Adequate support from families, communities, health workers and society is important to make breastfeeding work for all mothers; and those living with HIV need even more support.
Breastfeeding and HIV

Mothers living with HIV can breastfeed without negative consequences for their own health and the health of their children.\(^2\)\(^,\)\(^3\) When these mothers take antiretroviral medicine consistently throughout the breastfeeding period, the risk of transmitting HIV to their children is extremely low.

WHO and UNICEF’s 2016 revised guidelines on infant feeding and HIV clarify that antiretroviral therapy (ART) is effective at vastly reducing virus transmission during pregnancy and breastfeeding. It is strongly recommended that pregnant and breastfeeding women living with HIV enroll in care and initiate ART to protect their own health and reduce the risk of HIV transmission to their babies.\(^4\)

Achieving ‘HIV-free survival’\(^5\) for children means balancing the prevention of HIV with the prevention of other causes of child mortality—and the approach depends largely on context. In settings where undernutrition is widespread, access to clean water and adequate sanitation are limited and infections such as pneumonia and diarrhoea threaten children’s lives, breastfeeding combined with good adherence to HIV treatment gives HIV-exposed infants the best chance to survive and thrive.\(^6\)

National or subnational health authorities are ultimately responsible for setting breastfeeding recommendations in the context of HIV, based on the prevalence of HIV and the broader socio-economic, cultural and health and nutrition context. In settings where breastfeeding with ART is recommended, the WHO/UNICEF guidelines for optimal breastfeeding are the same as those for all mothers and babies: breastfeeding initiated within the first hour after birth, exclusive breastfeeding for the first 6 months and continued breastfeeding for 2 years or longer.\(^4\)

KEY MESSAGES

- Breastfeeding is a life-saving intervention and the best nutrition for babies.
- There is a very low risk of HIV transmission when mothers adhere to treatment throughout the breastfeeding period.
- Support is key to helping women with HIV adhere to their treatment regimen and breastfeed safely and with dignity.
- HIV testing, treatment and support should be provided as part of the care women receive before, during and after pregnancy.
- Preventing mother-to-child transmission of HIV is a public health priority.

Breastfeeding provides a nutritious, safe and affordable food source for babies everywhere. It also helps prevents all forms of malnutrition and provides vital protection from diseases such as diarrhoea and pneumonia\(^1\)—the world’s most common childhood killers.\(^7\)

KEY FACTS

- Access to HIV treatment for pregnant and breastfeeding women is improving. Globally, the proportion of pregnant or breastfeeding women living with HIV who were receiving antiretroviral medicines to prevent HIV transmission to their babies increased
from 50 per cent in 2010 to an estimated 77 per cent in 2015.9

Fewer babies are contracting HIV from their mothers than ever before. With the rapid scale-up of treatment for pregnant and breastfeeding women living with HIV, the number of new infections among children under 5 declined by 35 per cent between 2010 and 2017, from more than 270,000 to about 180,000 globally. AIDS-related deaths among young children declined by nearly half during the same period, dropping from 146,000 to 76,000.10

Consistent treatment is vital to preventing mother-to-child transmission of HIV. In the absence of any interventions, the risk of mother-to-child transmission of HIV (during pregnancy, labour, delivering and breastfeeding) is estimated to be between 15–45 per cent. With effective interventions during the periods of pregnancy, labour, delivery and breastfeeding, however, this rate can be reduced to below 5 per cent.11

CALL TO ACTION

We can improve HIV-free survival and development for children born to mothers living with HIV. By strengthening support for adherence to treatment and breastfeeding in line with global recommendations, we can improve survival and health for both mothers and children.

Child health, HIV and nutrition advocates are joining forces to advance this agenda. Working together we must:

- Align the messaging used by maternal and child health, HIV, and nutrition communities and promote a consistent, integrated advocacy agenda around breastfeeding and HIV.
- Disseminate accurate information on breastfeeding, HIV transmission and undernutrition, and strategies for achieving HIV-free survival and optimal development for children.
- Encourage policy implementation and positive social attitudes towards repeated HIV testing and counselling for pregnant and breastfeeding women (including those who have previously tested negative for HIV); and for the prevention of HIV infection during breastfeeding.
- Foster positive social attitudes among individuals, families and communities to support mothers in their chosen feeding practices, including the decision to breastfeed while adhering to HIV treatment.
- Strengthen the health system by improving the coverage of high-quality HIV prevention, testing, counselling, treatment and care services, especially support for treatment adherence and breastfeeding-friendly health and maternity services such as skilled lactation counselling.
- Ensure the training and empowerment of health workers so they are confident and better placed to counsel and support mothers to make informed decisions about the prevention and treatment of HIV and child feeding practices.
- Advocate for regulating the breastmilk substitutes industry by implementing, monitoring and enforcing the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions.
ENDNOTES


2 Mulol, H. and Coutsoudis, A. Breastmilk Output in a Disadvantaged Community with High HIV Prevalence as Determined by the Deuterium Oxide Dose-to-Mother Technique. Breastfeeding Medicine, 2016. 11(2).


5 The goal of ensuring that the children of mothers with HIV are not infected with the virus during pregnancy, birth and breastfeeding and that they continue to survive.

6 The WHO and UNICEF Guideline Update on HIV and infant feeding (see footnote 4) “is intended mainly for countries with high HIV prevalence and settings in which diarrhoea, pneumonia and undernutrition are common causes of infant and child mortality. However, it may also be relevant to settings with a low prevalence of HIV depending on the background rates and causes of infant and child mortality.”

7 United Nations Children’s Fund. One is too many: Ending child deaths from pneumonia and diarrhoea. 2016, New York: UNICEF.

8 Some of these preventative strategies include the use of condoms, partner HIV testing and the provision of ART to partners with HIV, harm reduction strategies for injection drug users, and the management of sexually transmitted infections.


FOR MORE INFORMATION AND TO JOIN THE COLLECTIVE: breastfeeding@unicef.org
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