

IATT HIV & Infant Feeding Online Discussion

Key Points

From fifteen participants across seven countries

Key Concerns:

Does exclusive breastfeeding and prolonged breastfeeding increase the risk of HIV transmission from an HIV positive mother to her infant?

- Recent studies have the transmission rate of HIV from mother to child during breastfeeding is around 5% if the mother is on ARV treatment or receiving ARV prophylaxis.
- The risk of acquiring HIV from breast milk remains as long as the infant is being breastfed, hence the recommendation of stopping at 12 months for HIV-exposed infants as opposed to the 24 months breastfeeding recommendation for the general population.
- There is a need to develop specific guidelines for post natal follow up for HIV positive mothers. Access and adherence to ARV regimens in HIV positive lactating mothers is critical.

How can a HIV positive mother balance the risk of HIV transmission during breastfeeding and the feasibility of providing an adequate diet to the infant upon weaning?

- Follow up is necessary to track a mother's disease status and adherence to ARV regimens so as to reduce the risk of transmission from mother to child during breastfeeding.
- Incorporate routine viral load monitoring for HIV positive mothers who are breastfeeding as well as more intensive monitoring of HIV infection in infants.
- HIV positive mothers who decide to stop breastfeeding at any time should stop gradually within one month. Mothers or infants who have been receiving ARV prophylaxis should continue prophylaxis for one week after breastfeeding is fully stopped.
- In many instances, weaning at 12 months puts the child at risk of diarrheal disease or malnutrition. The decision to cease breastfeeding should be decided by the feasibility of providing an adequate diet without breast milk.