



Haiti earthquake Technical Note on HIV and infant feeding

This Technical Note aims to provide a summary of the most recent WHO recommendations on HIV and infant feeding and their application to the current emergency in Haiti.

The Ministry of Public Health and Population of Haiti in collaboration with a broad range of stakeholders developed **The Haitian National Policy on Infant and Young Child Feeding** (2008)¹. The Policy states that breastfeeding is a key intervention for child survival in Haiti; exclusive breastfeeding from 0 to 6 months applies to all infants including those exposed to HIV. It further states that HIV-infected mothers should be counseled on the benefits and risks of two infant feeding options: exclusive breastfeeding for six months or exclusive replacement feeding and supported to make a choice and carry out the feeding option they choose.

In 2009, WHO released revised Principles and Recommendations **on HIV and Infant Feeding** as a rapid advice document². This precedes the full implementation guidance that should be available in April 2010. The revised recommendations state that:

- Mothers known to be HIV-infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first six months of life, introduce appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast-milk can be provided.

In addition:

- Mothers known to be HIV-infected should be provided with lifelong antiretroviral (ARV) therapy or antiretroviral prophylaxis interventions³ to reduce HIV transmission through breastfeeding, according to WHO recommendations⁴
- If infants and young children are known to be already HIV-infected, mothers are strongly encouraged to exclusively breastfeed for the first six months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding as per the recommendations for the general population, that is, up to two years of age or beyond.

¹ Ministère de la Santé Publique et de la Population, Unité de Coordination du Programme National d'Alimentation et de Nutrition. **Normes Nationales Relatives à L'alimentation du Nourrisson, du Jeune Enfant Sains et de Ceux Nés de Mères Séropositives**. October 2008
<http://www.iycn.org/files/NormesNutritionENMSVersion30Juin2009Combined.pdf>

² WHO. **Rapid Advice: HIV and Infant Feeding Revised Principles and Recommendations**. November 2009.
http://www.who.int/child_adolescent_health/documents/9789241598873/en/index.html

³ Antiretroviral therapy, known as ART, is provided to pregnant and lactating women needing it for their own health according to defined criteria. It also helps to reduce transmission of HIV to the infant. For all other HIV-infected women, antiretroviral prophylaxis is provided to the mothers or infants for a shorter duration to prevent transmission.

⁴ WHO. **Revised WHO recommendations on the use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants**. 2009. <http://www.who.int/hiv/topics/mctc/>

While the provision of antiretroviral drugs to HIV-infected pregnant women and mothers, or to the HIV-exposed infant who is breastfeeding, is strongly recommended, the absence of antiretroviral drugs, such as in emergency settings, does not change the recommendations regarding breastfeeding. **In settings where the avoidance of breastfeeding carries very significant risks of illness, malnutrition and death, infant health outcomes will be better if an HIV-infected mother breastfeeds her infant as detailed above even if ARVs cannot be provided.** It would be additionally advantageous if antiretroviral drugs to reduce HIV transmission through breastfeeding could also be provided.

The following is recommended in the current emergency in Haiti:

- **Breastfeeding:** An HIV-infected mother should exclusively breastfeed her infant for the first six months, introduce complementary foods thereafter and continue breastfeeding for the first 12 months of life. Provision of antiretroviral drugs is strongly recommended² and humanitarian aid agencies should strive to obtain them. However, an immediate lack of antiretroviral drugs should not deter a mother from breastfeeding.
- **Reverting to exclusive breastfeeding:** Support mothers of infants less than 6 months who are partially breastfeeding (breast milk plus other food, milks or liquids) to revert to exclusive breastfeeding. This is possible and important for all mothers, including HIV-positive mothers. To achieve exclusive breastfeeding, these mothers should receive support at one of the "breastfeeding corners" or "baby tents"⁵.
- **Wet-nursing** may be the safest option for feeding infants without mothers to ensure their survival in an emergency situation, ideally from a woman known to be HIV-negative. Considering the prevalence of HIV in Haiti, the likelihood of HIV transmission during a limited period of breastfeeding, e.g. 1-2 months, by a woman whose HIV status is not known, is very low for the infant and even lower for the wet-nurse⁶. For more details on wet-nursing and HIV, the WHO-UNICEF Integrated IYCF Counseling Course can be consulted.⁷
- **Provision of ready-to-use formula:** An infant whose mother is known to be HIV-infected who was already receiving infant formula before the earthquake, is at high risk of morbidity and mortality. The mother of this infant should have access to a continuous supply of ready-to-use formula until the infant is 12 months old. Powdered infant formula carries very high risks in the current conditions in Haiti and should be avoided if at all possible.

For more information please contact:

WHO Geneva: Dr Nigel Rollins rollinsn@who.int

WHO office Port-au-Prince:

⁵ "Breastfeeding corners" or "baby tents" are being established by NGOs in some of the settlements in Haiti to support and counsel breastfeeding mothers and provide nutritional services to infants.

⁶ Given that HIV prevalence among women in Haiti is 2-3% it means that if a child is breastfed by another woman, there is a 97% chance that the woman will be HIV negative. If she breastfeeds the monthly risk of transmission for that individual child will be about 0.6% (for 24 months of breastfeeding the average risk of HIV transmission is about 14%). Putting these together, if a child is breastfed by a woman whose HIV status is not known, the likelihood of HIV transmission per month is 0.6% of 3% (0.03)=0.018% (~ 2/10,000).

⁷ WHO/UNICEF. **Infant and Young Child Feeding Counselling: An Integrated Course**. 2007. http://www.who.int/nutrition/iycf_intergrated_course/en/index.html

Montserrat Escruela, Mescruela@yahoo.es and montserrates@hai.ops-oms.org, tel: +509 244 7675

UNICEF New York: Dr Anirban Chatterjee. achatterjee@unicef.org

UNICEF office in Port-au-Prince:

Mija-Tesse Ververs, Nutrition Cluster Coordinator in Haiti, mijaververs@hotmail.com

Marie-Claude Désilets, desilets26@hotmail.com and mdesilets@unicef.org, tel: (509) 2245 3525