



World Breastfeeding Trends Initiative (WBTi)

Assessment Tool



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WBTi UK Working Group

<http://www.lcgb.org/wbti/>

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Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice? (See Annex 8.1, 8.2)

Background

*The HIV and infant feeding 2010: an updated framework for priority action*¹² has suggested following activities to achieve HIV free survival for children.

- Develop or revise (as appropriate) a comprehensive evidence-based national infant and young child feeding policy which includes HIV and infant feeding
- Promote and support appropriate infant and young child feeding practices, taking advantage of the opportunity of implementing the revised guidelines on HIV and infant feeding
- Provide adequate support to HIV-positive women to enable them to successfully carry out the recommended infant feeding practice, including ensuring access to antiretroviral treatment or prophylaxis
- Develop and implement a communication strategy to promote appropriate feeding practices aimed at decision-makers, health workers, civil society, community workers, mothers and their families
- Implement and enforce the International Code Marketing of Breastmilk substitutes and subsequent WHA resolutions

The fact that HIV can pass through breastfeeding and also that breastfeeding has life saving implications for infants and children, pose a dilemma to all, including policy makers, infant feeding counsellors and mothers who are HIV positive, whether to choose breastfeeding for their baby or give replacement feeding.

Optimal replacement feeding is rarely possible in resource-limited settings. Formula feeding is expensive and unreliable and consistent supplies of infant formula are difficult to maintain in countries with limited infrastructure for transport and storage. Even when formula is freely provided it may not be culturally acceptable and often puts the mother at risk of having her HIV status disclosed involuntarily to her family and community. In view of this breastfeeding has remained the best feeding practice regardless of HIV status in most settings especially in the developing countries where HIV prevalence is high. Furthermore, evidence has shown that antiretroviral drugs (ARVs), either lifelong antiretroviral therapy (ART) or antiretroviral drug prophylaxis, that is given to the breastfeeding mother and the infant can reduce the risk of breastfeeding transmission to as low as

¹² WHO 2010. WHO Guidelines on HIV and Infant Feeding: An updated framework for priority action. Available at: http://apps.who.int/iris/bitstream/10665/75152/1/FW_C_MCA_12.1_eng.pdf

one percent. The 2010 WHO Guidelines thus stipulate that national health authorities, or even sub-national authorities where appropriate, should decide whether health services will principally counsel and support mothers known to be HIV-infected to either breastfeed and receive ARV interventions (for themselves or for their infants), or, avoid all breastfeeding, as the strategy that will most likely give infants the greatest chance of remaining HIV uninfected and alive.

Policies and programmes to implement this effectively will require HIV Testing and Counselling (HTC) to be available and offered routinely to all mothers. Furthermore support should be provided to ensure ARVs are made accessible to all breastfeeding mothers as per the national recommendations and support and follow up is provided to all mother regardless of HIV status.

In an emergency situation in countries that recommend exclusive breastfeeding with ARVs for HIV-infected mothers, the recommendation should remain unchanged, even if ARVs are temporarily not available.

In countries that recommend formula feeding for HIV-infected mothers, great care should be taken to ensure that Code-compliant infant formula is available only for those infants who need it. National authorities and/or the authority managing the emergency should establish whether the recommendation for formula feeding is still appropriate given the circumstances.

Health staff dealing with mothers and infants require preparation to face the circumstances they are likely to encounter in emergency situations, including supporting HIV-infected women.

Possible Sources of Information:

1. See following documents to see if global recommendations on HIV and Infant feeding are included in the national policy:
 - a. WHO 2010. Guidelines on HIV and Infant Feeding. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. Available at: http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf?ua=1 Accessed on 20 August 2013
 - b. WHO 2009. Rapid Advice. Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Recommendations for a public health approach. Available at: http://whqlibdoc.who.int/publications/2009/9789241598934_eng.pdf Accessed on 20 August 2013.
2. Explore reports of national HIV/AIDS control organization.
3. Interview officials of Ministry of Health, Department dealing with HIV/AIDS control, UNICEF, WHO etc.

<i>Guidelines for scoring</i>			
Criteria	Results		
	<i>✓ Check that apply</i>		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0

8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
Total Score:	---/10		

Information Sources Used (please list):

1. _____
2. _____
3. _____
4. _____

Conclusions (*Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis*):

Gaps (*List gaps identified in the implementation of this indicator*):

1. _____
2. _____
3. _____
4. _____

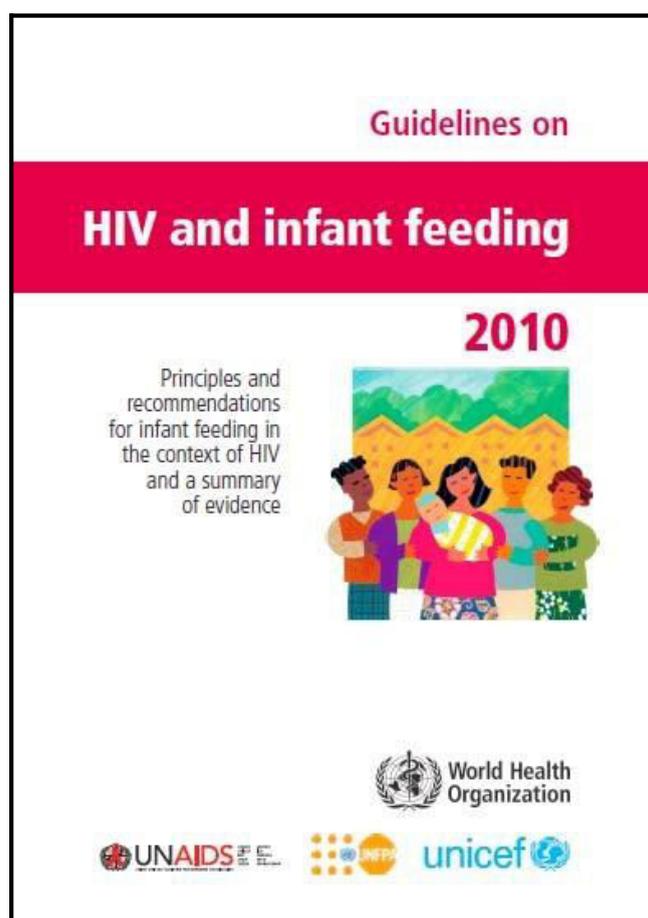
Recommendations (*List action recommended to bridge the gaps*):

1. _____
2. _____
3. _____
4. _____

WHO 2010. Guidelines on HIV and Infant Feeding

Principles and recommendations for infant feeding in the context of HIV and a summary of evidence.

(Available at: http://www.who.int/maternal_child_adolescent/documents/9789241599535/en/)



WHO 2009 (revised 2010). Rapid Advice

Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Recommendations for a public health approach.

(Available at: <http://www.who.int/hiv/pub/mtct/advice/en/>)

