Breastfeeding in the context of HIV/AIDS

What you need to know

Breastfeeding lays the foundation for good health and survival of children and women. Through breastfeeding, a mother can lower her risk of developing diabetes, cancer, hypertension, cardiovascular diseases and overweight/obesity. In babies, breastfeeding reduces the incidence and severity of diarrhoea, malnutrition, pneumonia, childhood cancer and infectious diseases. Breastfeeding also increases intelligence.

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that mothers should:

- Begin breastfeeding within the first hour of life
- Practice exclusive breastfeeding (no food or drink other than breastmilk) for the first 6 months
- Continue breastfeeding for up to 2 years of age or beyond, with the introduction of nutritionally adequate and safe complementary (solid) foods after 6 months

Achieve the safest feeding option and maximise HIV-free survival for your babies through exclusive breastfeeding for 6 months with lifelong antiretroviral therapy, followed by continued breastfeeding with adequate complementary foods up to at least 2 years.

Breastfeeding and HIV-free survival

The human immunodeficiency virus (HIV) can be transmitted to a baby during pregnancy, labour, delivery, or through breastfeeding. However, early detection, medical treatment and other forms of support are vital in preventing HIV transmission. Early detection of HIV through testing will provide an opportunity to start timely antiretroviral therapy (ART). ART and the prevention of vertical HIV transmission help achieve HIV-free survival.

Exclusive breastfeeding for 6 months with appropriate ART, and continued breastfeeding with adequate complementary foods to 24 months or beyond is the safest feeding option, leading to maximum HIV-free survival in most low-income settings.

Exclusive breastfeeding helps ensure HIV-free survival because it:

- Reduces the rates of morbidity and mortality from infectious diseases such as diarrhoea and pneumonia, as well as non-infectious diseases including childhood cancer
- Decreases the rate of HIV-transmission compared to mixed feeding with infant formula, milk and/or solids

The full effectiveness of ART in reducing maternal viral load to an undetectable level and thus preventing vertical transmission of HIV during labour and birth is achieved by ensuring maternal adherence to ART for at least 13 weeks prior to delivery. Transmission of HIV through breastfeeding can be reduced to almost zero (between 0-1%) when:

- Upon diagnosis, pregnant women living with HIV have access to lifelong ART
- Mothers and/or their babies receive ART from early / mid-pregnancy and throughout the breastfeeding period
- ART is provided for at least 13 weeks prior to delivery to reduce viral load by the time of birth
- Mothers living with HIV breastfeed their babies exclusively for the first 6 months of life

Risks of mixed feeding

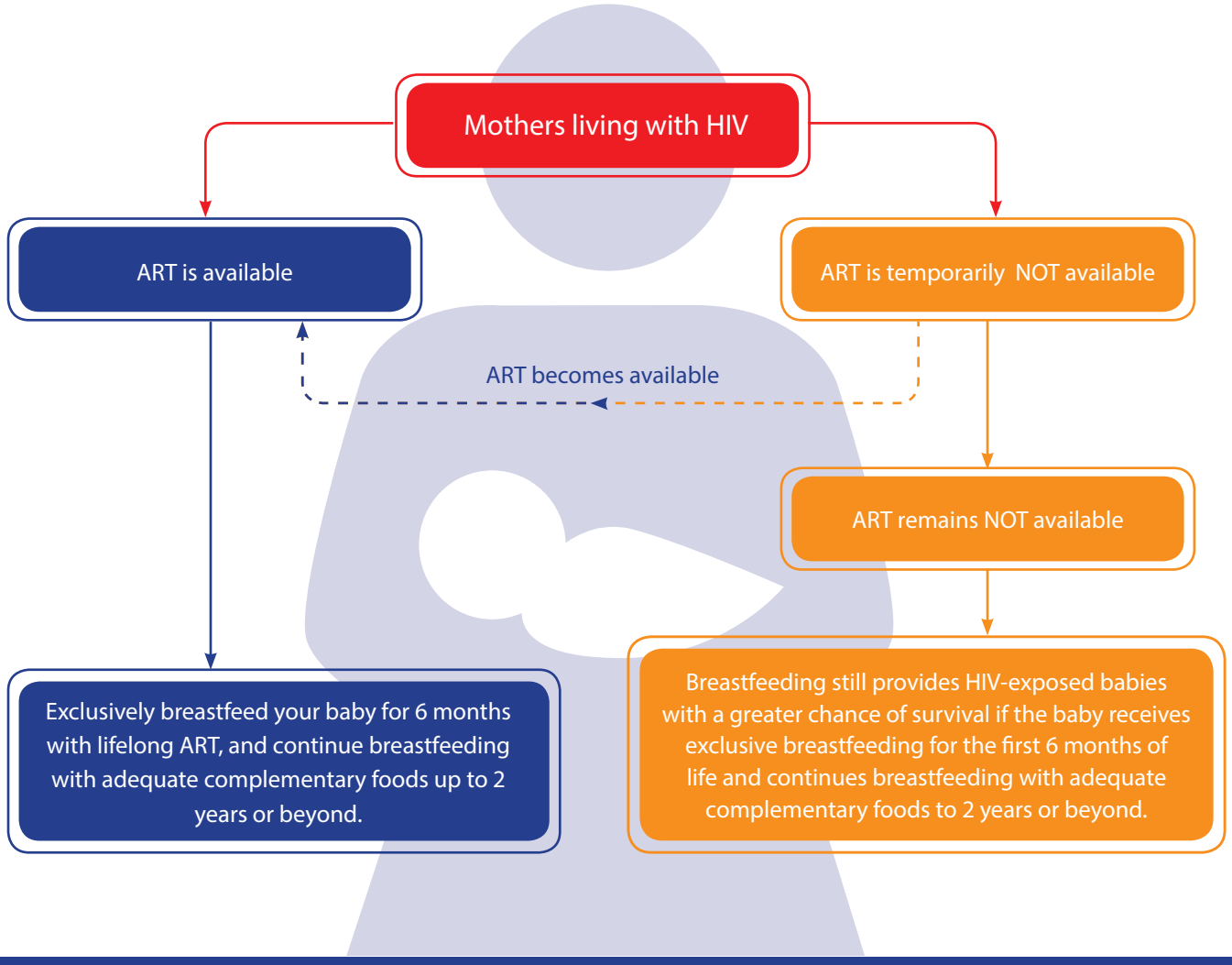
Mixed feeding refers to feeding a baby breastmilk as well as other foods and/or liquids such as infant formula before the age of 6 months. Mixed feeding before 6 months increases the risk of HIV-transmission as well as morbidity and mortality due to infections.

The early introduction of other foods and liquids:

- Increase the risk of infection leading to diarrhoea, pneumonia, malnutrition and mortality
- May damage the baby's gut through harmful microorganisms leading to increased risk of HIV transmission
- Lead to infrequent breastfeeding which may cause engorgement and mastitis and an increase in the viral load in breastmilk

Breastfeeding in different scenarios

Once a parent tests positive for HIV, their children should be routinely tested for HIV. If found to be infected or at high risk of infection, children and parents should be given access to immediate and ongoing treatment to prevent deterioration of health. The chart below shows breastfeeding practices in different scenarios:



Key principles of breastfeeding in the context of HIV/AIDS

Maternal nutrition

Good nutrition is vital for long-term health and well-being. Studies have found that a healthy diet and good nutritional status help those living with HIV to maintain a healthy weight, reduce the side effects of medication and feel better generally.

HIV can lead to a variety of nutritional problems, including weight loss, muscle wasting, high levels of fats and sugars in the blood or insufficient vitamins and minerals. A healthy diet is key to the success of any HIV treatment plan. The following can be done to maintain good nutrition:

- Increase consumption of complex carbohydrates such as whole grains, beans (legumes), starchy vegetables and brown rice to maintain a healthy weight
- Increase consumption of protein such as lean meat, fish, cottage cheese, yoghurt, eggs, beans, chickpeas, soybeans, and nuts
- Increase physical activity to fight muscle loss
- Consume enough fibre, water, fruits and vegetables to maintain gut health and avoid dehydration or constipation

Breastfeeding duration

If a mother receives appropriate lifelong ART and practices exclusive breastfeeding for 6 months, then the risk of HIV infection in the baby is almost zero. WHO guidelines on HIV and infant feeding (revised in 2016) propose that mothers known to be HIV-infected may continue breastfeeding for up to 2 years or beyond. Breastfeeding should only stop once a nutritionally adequate and safe diet can be provided. This is also true for babies who are known to be HIV-infected.

Weaning

When the mother stops breastfeeding, she should do so gradually over a 4-week period. Stopping breastfeeding abruptly or rapid cessation of breastfeeding can cause breast engorgement and mastitis for the mother and distress for the child, and may result in an increase in the viral load in breastmilk. Breastfeeding should only stop when a baby can be provided with sufficient safe food. Always seek the help of a professional when considering weaning.

Safe replacement feeding

Replacement feeding refers to intentionally replacing breastmilk with other kinds of milk, usually formula milk. For most of the developing world, the risk of increased morbidity, mortality and malnutrition due to replacement feeding exceed the risk of HIV-transmission due to breastfeeding.

The safest option is to exclusively breastfeed for the first 6 months of life, with appropriate ART. Replacement feeding should only be done when conditions regarding safety and sustainability are met - including whether replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFAASS concept).

WHO suggests that mothers living with HIV should only provide infant formula as a replacement food to their HIV-uninfected babies or babies who are of unknown HIV status when all 6 of the following conditions are met:

1. Safe water and sanitation in the household and community
2. Sufficient infant formula can be provided to support normal growth and development of the baby
3. Infant formula can be prepared hygienically and frequently to reduce the risk of diarrhoea and malnutrition
4. Infant formula can be provided exclusively for the first 6 months
5. The mother or caregiver has access to healthcare that offers comprehensive child health services
6. The rest of the family supports this practice

Non-breastfed babies should be provided with safe and adequate replacement food or heat-treated expressed breastmilk to enable normal growth and development.

Supporting breastfeeding in the context of HIV /AIDS

Overcoming stigma and empowering women

Women represent 52% of the total number of adults affected by HIV globally and 57% in sub-saharan Africa. Human rights are central to the HIV/AIDS response. It is important to be aware of issues that affect women and cause developmental, physical, behavioural and sexual harm such as:

- Women bear the main burden for the care of the ill, elderly, young, AIDS patients and orphans
- Although women living with HIV are more motivated to use contraception, there is still a knowledge gap and possible lack of empowerment of women in the area of family planning
- The economic vulnerability of women, especially younger women, increases high-risk behaviour, such as drug use, sex work, transactional or non-consensual sex and unsafe sex
- Women often suffer stigma, sexual violence by intimate partners and other forms of discrimination

Health policies and programmes should empower women and girls to reduce their vulnerability to HIV, address harmful gender norms and contribute to gender equality. HIV programmes and health interventions such as ART should take into consideration the issue of gender-based access to healthcare. Boys and men need to be included in behavioural and structural interventions aimed at reducing gender inequality.

Counselling for women living with HIV

Counselling is a helping relationship specific to the needs of the individual. Most women living with HIV benefit from a respectful, empathetic discussion about their situation. Counselling a woman and her partner as a couple or including other key family members is especially helpful. Counselling is particularly important at certain points:

- During family planning visits to prevent unintended pregnancy
- During pregnancy for guidance about breastfeeding
- Shortly after birth to initiate breastfeeding
- During routine follow-up visits for care of the mother and child

Counselling also provides the necessary information for infant feeding in the context of HIV. To prevent and resolve common breastfeeding difficulties and overcome pressure to follow inappropriate infant feeding practices such as premature mixed feeding, mothers need:

- Accurate, consistent information, guidance and skilled assistance from knowledgeable and sympathetic healthcare and community workers
- Regular counselling and support provided in their homes and in the community close to where mothers live
- Dissemination of accurate and updated information to family members
- Support for HIV-free survival and growth of their babies and young children

DISCLAIMER: This pamphlet is written for women living with HIV who want to explore the possibility of breastfeeding their babies. The information contained in it is not intended to replace medical advice that you may have received from your doctor, lactation consultant or peer counsellor. Please discuss the information in this pamphlet with your healthcare provider so that together, you can make an informed decision about how to feed your baby that will best fit your situation.

Source: Understanding International Policy on HIV and Breastfeeding: A Comprehensive Resource (WABA 2018) • Reviewed by: Academy of Breastfeeding Medicine (ABM) • Updated: December 2019