

PRESS RELEASE

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New Studies Point To Reduced Risk Of Postnatal HIV Transmission During Breastfeeding



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As we mark World AIDS Day, it is sobering to contemplate that the greatest burden of the Human Immunodeficiency Virus (HIV) is borne by the developing world, where more than 600 000 children are infected annually and where breastfeeding is the norm.

Two decades have passed since the discovery that HIV could be passed through breast milk. The fear of postnatal transmission through breastfeeding, previously estimated to infect 14 – 16% of HIV-exposed babies, to cause one-third of all vertical transmission, has undermined confidence in breastfeeding in areas of the world where babies most need its continuing protection and where cessation of breastfeeding substantially increases infant mortality from other diseases and malnutrition.

Current global infant feeding guidelines recommend that babies should be exclusively breastfed for the first six months of life, and should continue to be partially breastfed with the addition of appropriate complementary foods for up to two years or beyond. Worldwide, over 10 million babies die every year, 60% of them from malnutrition and infections such as pneumonia and diarrhoea, against which breastfeeding is protective. This toll could be prevented if more mothers were assisted to optimally breastfeed their babies.

2005 saw publication of research results which modify our understanding of postnatal HIV transmission. In Zimbabwe untreated mothers and babies were followed up for 18 months, giving careful attention to how babies were fed at various periods of time after birth. Importantly, this research distinguished babies who received other foods and liquids besides breastmilk from those being fed for 3 months on breastmilk alone. Only 1% of babies breast fed exclusively for three months were found to have been infected between 6 weeks and 6 months of age. At eighteen months, the death rate for exclusively breastfed infants, whether or not HIV-infected, was less than half that of the partially breastfed infants. Exclusive breastfeeding rates increased dramatically, related to how often mothers were exposed to information about its benefits.

Growing recognition of the importance of breastfeeding has led to new studies designed to reduce the risk of postnatal HIV transmission by providing antiretroviral therapy to mothers and/or their babies while breastfeeding is maintained. Underscoring the importance of this line of enquiry, research in 2005 also showed that uninfected and orphaned babies of infected mothers have a far greater risk of morbidity and mortality than the babies of healthy mothers. This provides additional endorsement, if any were needed, that the well-being of both mother and baby are inseparably connected, and that programmes designed only to reduce paediatric HIV while ignoring the health needs of the mother are indefensible.

2005 marks a turning point in our ability to reduce the risk of HIV during breastfeeding even as the consequences of inadequate or no breastfeeding continue to be documented. Babies need their mothers; treatment designed to prolong the lives of HIV-infected women should be provided in developing as well as in developed countries. 90% of HIV-exposed babies are born into settings where, for the most part, breastmilk substitutes are neither acceptable, feasible, affordable, sustainable nor safe and where mortality from their use is likely to increase infant mortality four-fold. 90% of HIV+ mothers do not know that they carry the virus. Of the remaining 10%, over 98% would not infect their babies postnatally if they were assisted to exclusively breastfeed, and the life expectancy of babies born already infected would be doubled. The child survival imperative is clear; exclusive breastfeeding is one of the most powerful and feasible antidotes to infant mortality available; the time is right to renew support for optimal breastfeeding for all women and their young children, in order to reduce postnatal HIV transmission and to keep the majority of babies born in HIV endemic countries alive and healthy.

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