### Breastfeeding Protocol for HIV-negative Mothers if Male partner is HIV-positive

**Family Health Center Family HIV Clinic, HIVE & SFGH Labor & Delivery**

**Mother's Name:** ____________________________________  **Mother's MRN:** ____________________

**Male partner's name (if known):** ____________________________  **Male partner's MRN (if known):** ____________________________

**Male partner's primary provider:** [ ] Ward 86  [ ] Family HIV Clinic  [ ] Other __________

**Contacted?** [ ] Y  [ ] N

**Notes:** _________________________________________________________________  **EDD: ____/____/_____**

**Date of Delivery: ____/____/_____.**

### A. Antenatal Management:

[ ] PrEP  [ ] Condoms  [ ] Partner monitoring  [ ] Other __________

[ ] Postpartum breastfeeding plan discussed: date ____________

### B. Maternal Monitoring

[ ] Maternal 1st trimester HIV AB ____ VL ____ date: ________ GA _______

[ ] Maternal 2nd trimester HIV AB ____ VL ____ date: ________ GA _______

[ ] Maternal 3rd trimester HIV AB ____ VL ____ date: ________ GA _______

OR [ ] Maternal HIV AB and VL monthly monitoring: _______ last

### C. Partner Monitoring

[ ] Baseline viral load prior to conception _____ date: ________

[ ] Monthly partner viral load during breastfeeding

[ ] Last documented HIV viral load: _______ date: ________

### E. Antenatal Family HIV Clinic Risk Assessment:

**Disclaimer** — there is no standardized protocol, every case and family is considered on a case by case basis in consultation with HIV experts and an informed discussion with patients and partners.

For questions please contact HIVE/Family HIV Clinic provider Monica Hahn, MD (M-F 8am to 5pm) at 415.813.1873

**Elevated risk (if >=1 of the following):** [ ] Partner with known viremia  [ ] No barrier method + no partner monitoring  [ ] Unknown maternal monitoring per section B

**Low risk (check all that apply):** [ ] Partner with confirmed undetectable VL  [ ] Barrier method  [ ] Maternal PrEP

### F. L&D Breastfeeding Plan (choose one)

**Note: breastfeeding is contraindicated on the basis of maternal HIV infection, not partner HIV+ status**

[ ] Establish breastfeeding immediately postpartum

[ ] Do not breastfeed (high risk of maternal acute HIV infection, or uncertain follow-up plan)

### G. Post L&D Discharge Follow-up Plan

[ ] Schedule for postpartum maternal visit with Family HIV Clinic, preferably including baby and partner

[ ] Breastfeeding (low maternal HIV infection risk): [ ] Encourage barrier method use  [ ] Encourage maternal GC/CT, RPR screening q6--12mo  [ ] Maternal HIV AB, VL monitoring monthly while breastfeeding  [ ] continue PrEP if desired

[ ] Monthly male partner HIV VL monitoring while breastfeeding

OR

[ ] Breastfeeding (elevated maternal HIV infection risk): Discussion with perinatal HIV specialist encouraged

[ ] Continue PrEP  [ ] Monitor GFR, Cr, UA q3-6mo while on TDF-3TC (Truvada)  [ ] Continue barrier method

[ ] Encourage maternal GC/CT, RPR screening q6-12mo  [ ] Maternal & paternal monitoring: VL monthly for both, HIV Ab/Ag maternal monthly  [ ] Monthly to q2mo clinic appointment in Family HIV Clinic

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