

# Letters to the Editor

## Additional Information on the Management of Infants Born to Mothers With HIV Infection

**Original Article:** Management of Infants Born to Mothers With HIV Infection

**Issue Date:** July 2021

**Available at:** <https://www.aafp.org/pubs/afp/issues/2021/0700/p58.html>

**To the Editor:** We appreciated reading Dr. Vijayan and colleagues' article on the management of infants born to parents with HIV. We are family physicians specializing in the prevention and management of HIV in pregnancy and newborns and have a few points to add to their comprehensive review.

Although we agree that breastfeeding carries a risk of HIV transmission, we encourage clinicians to engage in a nonjudgmental discussion with their patients about infant feeding. Risk reduction strategies can be reviewed with patients who may choose to breastfeed after informed counseling.<sup>1,2</sup>

There is no clear evidence that early bathing is indicated in infants exposed to HIV; therefore, caution should be used before changing routine bathing practices because of the known benefits of delayed bathing in the prevention of newborn hypothermia and hypoglycemia.<sup>1,3</sup>

Table 1 lists raltegravir (Isentress) and nevirapine (Viramune) as possible third agents for the management of newborns at high risk of perinatal HIV infection, but the text mentions only raltegravir. It is important to note that both raltegravir and nevirapine are acceptable options. The choice between the two medications may be based on availability, maternal HIV resistance patterns, ease of administration, gestational age, or clinical experience. The optimal duration of these medications is unknown and should be

individualized based on the overall risk of HIV transmission and medication tolerance.<sup>1,4</sup>

We suggest that some form of check-in should occur earlier than two weeks of life to assess medication adherence, to follow up on pending laboratory results, and to adjust therapy if needed. We agree wholeheartedly that an appointment at two weeks of life is important to perform laboratory testing for HIV and adjust medication dosing depending on infant weight gain.

The National Clinician Consultation Center's Perinatal HIV/AIDS Hotline (888-448-8765) is a free service available 24 hours a day to support clinicians in the care of pregnant patients living with or at risk of acquiring HIV and infants who have been exposed to or diagnosed with HIV infection. Our multidisciplinary team can provide guidance for clinicians to provide family-centered care and work toward our shared goal of eliminating perinatal HIV transmission in the United States.

**Editor's Note:** This letter was sent to the authors of "Management of Infants Born to Mothers With HIV Infection," who declined to reply.

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This series is coordinated by Kenny Lin, MD, MPH, deputy editor.