

IATT HIV & Infant Feeding Webinar

March 7, 2013

Key Points

Key Themes:

- The WHO recommends that HIV positive mothers exclusively breastfeed their infant for the first six months of life then continue to breastfeed until twelve months while introducing other foods. After the first twelve months of life, breastfeeding should only cease when a nutritionally adequate and safe diet can be provided.
- Health workers are a key driver of breastfeeding behaviour in mothers. Must provide health workers with clear messages and increase their confidence in making an exclusive breastfeeding recommendation to HIV positive mothers.
- Breastfeeding for longer duration improves HIV free survival for infants and young children, but also reduces risk of infant mortality due to diarrhoea, pneumonia and malnutrition – essential for overall child survival as well.

Challenges:

- Low rates of first trimester attendance in ANC.
- Limited capacity for counselling infant and young child feeding.
- Limited data on breastfeeding status collected at health facility level.
- Health workers do not have the confidence to translate the current recommendation of breastfeeding to mothers on ARVs into practice for the mothers.
- Mixed feeding prior to 6 months of age is common, and stigma and discrimination associated with exclusive breastfeeding or with stopping breastfeeding all together is a barrier to improving adherence to recommended breastfeeding practices.

Successful Interventions:

- Establishment of sustained government leadership from the outset.
- Peer to peer support such as Mentor Mothers in Kenya with strong mechanisms for monitoring and evaluation. For example, rates of exclusive breastfeeding for the first six months for HIV exposed infants (HEI) are between 63 and 92 per cent (programme data, Nyanza Province, 2012).
- Baby Friendly Hospital Initiative/Baby Friendly Community Initiative launched in Kenya with the following results:
 - IYCN counseling tool sets and job aids disseminated for all health facilities and community level support.
 - On-the-job training materials developed and used to update health workers by all partners.
 - New indicators included in the Health Management Information Systems (HMIS) to monitor early initiation of breastfeeding and exclusive breastfeeding rates (2011).
- Integration of ANC, PMTCT, post natal care and ART services.
- Development of a minimum package of nutrition services, counselling and key contact points to be given to mothers during antenatal care.
- At global level, development of communication strategy on IYCF for different populations, policymakers and program managers based on revised WHO 2013 guidelines.