**Supplemental Material 2. CHIP Breastfeeding Harm Reduction Counseling Form**

* Breastfeeding for mothers living with HIV in the US is not standard of care and is not recommended.
* CHIP does not recommend breastfeeding for mothers living with HIV.
* Your motivation for breastfeeding has been discussed and alternatives that avoid breastfeeding have been presented.
* Your baby may become infected with HIV as a result of breastfeeding. If this happens, he or she will need lifelong HIV care and medications, which can be very difficult for parent and child.
* The CHIP Care Team’s expert opinion on the risk of HIV transmission while breastfeeding your baby may be as high as 0.5% (1 out of 200).

**To reduce potential harm to your baby from breastfeeding, you understand and agree to the following:**

* Unexpected complications:
	+ Sometimes unexpected things happen. For example, your baby could be born too early or he/she could have a medical complication. If something like this occurs, the CHIP team may tell you that breastfeeding is not safe for your baby.
* Taking your own HIV medicines faithfully:
	+ It is extremely important for you to stay on your HIV treatment regimen, and to not miss doses of these medications while you are nursing to keep HIV viral counts as low as possible.
* Breastfeeding Guidance:
	+ We recommend that you exclusively breastfeed your baby and not offer other foods for the first 6 months, because this has been associated with more risk of babies getting HIV infection from breast milk. This means your baby should not be given substitute or supplemental formula, water, juice, or other foods, and you must nurse your baby or offer pumped stored breast milk for each feeding.
	+ You have been given information about proper nursing technique and who to call for questions or problems.
	+ You must notify your care provider right away if you develop redness or tenderness in your breast or run a fever, because these may be signs of an infection in breast, which can increase the risk of your baby getting HIV infection from nursing.
		- Your CHIP care provider can help determine if it is safe to continue nursing and will give you instructions on whether it is best to “pump and dump” breast milk for a period of time.
	+ If your baby develops severe thrush, we may recommend that your baby stops breastfeeding. The baby will need to receive medication to treat the thrush and should not have breast milk.
	+ Weaning your baby at 6 months of age is recommended, with weaning to be done gradually over 1 month.
* Extra Medications for your baby
	+ You will need to give your baby daily antiviral medicine for as long as he/she breastfeeds plus 4 extra weeks after weaning.
	+ It is very important to make sure that your baby does not miss doses of these medications.
	+ Because your baby will need to be on antiviral medicines for a longer amount of time, he/she may have more side effects from these medicines. If your baby develops severe side effects to a medicine, we may recommend that he/she stops breastfeeding.
* Mother and Infant Monitoring
	+ You and your baby will have frequent visits with your CHIP care provider throughout the period of breastfeeding.
	+ You and your baby will have blood tests done at each visit to check that your viral load is staying as low as possible, and to check your baby for HIV infection. If your viral load becomes detectable, we may recommend that your baby stops breastfeeding and starts additional medications.
* Care for Baby After Weaning
	+ Your baby will stay on anti-HIV medicine for 4 more weeks after he/she has weaned.
	+ Your baby will need HIV testing visits at least 1 month, 3 months, and 6 months after he/she has weaned.

The above information has been discussed with me and I understand.

Signature of mother Date

Signature of CHCO staff member providing counseling Date

Signature of CHCO staff member witness to counseling Date

Provide signed copy to patient, label with Name, DOB and MRN and scan to client’s EPIC record