# Summary for antiretrovirals

In the United Kingdom and other developed countries, HIV-infected mothers should generally not breastfeed their infants.

In countries in which no acceptable, feasible, sustainable and safe replacement feeding is available, World Health Organization guidelines recommend that all women with an HIV infection who are pregnant or breastfeeding should be maintained on antiretroviral therapy for at least the duration of risk for mother-to-child transmission. Mothers should exclusively breastfeed their infants for the first 6 months of life; breastfeeding with complementary feeding should continue through at least 12 months of life up to 24 months of life.[1]

The first choice regimen for nursing mothers is tenofovir, efavirenz and either lamivudine or emtricitabine. If these drugs are unavailable, alternative regimens include: 1) zidovudine, lamivudine and efavirenz; 2) zidovudine, lamivudine and nevirapine; or 3) tenofovir, nevirapine and either lamivudine or emtricitabine. Exclusively breastfed infants should also receive 6 weeks of prophylaxis with nevirapine.[2][3]

1. World Health Organization. Guideline: Updates on HIV and infant feeding: The duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV. Geneva: World Health Organization. 2016. <http://www.who.int/maternal_child_adolescent/documents/hiv-infant-feeding-2016/en/>
2. World Health Organization. HIV and infant feeding: update. Geneva: World Health Organization. 2007. <http://whqlibdoc.who.int/publications/2007/9789241595964_eng.pdf>
3. World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization. 2013. <http://www.who.int/hiv/pub/guidelines/arv2013/en/>