**Agreement Regarding HIV and Breast/chestfeeding\***

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| Statement | Initials of Mother/ Birthing Parent |
| I have decided to breastfeed my baby after receiving infant feeding counseling from my providers on different risks for HIV transmission with different modes of infant feeding. |  |
| I need to have consistently undetectable viral loads prior to delivery. |  |
| Even if I maintain an undetectable viral load, there is still a risk of transmitting HIV to my baby through breast milk.  |  |
| I will exclusively breastfeed, i.e. I will not intermittently give my baby formula. While breastfeeding, I will not give my baby any food (cereal, baby food, pre-chewed food). I understand that alternating formula and breast milk is a higher risk to my baby than solely breastfeeding. I may pump milk from my breast and give it to my baby in a bottle. |  |
| I will continue to take my HIV medications every day.  |  |
| I will have a viral load checked as frequently as recommended by the physician. |  |
| If I develop a breast infection (mastitis), I will not breastfeed from that breast. I may pump milk from that breast and discard it until the breast has healed. |  |
| I will give my baby the recommended medication(s) until 6 weeks after my baby has been fully weaned. |  |
| I will bring my baby in for HIV testing at the times recommended by the pediatric HIV specialist. |  |
| When I am ready to wean my baby, I will work with the pediatric HIV specialist to develop a plan for weaning so that risk of transmission of HIV at the time of weaning is minimized. |  |
| I will openly communicate problems in keeping this agreement with my provider. |  |
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| If applicable, prior to delivery: |  |
| I will have a consultation with the pediatric HIV specialist prior to my delivery. |  |
| I will bring this agreement to the hospital where I plan to deliver my baby and give it to the doctors and nurses taking care of me. |  |

\*The term “breastfeeding” is used to describe feeding a child one’s own milk (either direct feeding or with expressed milk). When counseling individuals with HIV about infant feeding, it is important to assess and use their preferred terminology; some transgender men and gender-diverse individuals may prefer using the term “chestfeeding” rather than “breastfeeding.”

**Printed name of mother/birthing parent Signature Date**

**Printed name of obstetrician Signature Date**

**Printed name of pediatrician Signature Date**