

In the early 1990s during the height of the HIV/AIDS pandemic, I met a 10-year old Zambian boy who said, “breastfeeding made me strong and powerful”. But some mothers were scared to breastfeed due to the risk of passing on the virus to their newborns. Health workers were similarly confused and scared of what advice to give mothers. Breastfeeding saves lives, perhaps like nothing else. It has been stated that 823000 child lives and 20000 maternal lives could be saved each year if breastfeeding practices were to improve. This is a powerful imperative for WABA and other advocates to continue doing the good work to create an enabling environment for the life-saving act of breastfeeding, all around the world.

The challenges for women to breastfeed are far and wide. One such challenge is how to continue breastfeeding in the context of HIV. Globally, 36.7 million [30.8–42.9 million] people were living with HIV at the end of 2016. Many of these are women. WHO and UNICEF have come out with revised guidance in 2016 and 2017 based on the latest scientific evidence. Although the HIV virus can be transmitted from mother to child, the availability of prevention, family planning, early detection/testing, effective lifelong treatment with antiretrovirals along with appropriate infant feeding practices and consistent support, the risks are now minimal. In many settings, the risks of not breastfeeding are much higher. The goal is to achieve HIV-free survival for children in the context of HIV/AIDS.

The need to inform health workers and advocates on what the revised UN guidance mean for breastfeeding is very timely. This Kit explains the concepts and recommendations in a simple way that can help those caring for HIV affected women and children to understand better the various options available.

The key contributors to this Kit, Pamela Morrison and Regina Pereira Da Silva are both experts in the field of HIV and infant feeding. Pamela has worked with breastfeeding mothers and babies for 30 years. She served as a La Leche League Leader in Harare, Zimbabwe from 1987 before being certified as the first IBCLC in the country in 1990. She worked in private practice until 2003, before moving to Australia and then to England. She served for many years on the Zimbabwean National Breastfeeding Committee and on the BFHI Task Force. She has subsequently served as Co-coordinator of the WABA Task Forces on Infants Nutrition Rights and on Breastfeeding and HIV. Pamela continues to write and speak for the preservation and protection of breastfeeding in challenging situations. Regina is an international health consultant working in the field of MNCH with focus on breastfeeding and HIV/AIDS since 2005. She is highly committed to the latest scientific evidence in the field of HIV/AIDS, supports optimal breastfeeding practice, addresses gender equality, access to education, healthy working conditions, access to health facilities with quality antenatal care, up-dated and skilled health workers, access to drinking water, availability and access to HIV Testing and Lifelong ART, drug resistance protocols with attention to TB and HIV co-infection, and compliance of the International Code of Marketing of Breastmilk Substitutes. The extensive review

involving several experts and subsequent endorsement of this Kit by one of our core partners, the Academy of Breastfeeding Medicine (ABM) brings scientific rigour to the highest standards in the field.

The HIV Kit is important for those working on breastfeeding and those working on HIV issues alike. It does not replace the detailed guidance from WHO/UNICEF nor does it serve as medical advice for those affected by HIV/AIDS. It seeks to inform about the concepts and recommendations for dealing with infant feeding and HIV and enhance the understanding of the importance of HIV free survival.

A greater understanding of this complex issue, will lead to the ability to better support women in their own efforts to make informed choices and create a more enabling environment in which to breastfeed. Science confirms the power of breastfeeding and information is power. We can use this power to make the world a better place for all women and children, even for those living with HIV/AIDS.

*Amal Omer-Salim*

Executive Director

World Alliance for Breastfeeding Action (WABA)

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- ▶ Key contributors: Pamela Morrison and Regina Pereira Da Silva
- ▶ Contributors and reviewers: Anwar Fazal, Caroline J Chantry, Elien Rouw, Felicity Savage, Genevieve Becker, Jai Prakash Dadhich, Joy Heads, Julie Ware, Liew Mun Tip, Maaiké Arts, Nancy Forrest, Robert M. Lawrence, Sarah Amin, Sue Saunders and Ted Greiner
- ▶ Content coordinators: Chuah Pei Ching, Amal Omer-Salim and Thinagaran Letchimanan
- ▶ Language editor: Lalita Sinha
- ▶ Design and layout: Adrian Cheah, ACEK Creative Solutions



## WABA HIV KIT

**B**reastfeeding is the normal nutrition for infants. WHO recommends that mothers worldwide should exclusively breastfeed infants for the child's first six months of life to achieve optimal growth, development and health. Thereafter, infants should be given nutritious complementary foods and breastfeeding should be continued up to the age of two years or beyond. This WABA HIV Kit reviews these recommendations in light of the current HIV epidemic. It is known that HIV transmission is possible through breastfeeding, and earlier recommendations were to abstain from breastfeeding when mothers were known to be infected with HIV. However, the risks of not breastfeeding, improved antiretroviral treatment of pregnant mothers with HIV, along with opportunities to prevent postnatal transmission of HIV makes these earlier recommendations obsolete. Confusion has arisen during the last decade due to changing HIV treatment guidelines and infant feeding guidance.

And here it is: a DVD with the completely reviewed and revised WABA HIV Kit with an overview of infant feeding in the context of HIV, updated to reflect the current research. This Kit has been developed for policy makers, health care workers, breastfeeding advocates, women's health activists and workers in the community to recommend a strategy that will help to prolong the lives and improve the health of HIV-positive mothers while simultaneously providing their infants with the most likely chance of HIV-free survival with exclusive and continued breastfeeding.

This WABA HIV Kit contains six sections with information, issues to think about and discuss, actions to take, and contacts for further resources.

The first section reviews basic facts about HIV, including the three routes of HIV transmission and an overview of the incidence, prevalence and mortality of HIV, as well as information about pediatric HIV. The types of HIV testing are outlined, especially for vertical transmission, as well as HIV testing for infants. Emphasis is on the importance of antiretroviral therapy and prevention of vertical transmission of HIV to infants. At the end of this section a toolkit for prevention and treatment of HIV infection in pregnant women, mothers and children is presented.

In the second section, guidelines and recommendations for antiretroviral treatment and prophylaxis are given, with WHO recommendations on cost effective prophylaxis to reduce postnatal transmission. Recommended policies and programs are described, which should cover HIV prevention and access to family planning and support to women living with HIV.

The third section discusses how HIV affects the lives of women in their societies and communities and describes which treatment should be considered. Breastfeeding has many benefits for mothers, however there are special health care and nutritional

requirements for HIV women. The risk of vertical transmission of HIV through pregnancy, labor, birth and breastfeeding is assessed. The importance of exclusive and continued breastfeeding to maximize infant HIV-free survival through protective properties of human milk is also described.

In the fourth section, the importance of breastfeeding is presented with the description of the key elements of HIV and Infant Feeding Guidelines. Breastfeeding is highlighted as the safest feeding option when antiretroviral drugs are available. Sound breastfeeding practices with the introduction of complementary feeding are also described, as are methods of breastmilk expression, and storage and pasteurization of human milk. In contrast the health outcomes of formula fed infants are delineated, which can lead to increased malnutrition, morbidity and mortality. Guidance is given on replacement feeding with artificial milk. This section also includes recommendations on wet nursing.

The urgent topic of how to support women living with HIV is analyzed in section five. The rights and choices of women, as well as their challenges are described. Emphasis lies on the counseling of women, based on the current recommendations. The urgent need to train health care workers is described as well as the importance of protection from marketing of formula as covered under the Code of Marketing of Breastmilk Substitutes.

A list of policy documents and reports, training materials, videos and manuals in section six completes this extensive HIV Kit.

This document is endorsed by the Academy of Breastfeeding Medicine. We highly recommend the Kit as a useful tool for all who work with mother-child dyads with HIV and in areas where HIV is endemic. We hope the guidelines in this HIV Kit will be distributed broadly to help mother-child dyads in reaching their breastfeeding goals, which could, in turn, effect a reduction in child morbidity and mortality.

*Elien Rouw*

Liaison Academy of Breastfeeding Medicine to WABA

*Julie Ware*

Chair Liaison Committee

Academy of Breastfeeding Medicine



The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide. WABA action is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant & Young Child Feeding. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).