal and/or infant needs
- Identify strategies to reduce stigma

Purpose

- Replaces the NYSDOH *Breastfeeding and HIV Policy* (2005)
- Expands the scope beyond HIV to include other situations where breastfeeding is contraindicated or not advisable
- Provides updated evidence-based recommendations and resources

Background

- Breastfeeding
 - Highly beneficial to both the infant and mother
 - Provides complete nutrition for infants, including the premature and sick
 - Provides physiologic and immunologic protection
 - Supported by multiple state, national, and international organizations with emphasis on exclusive breastfeeding for the first 6 months
 - American Academy of Pediatrics (AAP) recommends “*exclusive breastfeeding for about 6 months, and then up to a year or longer as mutually desired by mother and infant.*”

Background (continued)

- New policy is based on:
 - Recommendations by key professional organizations and government entities
 - American Academy of Pediatrics (AAP)
 - American College of Obstetrics and Gynecology (ACOG)
 - Centers for Disease Control and Prevention (CDC)
 - World Health Organization (WHO)
 - Clinical considerations for temporary cessation and contraindications for breastfeeding

Medical Contraindications for Breastfeeding

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- There are few true medical contraindications to breastfeeding
 - Infant with classic galactosemia (galactose 1-phosphate uridylyltransferase deficiency)
 - Mother living with human T-cell lymphotropic virus type I or type II
 - Mother living with human immunodeficiency virus (HIV)

Women Living with HIV or at Risk for HIV Acquisition and Breastfeeding Recommendations

HIV and Breastfeeding

- Women living with HIV in the United States (U.S.) should be advised not to breastfeed
 - Maternal antiretroviral therapy (ART) reduces but does not eliminate the risk of HIV transmission via breastmilk
 - Safe and affordable infant feeding alternatives are readily accessible in the U.S.
 - There is a lack of safety data on most modern ART regimens during breastfeeding

<https://aidsinfo.nih.gov/guidelines/html/3/perinatal/513/counseling-and-management-of-women-living-with-hiv-who-breastfeed>

HIV and Breastfeeding (continued)

- Viral load in breastmilk differs from viral load in blood
- ART does not adequately reduce cell-associated HIV virus in breastmilk
- Breast infections/inflammations (e.g., mastitis) significantly increase the amount of virus in breastmilk
- Infant ingests a large volume of breastmilk daily for many months

<https://www.hivguidelines.org/perinatal-hiv-care/> - postpartum management and breastfeeding section

<https://aidsinfo.nih.gov/guidelines/html/3/perinatal/513/guidance-for-counseling-and-managing-women-living-with-hiv-in-the-united-states-who-desire-to-breastfeed>

Acute HIV Infection (AHI)

- Early stage of HIV infection that extends approximately 1 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test
- During AHI, HIV is highly infectious because the virus is multiplying rapidly
- The rapid increase in HIV viral load can be detected before HIV antibodies are present

AHI and Breastfeeding

- AHI significantly increases the risk of mother-to-child transmission (MTCT) of HIV from approximately 14% in the absence of AHI, up to approximately 30% during AHI
- Clinicians should include AHI in the differential diagnosis for any breastfeeding mother presenting with rash and/or flu-like symptoms or other symptoms consistent with AHI

Factors that Increase Risk of Acquiring HIV Infection in Women

- New diagnosis of a sexually transmitted infection (STI) in self and/or partner
- Partner is known to be living with HIV with an unknown viral load (VL) or detectable VL
- Partner(s) with unknown HIV status
- Male partner who also has sex with other men
- Injection drug use by self and/or partner(s)
- Engagement in transactional sex (e.g., trade sex for shelter)

Women at High Risk for HIV Infection and Breastfeeding

- Women with current or ongoing high risk factors should not breastfeed until an HIV risk-reduction plan is in place
- Plan should include:
 - Pre-exposure prophylaxis (PrEP)
 - Regular HIV/STI testing
 - Access to condoms and consistent use of safer sex practices
 - Access to mental health and substance use treatment
 - Access to syringe exchange programs

<https://www.hivguidelines.org/perinatal-hiv-care/preventing-mtct>

Pre-Exposure Prophylaxis (PrEP) for Prevention of HIV Infection

- What is PrEP?
 - Biomedical intervention
 - Daily ART given to non-HIV infected individuals to reduce their risk of acquiring HIV
 - Evidence to date suggests use during pregnancy and breastfeeding is safe

<https://www.hivguidelines.org/perinatal-hiv-care/preventing-mtct>

Maternal Conditions Where
Breastfeeding is Not Advisable but
*Expressed Breastmilk Can Be
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Maternal Conditions Where Breastfeeding is Not Advisable but Expressed Breastmilk Can Be Provided

- Untreated, active tuberculosis
 - Breastfeeding may resume after a minimum of 2 weeks of treatment and mother is determined to not be infectious
- Varicella
 - Breastfeeding may resume once all lesions have become scabbed and crusted, and mother does not have any new vesicles appearing

Maternal Conditions Where Breastfeeding is Not Advisable but Expressed Breastmilk Can Be Provided (continued)

- Active herpetic lesions on breast(s)
 - Avoid breastfeeding until all lesions healed
 - Breastfeeding may continue on the unaffected breast

Maternal Conditions Where
Temporary Cessation of
Breastfeeding is Recommended
and Expressed Breastmilk Should
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Maternal Conditions Where Temporary Cessation of Breastfeeding is Recommended and Expressed Breastmilk Should Not be Used

- Specific Medications
 - e.g., Taking radioactive isotopes, cancer chemotherapy, antimetabolites
 - Risks and benefits should be discussed for each
- Radiation Treatments
 - e.g., Undergoing different radiation therapies

Maternal Conditions Where Temporary Cessation of Breastfeeding is Recommended and Expressed Breastmilk Should Not be Used (continued)

- Hepatitis C infection
 - If nipples/areola are cracked or bleeding
 - Once completely healed, can breastfeed or use expressed breastmilk
- Active untreated brucellosis
 - Until no longer contagious

Special Situations Where Breastfeeding Should be Individually Tailored

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- Women using the following:
 - Prescription controlled substances
 - Illicit drugs (e.g., cocaine)
 - unless specifically approved by the infant's and mother's health care providers on a case-by-case basis

Special Situations Where Breastfeeding Should be Individually Tailored (continued)

- Women using the following:
 - Opioids
 - Women stable on opioid agonist pharmacotherapy should be encouraged to breastfeed
 - Medical or recreational marijuana
 - Cannabis is not considered an absolute contraindication to breastfeeding

Infant Conditions Where Breastfeeding Can Be Initiated with Feeding Modifications

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- Phenylketonuria (PKU)
 - Breastfeeding can take place with supplementation with low-phenylalanine formula and monitoring of blood phenylalanine levels with adjustment to the amount of breastmilk consumed
- Glucose 6-Phosphate-Dehydrogenase Deficiency (G6PD)
 - While breastfeeding, certain foods and medications should be avoided due to hemolysis in G6PD infants

Awareness, Support & Planning for Women Who *Should Not* or *Choose Not* to Breastfeed

- All pregnant women should have their feeding choice specified in their prenatal and hospital medical records
- Staff should be aware of social, familial, and/or personal pressures women may experience as a result of not breastfeeding

Awareness, Support & Planning for Women Who *Should Not* or *Choose Not* to Breastfeed (continued)

- Some women may not want to share with staff why they are not breastfeeding
- Encourage the woman to develop, in advance, an explanation for why she is not breastfeeding that she's comfortable telling others
- Protect the privacy of the mother and her infant

Breastfeeding and Stigma

Stigma

- Stigma is a lasting, negatively valued circumstance, status, or characteristic that discredits and disadvantages individuals
- Stigma is manifested through four factors: **prejudice, discounting, discrediting, and discrimination**
- These attitudes and behaviors, as manifestations of stigma, can cause harm to stigmatized persons



Stigma (continued)

- Stigma can be evidenced in four forms:
 - Physical
 - Social
 - Verbal
 - Institutional

Forms of Stigma in Health Care Facilities

- Refusing to provide treatment
- Differential treatment
- Gossip or verbal abuse
- Marking files or other patient belongings
- Disclosing someone's diagnosis/condition, such as HIV

Stigma in Health Care Facilities Experienced by Some Women Who Can't/Choose Not to Breastfeed

- High pressure, repeated attempts to “convince” women to breastfeed
- Shaming messages (e.g., don’t you want what’s best for your baby?)
- Public “outing” (e.g., requiring disclosure during a group infant care class)
- Differential treatment

Case Study #1: Woman Living with HIV

- 28-year-old woman
- Living with HIV for many years
- Adherent to antiretroviral therapy (ART)
- Engaged in HIV care
- Developed a birth plan with the help of her HIV care provider and prenatal care provider
- Delivered a healthy, full-term baby

Case Study #1 (continued)

- Breastfeeding was encouraged on several occasions by all levels of postpartum staff
- Mother felt pressured to disclose her status and repeatedly divulge why breastfeeding is contraindicated
- Assessment of the mother's needs upon discharge did not include whether a supply of formula was adequate and available

How could this situation
have been handled
differently?

Case Study #1: What Can Health Care Providers (HCP) and Support Staff Do?

- Be aware of the woman's health history
 - Maintain her confidentiality
 - Understand why breastfeeding is contraindicated
- Coordinate and communicate among staff
 - Limit unnecessary, repetitive interventions (e.g., repeated attempts to initiate breastfeeding)

Case Study #1: What Can HCP and Support Staff Do? (continued)

- Provide support to reassure the woman that her infant's nutritional needs will be met
- Promote mother-infant bonding during bottle feeding, (e.g., skin-to-skin contact, eye contact)
- Be mindful of stigma
- Offer resources
 - Visiting nurse services, nutrition assistance (WIC and Supplemental Nutrition Assistance Program-SNAP) and other referrals as appropriate

Case Study #2: Double Mastectomy Breast Cancer Survivor

- 39-year-old woman
- Completed chemotherapy, radiation and two rounds of surgery
- Finished five years of a teratogenic, oral anti-cancer medication
- IVF pregnancy
- Delivered healthy, full-term baby

Case Study #2: (continued)

- Breastfeeding was encouraged on several occasions
- Mother felt pressured to disclose her cancer experience, which was traumatic for her

How could this situation
have been handled
differently?

Case Study #2: What Can HCP and Support Staff Do?

- Be aware of the woman's health history
 - Understand why breastfeeding is not an option
 - Recognize she may be grieving
- Coordinate and communicate among staff
 - Limit unnecessary, repetitive interventions (e.g., repeated attempts to initiate breastfeeding)
- Provide support and reassurance, celebrate her survival and chance at motherhood

New York State Special Supplementation Nutrition Program for Women, Infants And Children (WIC)

New York State Women, Infants and Children (WIC) Program

- WIC is an important adjunct to health care for women, infants and children who meet federal eligibility criteria
- WIC participants receive tailored nutrition and breastfeeding services, including breast pumps and infant formula, as needed

NYS WIC Program Benefits

- Nutrition and breastfeeding assessments
- Tailored education and counseling from nutritionists
- Breastfeeding guidance, support and education from breastfeeding experts
- Breastfeeding support from trained peer counselors
- Nutritious supplemental food prescriptions targeted to meet participant needs
- Referrals to health care and other services

NYS WIC Program: Breastfeeding Support During Temporary Cessation

Women participating in WIC receive the following:

- Ongoing assessment, counseling and lactation support
- High quality breast pumps based on assessed pumping needs
- Breast pump instructions
- Care and storage of pumped breastmilk

Temporary Cessation of Breastfeeding

Temporary Cessation of Breastfeeding

- Lactation support is necessary
- Women should be provided with the following:
 - Assessment for breast pump needs
 - Prescription for appropriate breast pump
 - Guidance in proper use and cleaning of breast pump
 - Instruction on collecting and storing breastmilk
 - Education on strategies to maintaining milk supply
 - Instruction to prevent engorgement and mastitis
 - Guidance on temporary use of formula, as needed



Postpartum Discharge Instructions

Postpartum Discharge Instructions

- Refer all women, who are potentially income-eligible, to the WIC Program if not already enrolled prenatally
- Assess whether sources of nutrition for the mother and infant are readily accessible and adequate
 - Health care provider and Social Services should be notified if there are concerns for inadequate nutrition

Postpartum Discharge Instructions (continued)

- Provide home care instructions on infant care and needs
- Schedule and provide contact information for follow-up appointments
 - Mother's and infant's providers, including HIV providers as appropriate
 - WIC appointment
 - If woman not WIC eligible, refer to lactation support in community or at hospital

Postpartum Discharge Instructions (continued)

- Women who are not breastfeeding should be provided with:
 - Ways to bond with infant (e.g., skin-to-skin contact and eye contact while feeding)
 - Formula preparation and storage
 - How to recognize feeding cues

Postpartum Discharge Instructions (continued)

- Women who are not breastfeeding should be provided with, continued:
 - Infant growth and development information
 - Maternal breast care instructions (e.g., no/limited breast stimulation, tight supportive bra, ice packs, when to call provider with concerns re: mastitis – fever, breast redness and pain, etc.)

Case Study #3: Temporary Cessation in Breastfeeding

- 32-year-old woman exclusively breastfeeding with a goal to breastfeed for at least one year
- Infant is 2 weeks old
- Woman diagnosed by health care provider (HCP) with a medical condition and prescribed medication that is contraindicated for breastfeeding

Case Study #3: Temporary Cessation in Breastfeeding (continued)

- HCP told woman she should stop breastfeeding, recommended formula feeding and sent woman home
- Woman is concerned about not being able to meet her breastfeeding goals

How could this situation
have been handled
differently?

Case Study #3: What Can HCP and Support Staff Do?

- HCP refers WIC eligible woman to WIC, where a WIC breastfeeding expert will provide:
 - Breastfeeding assessment and counseling
 - Participant-centered breastfeeding plan
 - The appropriate type of breast pump
 - WIC breastfeeding peer counselor
 - Referral to supportive services, as needed
- If woman is not WIC eligible, HCP refers woman to lactation consultant in community or at hospital

Key Points

Summary of Key Points

- There are situations when...
 - breastfeeding is not advisable or is contraindicated due to the health of the mother or her infant
 - temporary cessation of breastfeeding is recommended and lactation support should be provided
- Even when there are no medical contraindications, some women may not choose to breastfeed

Summary of Key Points (continued)

- Discharge instructions need to be tailored to the mother's and/or infant's specific circumstances and needs
 - Appropriate referrals and resources to be offered
- Feeding supplies and instructions, including when to call the infant's pediatrician, to be provided

Summary of Key Points (continued)

- Some women who don't or can't breastfeed experience stigma (internal and/or external)
- To mitigate stigma and reduce confusion, discharge instructions should be tailored for women who are breastfeeding, and for those who are not feeding breastmilk
- Measures to identify and reduce stigma need to be undertaken

References and Resources

New York State Department of Health (NYSDOH)

- Breastfeeding Promotion, Protection, and Support for Health Care Providers
 - <http://www.health.ny.gov/community/pregnancy/breastfeeding/providers/>

- AIDS Institute: Perinatal HIV Guidelines
 - <https://www.hivguidelines.org/pregnancy-and-hiv/>
 - <https://www.hivguidelines.org/perinatal-hiv-care/preventing-mtct/>
 - <https://www.hivguidelines.org/>

- WIC Program: WIC eligibility information
 - <https://www.health.ny.gov/prevention/nutrition/wic/>

References and Resources

- **National Institutes of Health (NIH)**

- Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health *and* Interventions to Reduce Perinatal HIV Transmission in the United States.

- HIV and Breastfeeding: <https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/185/postpartum-follow-up-of-hiv-infected-women>
- PrEP: <https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/153/reproductive-options-for-hiv-concordant-and-serodiscordant-couples>

References and Resources

- **American Academy of Family Physicians (AAFP)**

- Position Paper: Breastfeeding, Family Physicians Supporting, 2014.
<http://www.aafp.org/about/policies/all/breastfeeding-support.html>

- **American Academy of Pediatrics (AAP)**

- Policy Statement: Infant Feeding and Transmission of Human Immunodeficiency Virus in the United States. *Pediatrics* 2013; 131 (2), 391-396.
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- Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* 2012; 129(3), e827-841.

References and Resources

- **American College of Obstetricians and Gynecologists (ACOG)**
 - Committee Opinion: Optimizing Support for Breastfeeding as Part of Obstetric Practice. Number 658. February 2016. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Support-for-Breastfeeding-as-Part-of-Obstetric-Practice>
 - Seidman D, Weber S, Timoney M, et al. Use of HIV pre-exposure prophylaxis during the preconception, antepartum and postpartum periods at two United States medical centers. *Am J Obstet Gynecol* 2016 Nov; 215(5):632. e1-632.