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

<table>
<tr><td>Title:</td><td>HIV and breast feeding: When breastfeeding is the primary option</td></tr>
<tr><td>Country</td><td>Swaziland</td></tr>
<tr><td>Host Name/Title:</td><td>Joris Vandelanotte, Clinical Advisor and Floriza Gennari, Program Coordinator</td></tr>
<tr><td>Session Goal:</td><td>To review the latest recommendations and science related to HIV and infant feeding (IF) and distill successful approaches to encourage exclusive breast feeding (EBF) for 6 months.</td></tr>
<tr><td>Learning Objectives:</td><td>1. To explain the latest recommendation and science related to HIV and infant feeding including ICAP approach to improving HIV free survival
2. Appraise approaches to encourage EBF for six months at the community, facility, and national level.
3. Identify at least 5 potentially optimal approaches to encourage EBF and 3 potential support tools/activities needed to support safer breast feeding practices</td></tr>
<tr><td>Instructional Method(s):</td><td>• Lecture
• Role Playing
• Brainstorming</td></tr>
<tr><td>Session Description :</td><td>1-5 minutes: Introduction
• All participants share their name and title
• Host provide an overview of the session

6-25 minutes: Overview of recommendations and science

26-35 minutes: Sharing of country-specific IF situation
• Each country will share two of the major EBF obstacles

36-55 minutes: Short role plays
• Break team up into groups of 2-3
• Provide them with role scenario
• Implement role scenario

56-75 minutes: Discussion on dynamics and influences of role play characters. Consider:
• Individual
• Family/Community
• Health facility
• Government

76-90 minutes: Brainstorming 5 potentially successful approaches and identify key activities/tools needed to support safer practices</td></tr>
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Session Notes and Summary

Session name: HIV and Breastfeeding when breastfeeding is the primary option

Note taker name: Stephen Arpadi

Major Discussion Points and/or Conclusions:

1. Where replacement feeding is not Affordable, Feasible, Accessible, Sustainable and Safe (AFASS), exclusive breastfeeding for 6 months with introduction of complimentary foods and continuing breastfeeding (or formula if AFASS) until 12-18 months of age in order to support optimal growth and nutrition is recommended.

2. In general, where infant mortality rates are high (e.g. >25 deaths per 1000 births) assuring the safety of replacement feeding is difficult if not impossible (free formula addresses only the affordable issue).
    a. As not a single ICAP country reported an infant mortality rate that was close to 25/1000, breastfeeding is the primary option

3. **Terminology/concepts**
    a. Breastfeeding in infancy has advantages over not breastfeeding with respect to lower rates of death, respiratory and diarrheal illnesses.
    b. "HIV-free survival" is an important outcome for measurement of success of PMTCT efforts as it includes number of infants that become HIV infected together with survival. For example strategies that use replacement feeding may reduce the number of children that are infected with HIV but may at a cost of greater mortality due to diarrhea and other illnesses and result in no benefit in terms of HIV-free survival.
    c. "Exclusive breast feeding (EBF)" (e.g. feeding only breast milk) reduces MTCT of HIV compared to mixed feeding.
    d. "Replacement feeding" refers to use of breast milk substitutes such as commercially manufactured infant formula. While replacement feeding has lowest amount of MTCT it is problematic in most areas where ICAP is supporting care and treatment as it is associated with increased amounts of illnesses such as diarrhea and poor growth and offers no advantage in terms of HIV free survival in most cases.
    e. "Mixed feeding" refers to giving breast milk and any other liquid or food substance before 6 months of age. Mixed feeding is associated with the highest amount of MTCT and should be discouraged.
    f. "Complementary feedings" refers to proving foods other than breast milk to infant after the age of >6 months of age, all infants even if EBF or exclusively given replacement feedings will eventually require complimentary foods in order to grow and achieve good nutrition. So introducing foods or other liquids is called mixed feeding if <6 months of age (and should be avoided) it is referred to"complementary feedings" (and is recommended) in children >6 months of age. This can be a point of confusion.
    g. Women with low CD4 counts (and high viral load) are at high risk for MTCT

For more extensive review of these particular points the following ICAP resources should be consulted:

http://cait.cpmc.columbia.edu:88/dept/icap/resources/peds/files/Infant_Feeding_Technical_Update_Final_9-21-07.pdf

http://www.columbia-icap.org/resources/peds/pedsconference/files/Session5Arpadi.pdf

4. **Role playing exercise.**
   Scenario: A prenatal counseling session regarding infant feeding for a newly diagnosed pregnant women.
   a. Scene 1: a doctor, and a pregnant women who has recently learned that she is HIV infected.
   b. Scene 2: the same pregnant women (who has not disclosed her status) and her mother-in –law (who has strong opinions about introducing foods to help the "baby grow strong just like she gave to her boy")

5. **Issues/Challenges commonly encountered in order to effectively support EBF** (many of these were made apparent through the role playing scenarios):
   a. Supporting breastfeeding mothers who must return to work
   b. Common cultural practices of mixed feeding
   c. Quality of counseling from health care worker can be poor with outdated information and biases.
   d. Problems of equity-where AFASS criteria are met, risks of HIV transmission associated with EBF can be avoid altogether
   e. "Doctored" responses from mothers regarding actual infant feeding practices (e.g. Difficulty in actually assessing infant feeding practices as patients giving the answers they think HCW desire but may not be accurate.
   f. Stigma and lack of disclosure deter EBF in settings where EBF is non-normative and uncommon practice
   g. Identifying and providing HAART to eligible women is a key step in reducing MTCT.

6. **Moving to solutions:**
   Supporting Exclusive Breastfeeding
   a. Training of HCW in order to develop competencies in infant feeding counseling
   b. Conduct pre training assessment of HCW beliefs and current practices and take this into account in training
   c. Developing standardized training materials and job aids related to infant feeding counseling skills that are in keeping with national guidelines)
   d. Use of trained peer educators and traditional birth attendants may also warrants consideration as means of supporting EBF
   e. Support Baby Friendly Initiative Practices in hospital and clinics (and workplaces) i.e. helping adapt policies and practices that encourage and support BF and discourage unnecessary use of formula as outlined by WHO-Unicef (WHO (2006). "Baby-Friendly-Hospital Initiative Revised, Updated and Expanded for Integrated Care."
   f. Advocacy at National, State, Local and Facility level to influence infant feeding recommendations that are locally appropriate and evidence based.

g. Developing and implementing community level input and intervention to improve uptake and duration of EBF where replacement feeding is not AFASS.

Getting HIV infected mothers and pregnant women on HAART

a. All HIV-positive women must have CD4 count obtained during pregnancy including at ANC, post-partum, (and also possibly infant immunization clinics) and PMTCT program settings

b. All HIV-infected pregnant women must have ready access to ARV services –these must be available in timely way by HCW who are competent to interpret results and treat per national guidelines

c. Sensitizing HCW about rationale and importance of assessing CD4 promptly in pregnancy and appropriately prescribing ARVs is important next step

d. Stigma and issues around disclosure also inhibit good adherence to HAART (and other interventions with medications and interventions to advance are essential to this