



Position Statement

Exclusive Breastfeeding and HIV Infection

Background

Research suggests that infants born to HIV positive women should be either exclusively breast or bottle fed. If breastfeeding is the method chosen it should be continued for at least six months in order to reduce the risk of viral transmission. Breastfeeding is especially important in the context of poverty and when clean water and fuel resources are inadequate for safe artificial feeding. It is evident that policies, recommendations, support and evidence-based information provision vary by country and locality.

Position

ICM

- Recognises the need for exclusive breastfeeding or artificial feeding when the mother is HIV positive.
- Acknowledges that, in certain circumstances, achieving safe breastfeeding or artificial feeding is difficult. It depends on individual circumstances, the mother's viral load and the availability of antiretroviral drugs. When artificial feeding is chosen the availability of clean water, and fuel resources are important.
- Affirms that HIV-positive childbearing women have a right to information about infant feeding options in order to make an informed choice. Women also have a right to receive support to achieve their chosen method of feeding their newborns.
- Encourages collation and dissemination of research and experience to midwives, policy makers and other key workers who support women in achieving a safe feeding method.

Recommendations

Member Associations are urged to:

- Share with others their experiences of policy and information initiatives, and of supporting HIV-positive women in making and carrying out appropriate feeding choices, especially in helping women to achieve exclusive breast-feeding over at least six months where artificial feeding is unsafe.

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- Encourage and contribute to appropriate research around HIV and infant feeding, including exclusive breast-feeding and breast feeding while receiving antiretroviral therapy
 - Encourage the establishment of a database or publications of information shared experience

Related ICM Documents

ICM. 2014. Position Statement. HIV and AIDS

Other Relevant Documents

Chasela et al. 2010. Maternal or Infant Antiretroviral Drugs to Reduce HIV-1 Transmission. *The New England Journal of Medicine* 362:2271-2281.

Coovadia et al. 2007. Mother-to-child transmission of HIV-1 infection during exclusive breastfeeding in the first 6 months of life: an intervention cohort study *The Lancet*. Volume 369, Issue 9567, 31 March–6 April 2007, Pages 1107–1116

Coutsoudis A et al. Method of feeding and transmission of HIV-1 from mothers to children by 15 months of age: prospective cohort study from Durban, South Africa. *AIDS* 2001; 15(3), 379-387.

IATT, WHO, UNICEF. 2013. Toolkit, Expanding and Simplifying Treatment for Pregnant Women Living with HIV: Managing the Transition to Option B/B+. The Intraagency Task Team.

Lazarus r. et al. 2013. Promoting safe infant feeding practices – the importance of structural, social and contextual factors in Southern Africa. *Journal of the International AIDS Society*. Vol. 16:18037

WHO. Young Infant and Child Nutrition. Resolution 54/7 by the World Health Assembly, Geneva, 2001

WHO. 2010. Guidelines on HIV and infant feeding 2010. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. WHO, UNAIDS,

WHO. 2012. Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Programmatic update. WHO, Geneva.

Zetterstrom R. 2000. Transmission of human immune deficiency virus type-1 from mother to infant. *Acta Paediatrica*; 89(11): 1273-1274.

Adopted at Glasgow Council meeting, 2008

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