



Siphwi Khumalo, 37, and her baby, Lundiwe. Siphwi was already on life-long antiretroviral treatment when she became pregnant with Lundiwe. This is her fifth pregnancy—all of her previous babies died shortly after birth. Siphwi suspects they died of AIDS-related illnesses, although at that time, she didn't know her status and never got her babies tested. Lundiwe is a happy, healthy baby, always smiling and very curious. Immediately after birth, Lundiwe tested negative, to the joy of her mother.

ADVOCACY BRIEF

Breastfeeding and HIV

GLOBAL BREASTFEEDING COLLECTIVE

Breastfeeding gives all children the healthiest start in life. Breastfeeding promotes cognitive development and acts as a child's first vaccine, giving babies everywhere a critical boost. It also reduces the burden of childhood and maternal illness, lowering health care costs and creating healthier families. Increasing breastfeeding worldwide would prevent more than 800,000 child deaths each year, particularly those associated with diarrhoea and pneumonia.¹

Led by UNICEF and WHO, the Global Breastfeeding Collective is a partnership of more than 20 prominent international agencies calling on donors, policymakers, philanthropists and civil society to increase investment in breastfeeding worldwide. The Collective's vision is a world in which all mothers have the technical, financial, emotional and public support they need to breastfeed. The Collective advocates for smart investments in breastfeeding programmes, assists policymakers and NGOs in implementing solutions, and galvanizes support to get real results to increase rates of breastfeeding, thereby benefiting mothers, children and nations.

Adequate support from families, communities, health workers and society is important to make breastfeeding work for all mothers; and those living with HIV need even more support.

GLOBAL BREASTFEEDING
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Breastfeeding and HIV

Mothers living with HIV can breastfeed without negative consequences for their own health and the health of their children.^{2,3} When these mothers take antiretroviral medicine consistently throughout the breastfeeding period, the risk of transmitting HIV to their children is extremely low.

WHO and UNICEF's 2016 revised guidelines on infant feeding and HIV clarify that antiretroviral therapy (ART) is effective at vastly reducing virus transmission during pregnancy and breastfeeding. It is strongly recommended that pregnant and breastfeeding women living with HIV enroll in care and initiate ART to protect their own health and reduce the risk of HIV transmission to their babies.⁴

Achieving 'HIV-free survival'⁵ for children means balancing the prevention of HIV with the prevention of other causes of child mortality—and the approach depends largely on context. In settings where undernutrition is widespread, access to clean water and adequate sanitation are limited and infections such as pneumonia and diarrhoea threaten children's lives, breastfeeding combined with good adherence to HIV treatment gives HIV-exposed infants the best chance to survive and thrive.⁶

National or subnational health authorities are ultimately responsible for setting breastfeeding recommendations in the context of HIV, based on the prevalence of HIV and the broader socio-economic, cultural and health and nutrition context. In settings where breastfeeding with ART is recommended, the WHO/UNICEF guidelines for optimal breastfeeding are the same as those for all mothers and babies: breastfeeding initiated within the first hour after birth, exclusive breastfeeding for the first 6 months and continued breastfeeding for 2 years or longer.⁴

KEY MESSAGES

- **Breastfeeding is a life-saving intervention and the best nutrition for babies.**

Breastfeeding provides a nutritious, safe and affordable food source for babies everywhere. It also helps prevent all forms of malnutrition and provides vital protection from diseases such as diarrhoea and pneumonia¹—the world's most common childhood killers.⁷

- **There is a very low risk of HIV transmission when mothers adhere to treatment throughout the breastfeeding period.**

Breastfeeding accompanied by adherence to HIV treatment gives HIV-exposed infants the best chance to survive and thrive HIV-free in settings where safe water and sanitation are not guaranteed and child deaths from undernutrition, pneumonia and diarrhoea are widespread. Consistent adherence to treatment is critical to preventing transmission of HIV.⁴ It is also best for mothers' health.

- **Support is key to helping women with HIV adhere to their treatment regimen and breastfeed safely and with dignity.**

Adequate support from families, communities, health workers and society is important to make breastfeeding work for all mothers; and those living with HIV need even more support. Breastfeeding counselling provided within health facilities and at the community level can help mothers with HIV breastfeed safely. This support must be free from commercial influences, such as any involvement of the breastmilk substitutes industry.

- **HIV testing, treatment and support should be provided as part of the care women receive before, during and after pregnancy.**

This support should be provided confidentially and without judgement.

- **Preventing mother-to-child transmission of HIV is a public health priority.**

Adequate services and support can help women protect themselves from being infected with HIV before and during pregnancy and throughout the breastfeeding period.⁸

KEY FACTS

- **Access to HIV treatment for pregnant and breastfeeding women is improving. Globally, the proportion of pregnant or breastfeeding women living with HIV who were receiving antiretroviral medicines to prevent HIV transmission to their babies increased**

Charlene Motsoto holds the hand of her 6-week-old son, Oagile, in Soshanguve Township, South Africa. Ms. Motsoto is a 'Mentor Mother', who draws on her own experience with HIV and additional training to counsel pregnant women living with HIV who participate in prevention of mother-to-child transmission programmes.

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from 50 per cent in 2010 to an estimated 77 per cent in 2015.⁹

- Fewer babies are contracting HIV from their mothers than ever before. With the rapid scale-up of treatment for pregnant and breastfeeding women living with HIV, the number of new infections among children under 5 declined by 35 per cent between 2010 and 2017, from more than 270,000 to about 180,000 globally. AIDS-related deaths among young children declined by nearly half during the same period, dropping from 146,000 to 76,000.¹⁰
- Consistent treatment is vital to preventing mother-to-child transmission of HIV. In the absence of any interventions, the risk of mother-to-child transmission of HIV (during pregnancy, labour, delivering and breastfeeding) is estimated to be between 15–45 per cent. With effective interventions during the periods of pregnancy, labour, delivery and breastfeeding, however, this rate can be reduced to below 5 per cent.¹¹

CALL TO ACTION

We can improve HIV-free survival and development for children born to mothers living with HIV. By strengthening support for adherence to treatment and breastfeeding in line with global recommendations, we can improve survival and health for both mothers and children.

Child health, HIV and nutrition advocates are joining forces to advance this agenda. Working together we must:

- Align the messaging used by maternal and child health, HIV, and nutrition communities and promote a consistent, integrated advocacy agenda around breastfeeding and HIV.

- Disseminate accurate information on breastfeeding, HIV transmission and undernutrition, and strategies for achieving HIV-free survival and optimal development for children.
- Encourage policy implementation and positive social attitudes towards repeated HIV testing and counselling for pregnant and breastfeeding women (including those who have previously tested negative for HIV); and for the prevention of HIV infection during breastfeeding.
- Foster positive social attitudes among individuals, families and communities to support mothers in their chosen feeding practices, including the decision to breastfeed while adhering to HIV treatment.
- Strengthen the health system by improving the coverage of high-quality HIV prevention, testing, counselling, treatment and care services, especially support for treatment adherence and breastfeeding-friendly health and maternity services such as skilled lactation counselling.
- Ensure the training and empowerment of health workers so they are confident and better placed to counsel and support mothers to make informed decisions about the prevention and treatment of HIV and child feeding practices.
- Advocate for regulating the breastmilk substitutes industry by implementing, monitoring and enforcing the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions.

ENDNOTES

- ¹ Victora, C.G., et al., *Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect*. *Lancet*, 2016. 387(10017).
- ² Mulol, H. and Coutsooudis, A. *Breastmilk Output in a Disadvantaged Community with High HIV Prevalence as Determined by the Deuterium Oxide Dose-to-Mother Technique*. *Breastfeeding Medicine*, 2016. 11(2).
- ³ Oiyee S., et al., *Exclusive Breastfeeding Is More Common Among HIV-Infected Than HIV-Uninfected Kenyan Mothers at 6 Weeks and 6 Months Postpartum*. *Breastfeeding Medicine*, 2017. 12(5).
- ⁴ World Health Organization, United Nations Children's Fund. *Guideline: updates on HIV and infant feeding: the duration of breastfeeding, and support from health services to improve feeding practices among mothers living with HIV*. 2016, Geneva: World Health Organization.
- ⁵ The goal of ensuring that the children of mothers with HIV are not infected with the virus during pregnancy, birth and breastfeeding and that they continue to survive.
- ⁶ The WHO and UNICEF Guideline Update on HIV and infant feeding (see footnote 4) "is intended mainly for countries with high HIV prevalence and settings in which diarrhoea, pneumonia and undernutrition are common causes of infant and child mortality. However, it may also be relevant to settings with a low prevalence of HIV depending on the background rates and causes of infant and child mortality."
- ⁷ United Nations Children's Fund. *One is too many. Ending child deaths from pneumonia and diarrhoea*. 2016, New York: UNICEF.
- ⁸ Some of these preventative strategies include the use of condoms, partner HIV testing and the provision of ART to partners with HIV, harm reduction strategies for injection drug users, and the management of sexually transmitted infections.
- ⁹ Joint United Nations Programme on HIV/AIDS. Feature story: Preventing mother-to-child transmission of HIV, October 2016, http://www.unaids.org/en/resources/presscentre/featurestories/2016/october/20161024_EMotherToChildT, accessed 19 November 2018.
- ¹⁰ Joint United Nations Programme on HIV/AIDS HIV estimates, 2018, as published in *Women: At the heart of the HIV response for children*. 2018, New York: UNICEF.
- ¹¹ World Health Organization. Mother-to-child transmission of HIV, 2018, <https://www.who.int/hiv/topics/mtct/en/>, accessed 19 November 2018.



Suchirani Mandi, 21, from West Bengal, India, breastfeeding her 3 month old baby, Sanchita Mandi.

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AND TO JOIN THE COLLECTIVE:
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