

**Name: Lebogang Schultz**

**Date: March 2008**

**Location: Cape Town**



**ICAP**

International Center for AIDS  
Care and Treatment Programs

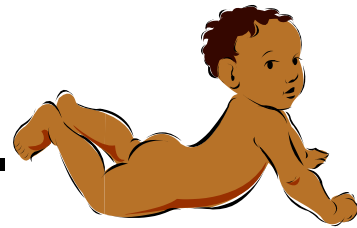
MAILMAN SCHOOL OF PUBLIC HEALTH  
Columbia University

# Introduction



- In 2000 the SA Government introduced the PMTCT services
- One of the goals of the SA National Strategic Plan (2007-2011) is to reduce the MTCT of HIV to less than 5%
- Initiatives to reach this goal include:  
development of updated PMTCT guidelines based on WHO recommendations, and  
improving access to counseling and testing services in the antenatal clinics

# Introduction continued..



- There is much emphasis in the new PMTCT Guideline on Infant Feeding options
- This is an area that has been neglected in the existing PMTCT Guideline
- Initiatives include: Infant feeding counselling through all stages of ANC and postpartum, and regularizing the supply of sufficient quantities of formula milk to meet the needs of the growing child (for mothers who choose Exclusive Formula Feeding with free formula for 6 months)

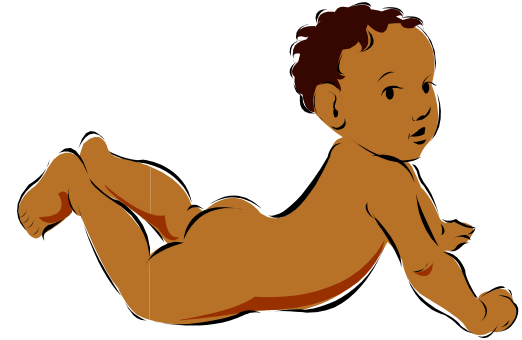


# Formula feeding in the PMTCT programme



- Although the immunological and nutritional benefits of breastfeeding are well-recognized, the knowledge that HIV can be transmitted through breast milk necessitates that infant feeding advice highlights both risks and benefits of breast and formula feeding.
- WHO recommendations suggest Exclusive Replacement (Formula) Feeding be encouraged in HIV positive women if it is safe, feasible, acceptable, accessible and sustainable( AFASS).
- Where this is not possible, exclusive breastfeeding should be promoted.
- There is no place for mixed feeding

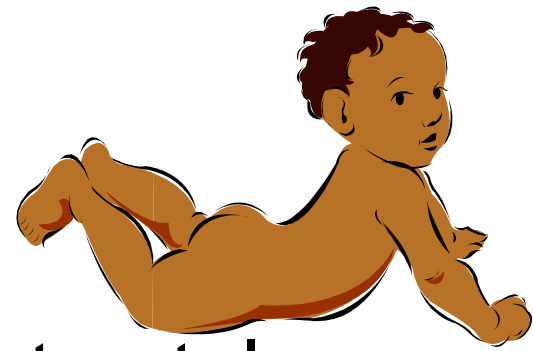
# Uptake rate of formula feeding



- The majority of women who are in the PMTCT programme opt for Formula Feeding
- WHY?
- Are AFASS criteria assessed prior to initiating formula feeding?

<p><b>*AFASS CRITERIA</b></p>	<p><b>Questions to ask to see if mother is able to follow through with Exclusive Formula Feeding (avoiding all breastfeeding)</b></p>
<p><b>Acceptability</b> <i>Is EFF acceptable for the mother?</i></p>	<p>Are there cultural or social reasons that could create a problem if the mother were to choose formula feeding? Does the mother have fear of stigma or discrimination if she were to choose replacement feeding?</p>
<p><b>Feasibility</b> <i>Is the mother able to begin EFF correctly for the required six month period of time?</i></p>	<p>Does the mother or caregiver have enough time, knowledge, skills, resources and support to correctly prepare breast -milk substitutes? Is she able to feed the infant 8-12 times in 24 hours?</p>
<p><b>Affordability</b> <i>Is the mother able to afford the costs of EFF?</i></p>	<p>Can the mother pay for the costs of buying, preparing, storing, the ERF without compromising the health and nutrition of the family? NOTE: Costs include those for ingredients/supplies, fuel, clean water, and medical expenses that may result from unsafe preparation and feeding practices.</p>
<p><b>Sustainability</b> <i>Will the mother be able to continue with EFF for the recommended 6 month period, once she has begun?</i></p>	<p>Will the mother be able to have a continuous, uninterrupted supply of replacement food (e.g. formula)? Will the mother have the products (e.g. ability to boil water) needed to safely practice ERF?</p>
<p><b>Safety</b> <i>Will the mother be able to practice EFF safely?</i></p>	<p>Will the mother be able to prepare and feed the EFF with clean water, clean hands, clean cups and other utensils, but not bottles or teats? Will the mother be able to store the replacement food correctly and in a place that is hygienic?</p>

# Challenges



- The risk of MTCT during the post natal period (breast feeding)
- Poor outcomes associated with formula feeding under unsafe conditions
- Inconsistent formula milk supply
- Exclusive breast feeding where mixed feeding is common
- Non disclosure
- Cultural issues