

Community supports

FOR PATIENTS AND PROVIDERS STATEWIDE:

CHILDREN'S MINNESOTA

Perinatal and pediatric HIV program

612-387-2989

Physician access: 612-343-2121
(24/7)

FOR PATIENTS AND PROVIDERS IN THE HENNEPIN HEALTH SYSTEM: HENNEPIN HEALTH SYSTEM

Perinatal HIV services

High risk OB Clinical Care

Coordinator, RN

PHONE: 612-873-5074

MOBILE: 612-477-3703

FOR HEALTHCARE PROFESSIONALS NATIONWIDE, INCLUDING IN MINNESOTA:

NATIONAL CLINICIAN CONSULTATION CENTER

National Perinatal HIV/AIDS Hotline:
1-888-448-8765 (24/7)

Additional resources

Get more information and
resources at:



[www.health.state.mn.us/diseases/hiv/hcp/
perinatal/index.html](http://www.health.state.mn.us/diseases/hiv/hcp/perinatal/index.html)



University of Minnesota School of Public Health
Division of Epidemiology & Community Health
1300 S. 2nd St, Suite 300
Minneapolis, MN 55454



Infectious Disease Epidemiology, Prevention and Control
PO Box 64975, St. Paul, MN 55164
651-201-5414 or 1-877-676-5414
www.health.state.mn.us

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not meant to imply any person's actual health status.

10/2025

HIV and Infant Feeding Practices IN MINNESOTA



Key points

- Talk to patients **early and often** during pregnancy.
- **Build collaboration among team members** (Adult HIV, Pediatric HIV, and Obstetric clinicians, lactation support, nursing, social work, care coordinators, etc.)
- Achieving and maintaining viral suppression through antiretroviral therapy (ART) during pregnancy and postpartum, **decreases breastfeeding transmission risk to less than 1%**, but still not zero.
- Replacement feeding with formula or pasteurized donor human milk from a milk bank **eliminates the risk of postnatal HIV transmission to the infant through breastfeeding.**



Ask about preferences

Have you thought about how you would like to feed your baby?

When it comes to feeding your baby, what is important to you?

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Updated guidelines

Breastfeeding should be supported for individuals with HIV who want to breastfeed after counseling, and if all of the following criteria are met:

1. Started ART before or early in pregnancy
2. Have consistent ART access
3. Committed to maintaining medication for their baby and themselves
4. Maintain HIV VL <50

