

## 5.24 Breastfeeding Contraindications

### **POLICY:**

The Local Agency will include basic information on the contraindications to breastfeeding as part of the traditional breastfeeding promotion and education process. This will include information relating to women who are HIV-positive, and other recommendations for all pregnant women.

### **BACKGROUND:**

Breast milk is considered the optimum food for infants under most circumstances, but breastfeeding is not recommended for all mothers. **The Centers for Disease Control and Prevention has established recommendations based on the following levels for identified issues** (also use the following link to reference the most up-to-date information - <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/contraindications-to-breastfeeding.html>):

- 1. NO BREASTFEEDING or provision of expressed breast milk in the following circumstances:**
  - a. Infant is diagnosed with galactosemia,
  - b. Mother is HIV-positive,
  - c. Mother is infected with T-cell lymphotropic virus Type I or Type II (HTLV 1/2),
  - d. Mother is using illicit street drugs and not in Medically Assisted Treatment (MAT) with negative HIV screening and other drugs, or
  - e. Mother has suspected or confirmed Ebola virus disease (EVD).
  
- 2. TEMPORARY CESSATION of BREASTFEEDING or EXPRESSED BREAST MILK in the following cases:**
  - a. Mother with untreated brucellosis,
  - b. Use of some medications, check LactMed for guidelines (<https://www.ncbi.nlm.nih.gov/books/NBK501922/>),
  - c. Mother is undergoing diagnostic imaging with radiopharmaceuticals,
  - d. Mother with active herpes simplex virus (HSV) with lesions present on the breast (note that mothers can feed from uninfected breast if lesions on affected breast are covered completely to avoid transmission).
  
- 3. NO BREASTFEEDING BUT PROVIDE EXPRESSED BREAST MILK in the following cases:**
  - a. Mother has untreated active tuberculosis (may resume feeding after two weeks of appropriate treatment and documented that she is no longer contagious),
  - b. Mother with active varicella (chicken pox) infection that developed five (5) days prior to delivery to the two (2) days following delivery.
  - c. Airborne and contact precautions (such as, COVID-19) **may** require temporary separation of the mother and infant, during which time expressed breast milk should be given to the infant by another care provider. Mothers should be able to

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resume breastfeeding after consulting with a physician to determine when there is no longer a risk of spreading infection.

*Note:* Breastfeeding is also contraindicated in rare instances of environmental contamination such as excessive exposure to herbicides and pesticides from waste disposal sites and extreme home exposure to lead-based paint.

**PROCEDURE:**

**A. Local Agency Breastfeeding Education**

1. Continue to promote breastfeeding as the optimum way to feed infants and offer breastfeeding information at every possible opportunity.
2. Recommend that each pregnant woman know their HIV status; advise against breastfeeding if the participant is HIV-positive.
  - a. Inform them that early treatment is available to help prevent the onset of AIDS.
  - b. Do not schedule a participant who is known to be HIV-positive for a prenatal breastfeeding class.
4. Advise against breastfeeding if the participant is a chronic street drug or alcohol user, has recently had radiation therapy (in the last 6 months), or is exposed to extremely high amounts of environmental toxins. Questions relating to these issues should be referred to the participant's health care provider.
5. Advise that certain prescription medications may temporarily contraindicate breastfeeding.
  - a. Encourage the client to question whether alternate medications can be prescribed which accommodate breastfeeding.
  - b. Encourage the client to ask the physician if dosage timing or prescription strength might be adjusted to accommodate uninterrupted breastfeeding.
6. Advise that while mother is taking a medication that contraindicates breastfeeding, she can:
  - a. Use a breast pump to maintain milk supply;
  - b. Dispose of the expressed milk;
  - c. Use a bottle to feed previously expressed breast milk or commercial formula; and
  - d. Return to breastfeeding after the mediation period is completed.

**REFERENCES:**

