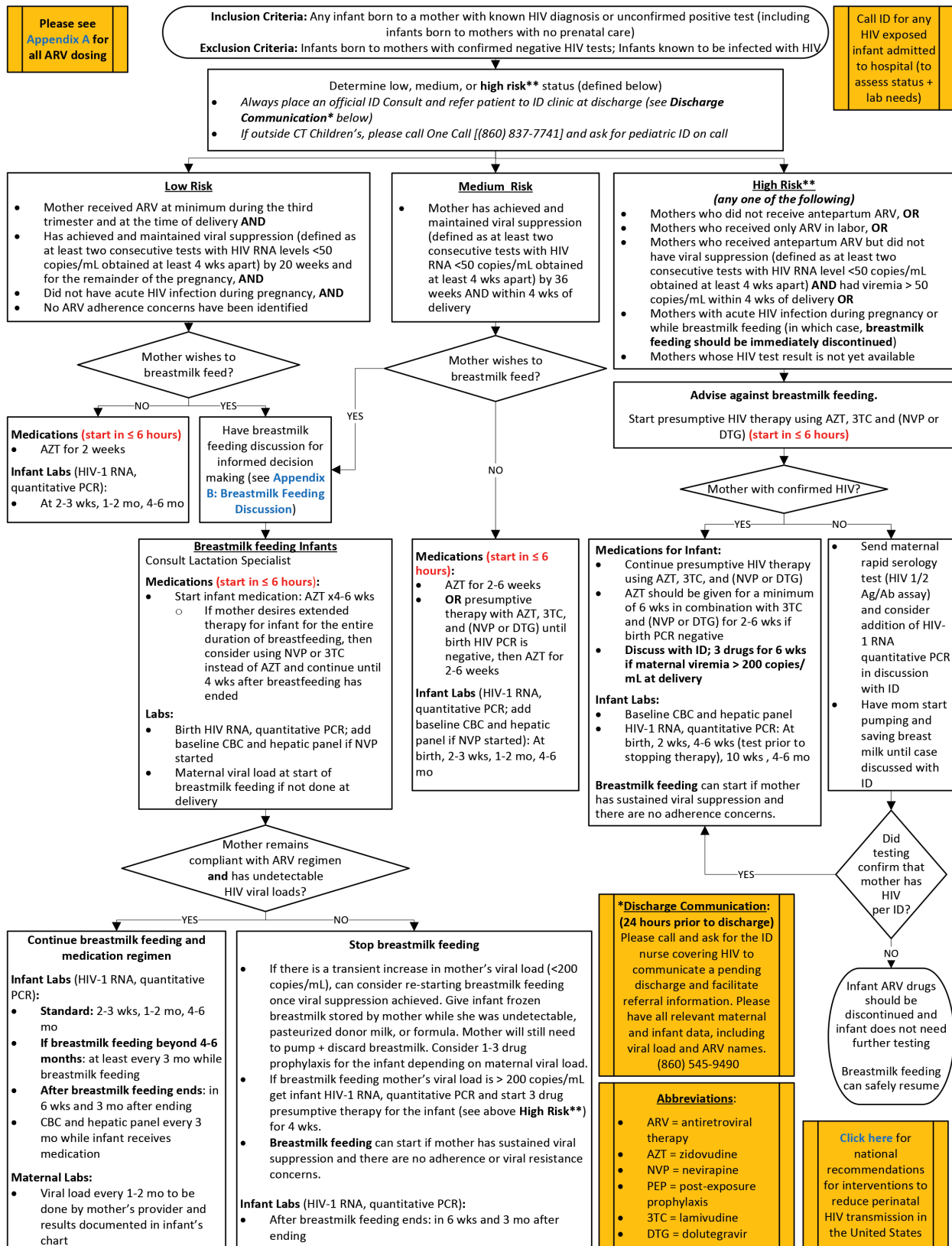


CLINICAL PATHWAY: Perinatal HIV Exposure Management (for Breastfeeding and Non-Breastfeeding Newborns)

THIS PATHWAY
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CLINICAL PATHWAY: Perinatal HIV Exposure Management (for Breastfeeding and Non-Breastfeeding Newborns) Appendix A: Antiretroviral Therapy Dosing

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*Dosing for **treatment** or **prophylaxis** is based on infant's gestational age at birth and postnatal age. For dosing below the recommended ages shown here, or if confirmed to be HIV positive, please consult ID.*

Infant Antiretroviral Dosing for Presumptive HIV

Treatment options for presumptive HIV: AZT, 3TC, and (NVP or DTG)

Drug Name	Gestational Age; Current Age; (Weight)	Dose
AZT	≥35 weeks; birth to ≤6 weeks	4 mg/kg/dose PO BID
NVP	≥37 weeks; birth to 6 weeks (see dosing below for >6 wk old)	6 mg/kg/dose PO BID
3TC	≥32 weeks; birth to < 4 weeks (see dosing below for ≥ 4 wk old)	2 mg/kg/dose PO BID
3TC	≥ 32 weeks; ≥ 4 weeks to ≤ 6 weeks (see dosing below for >6 wk old)	4 mg/kg/dose PO BID
DTG	≥37 weeks; birth to <2 weeks; (and ≥2 kg)	5 mg dispersible tab PO q48hr
DTG	≥37 weeks; ≥2 weeks to <4 weeks; (and ≥2 kg)	5 mg dispersible tab PO daily
DTG	≥37 weeks; ≥4 weeks to ≤6 weeks; (and ≥2 to <6 kg)	5 mg dispersible tab PO daily
DTG	≥37 weeks; ≥4 weeks to ≤6 weeks; (and 6 to <10 kg)	15 mg dispersible tab PO daily

Prophylaxis for Infants who are Breastmilk Feeding

Prophylaxis options at birth: AZT or NVP (or 3TC)

- AZT option:** at birth, if mother chooses to breastmilk feed for *up to 6 weeks*, use AZT for 4-6 weeks (dosing above)
- NVP (or 3TC) option:** at birth, if mother chooses to breastmilk feed *for >6 weeks*, start NVP and continue while breastmilk feeding through 4 weeks after cessation of breastmilk feeding
 - 3TC** can be used as an alternative (e.g., concern for maternal NVP-resistant virus or infant cannot tolerate NVP). 3TC should be started *after completion of initial AZT* (see option 1 above), and continued for 4 weeks after cessation of breastmilk feeding.

NVP dosing for Extended Breastfeeding Prophylaxis

Drug Name	Gestational Age; Current Age; (Weight)	Dose (10 mg/mL oral syrup)
NVP	≥36 weeks; birth to 6 weeks; (and 2 to <3 kg)	10 mg (1 mL) PO once daily
NVP	≥36 weeks; birth to 6 weeks; (and ≥3 kg)	15 mg (1.5 mL) PO once daily
NVP	≥36 weeks; 6 weeks to <6 months	20 mg (2 mL) PO once daily
NVP	≥36 weeks; 6 months to <9 months	30 mg (3 mL) PO once daily
NVP	≥36 weeks; 9 months to <18 months	40 mg (4 mL) PO once daily

For further dosing information including preterm infants and mothers while breastmilk feeding:
<https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/management-infants-utero-intrapartum-breastfeeding-hiv-exposure?view=full>



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3TC dosing for ≥ 4 weeks old for Extended Breastfeeding Prophylaxis

Started after completion of initial AZT

Drug Name	Gestational Age; Current Age; (Weight)	Dose (10 mg/mL oral syrup)
3TC	≥ 32 weeks; ≥ 4 weeks to 12 months; (and 2 to <3 kg)	10 mg (1 mL) PO BID
3TC	≥ 32 weeks; ≥ 4 weeks to 12 months; (and 3 to <4 kg)	15 mg (1.5 mL) PO BID
3TC	≥ 32 weeks; ≥ 4 weeks to 12 months; (and 4 to <8 kg)	25 mg (2.5 mL) PO BID
3TC	≥ 32 weeks; ≥ 4 weeks to 12 months; (and ≥ 8 kg)	50 mg (5 mL) PO BID

For further dosing information including preterm infants and mothers while breastmilk feeding:

<https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/management-infants-utero-intrapartum-breastfeeding-hiv-exposure?view=full>



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CLINICAL PATHWAY:

Perinatal HIV Exposure Management (for Breastfeeding and Non-Breastfeeding Newborns)

Appendix B: Informed Discussion for Caregivers Living with HIV and Breastmilk Feeding

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There are multiple feeding options for infant feeding for those who are born to mother's living with HIV. These include formula feeding, banked donor human milk, and breast "chest" feeding. Based on worldwide data and endorsed by the NIH, the known risk of breastmilk feeding with HIV is not zero but estimated to be < 1%. This risk increases if maternal viral load is not suppressed.

Why parents should consider breastmilk feeding:

Infant Benefits:

Children who are breastfed experience improved dental health and neurodevelopmental outcomes.

They also have decreased risk of:

- Otitis media
- Diarrhea
- Respiratory Tract infection
- Necrotizing enterocolitis
- SIDS
- Atopic dermatitis
- Asthma
- Celiac Disease
- Crohn's Disease and ulcerative colitis
- Late-onset sepsis in preterm infants
- Type 1 and type 2 diabetes
- Leukemia
- Childhood overweight and obesity

Maternal Benefits:

- Decreased risk of breast, ovarian, endometrial, and thyroid cancers
- Decreased risk of hypertension
- Decreased risk of type 2 diabetes
- Decreased risk of rheumatoid arthritis

Maternal ART compliance is important in breastmilk feeding to help keep baby safe. The infant can be infected through breastmilk feeding because the HIV virus can be in the breastmilk if someone does not take their HIV medication. The baby can receive medication up to 4-6 weeks or longer to help keep this from happening. Maternal viral load testing every 1-2 months is important. If there is detectable maternal virus, then the mother needs to stop breastfeeding and call for further instructions. Infants will also continue to be tested according to a set schedule during this time as well, but at least every 3 months.



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When someone is breastmilk feeding, mixed feeding with formula was previously avoided but is now considered safe. As with any infant who is exclusively breastmilk feeding, formula can be considered if:

- The infant is losing weight
- The breastmilk supply is not yet established
- There is not enough stored breast milk

When should solid foods be introduced?

Solid foods should be introduced at 6 months of age when breastmilk feeding with HIV.

It is important to stop breastfeeding if a mother has mastitis (swollen, red, and tender breasts) or open sores/bleeding from the breast. It is important to pump during this time and discard the breastmilk and call your infant's ID provider or pediatrician to help with further instructions. Stored frozen breastmilk, or formula (if needed), can be safely given at this time.

References can be accessed at:

www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states>



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