ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop
In Partnership with Tygerberg Children's Hospital, South Africa and S2S

Title:	**HIV and infant feeding in the context of infant formula availability**
Country:	South Africa
Host Name/Title:	Lebogang Schultz , PMTCT/ Pediatric Nursing Advisor
Session Goal:	To appraise and review experiences, approaches and better practices in implementing optimal infant feeding programs when infant formula is available and/ or recommended by the government
Learning Objectives:	1. Review appropriateness of implementing AFASS criteria at a facility level as a public health approach to safer infant feeding practices Use of AFASS criteria as an approach to assisting a mother to choose the most appropriate infant feeding method: review of key messages and tools needed to support mother's decision 2. Explore alternatives to supporting safer infant feeding practices in areas where formula is available but not the most appropriate IF method from birth-6mos. (how can formula be used safely in this context? 3. Define support system approaches and key messages to be provided to a mother when faced with problems regarding feeding method at home
Instructional Method(s):	• Interactive guided discussion • Scenarios • Problem solving
Session Description:	**1-10 minutes:** Review and discussion of AFASS criteria **11-41 minutes:** Break into teams to discuss various scenarios **42 -80 minutes**: Teams will present back the scenario they were given and present various experiences to determine which tools/approaches seem optimal, and the rationale/action plan developed **80-90 minutes**: New facility assessment tool will be presented for review and critique
Pre-session Activities:	Participants will be provided with reflective questions in advance and asked to role play different scenarios taking into account the following questions: 1. Who should ultimately make the decision on which infant feeding method one should opt for? (Facility, community or patient? Or all 3?) 2. How should infant feeding options be presented and explained to mothers without introducing bias for one feeding option over another? When is the appropriate time to discuss IF options? 3. Why does mixed feeding occur frequently and how can it be addressed?
Other:	**Scenarios for infant feeding concurrent session** **Scenario 1:** A pregnant HIV positive 38 year old woman presents at your clinic. She gave birth a week ago and has been transferred from another health facility. She tells you that she has been counseled twice about infant feeding for her one week old baby and she has opted for formula feeding. On further questioning she informs you that she is unemployed, has 3 children (ages 10, 8 and 2). She is currently receiving a grant for all the three children. She cannot read nor write. She lives in a nearby informal settlement with her boyfriend, who is employed part time. She is has

	running water from a tap that is about 200 meters away but no electricity, and she uses paraffin , as a source energy. She decided to bottle feed because she does not want her baby to contract HIV and she was told that formula is free at the clinic. Questions 1. Do you think she should bottle feed her baby? Why? 2. What information would assist her in making an informed decision on infant feeding? Why? **Scenario 2:** A young married lady presents at you heath care center. She has tested HIV positive and was counseled on infant feeding. She has disclosed her status to her husband who told her not to tell anyone. They decided that she must not breastfeed. They husband is employed and will help her with buying formula if the clinic runs out. After delivery, she is discharged and the mother in law comes to assist her with her baby until she is strong enough to take care of the baby. The mom in law realizes that she is not breastfeeding and tells her that she must breast feed because all her babies were breastfed and "a good mother always breastfeeds'. She continues to bottle feed and gives the baby breast when the mother in law is watching. She feels very helpless and she does not know how to deal with the situation. She tells the husband about this but the husband just says "do not give too much breast". She feels alone and also anxious about infecting her baby. She does not know what to do! Questions 1. What is the action plan in this case? Why? 2. What alternatives to using formula could the mother have been presented with? 3. Why does mix feeding occur and how can we address it sufficiently? 4. What can be implemented at a community level to support safer infant feeding practices?

Session Notes and Summary

Session name: HIV and infant feeding in the context of infant formula availability

Note taker name: Nancy Briggs

Major Discussion Points and/or Conclusions:

1. The discussion around infant feeding options should not be delayed until the birth of the baby but but should begin in ANC

2. Messages provided to patients are not always consistent. Staff at times interject their personal biases without regard to what is best for the patient and their individual circumstances.

3. For most patients when the AFASS criteria is applied, formula feeding is not an option

4. It is important for HCW to help patients understand AFASS criteria by helping to calculate the expenses associated with formula as a feeding option.

5. Acceptability of formula feeding is not limited to the parents of the infant but includes extended family and the larger community. In many instances, there is an association of formula feeding with HIV disease. As a result, to prevent stigmatization, women who elect formula feeding often breast feed in social situations to avoid suspicion and disclosure. The result is "mixed feeding".

6. Many governments promote formula feeding as an option but are unable to ensure availability. Policy makers do not understand the complications involved around infant feeding when creating policies that support the practice without designing and implementing sustainable supports for the practice.

Agreed Upon Next Steps:

- Programs where formula feeding is offered as an option must ensure HCW competencies around AFASS
- Programs that offer to supply formula to those choosing that option, must develop systems to monitor the availability of supply and only offer formula for the number of infants that it can guarantee availability.
- Country programs should and must take an active role in affecting policy around infant feeding as it applies in the setting where it operates
- Programs should undertake activities to sensitize their communities around exclusive breastfeeding and its associated benefits.

Other Comments:
During the last ten minutes of the sessions, participants were presented the Facility AFASS assessment tool. The following was the outcome of discussion around the tool:

1- A site's "AFASS" status cannot be generalized to clients since the client profile within a catchment area oftentimes varies too greatly to be applied to an individual
2- A more helpful tool would be an AFASS questionnaire or tool for individuals
3- A facility would not have the authority to make decisions as a result of the AFASS questionnaire result, regardless of findings since National policy determines messages and services offered
4- This tool would require Ministry support and input
    a. To pilot/use the tool you would need the inputs from the health authority or ministry (and depending on the country either on the national or subnational level)
5- Regardless of findings of a questionnaire, it would be hard to implement any changes as a result of implementing the tool since it isn't clear what you would do with the findings.