A Question & Answer Guide

Infant and Young Child Feeding with a Special Focus on HIV/AIDS

A reference tool for counsellors: Answers to questions commonly asked by mothers and their families
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Foreword

The critical value of optimal infant and young child feeding (IYCF) has been recognised for decades, and over the last 25 years tremendous effort has been directed towards the promotion, protection and support of such optimal feeding. Challenges do exist, however, especially since the discovery that breastfeeding is one of the modes of Mother-to-Child Transmission (MTCT) of the Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome (HIV/AIDS).

The Government of Uganda has put in place several policies and programmes in its attempt to promote, protect and support optimal IYCF. In 2001, the government disseminated “Policy Guidelines on the Feeding of Infants and Young Children in the Context of HIV/AIDS”. Since that time, however, additional scientific evidence has become available, suggesting that exclusive breastfeeding for up to six months decreases the risk of HIV transmission compared to non-exclusive breastfeeding. A 2006 WHO consensus meeting on IYCF in the context of HIV/AIDS provided further clarification of the issues and specific guidance. Uganda has taken note of these developments in the current Policy Guidelines on Infant and Young Child Feeding, which comprehensively address these issues.

This Question and Answer Guide, part of an integrated set of infant and young child feeding materials (counselling cards and take-home leaflets), essentially translates the new policy guidelines into a user friendly counselling tool, intended for use by program implementers, health care providers and community volunteers involved in the provision of maternal and child health (MCH) and the prevention of mother to child transmission (PMTCT). It is my sincere hope that this integrated set of materials will be widely disseminated and well-utilized to improve the quality of MCH and PMTCT services throughout Uganda.

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This Question and Answer Guide was developed at the request of people like you — health care providers, especially infant feeding counsellors — who need tools to help them explain difficult issues related to feeding infants and young children. It is also designed to help counsellors provide information and support for preventing HIV transmission among pregnant women, mothers and their children using simple and culturally acceptable language.

This material can be used with women in Antenatal Clinics (ANC), Maternal Child Health Programs (MCH), Prevention of Mother to Child Treatment Programs (PMTCT) and in other settings. It can also be used with other caregivers, fathers, elders, youth, local leaders and others in the community.

This guide is meant as a quick reference for counsellors. It provides accurate, easy-to-understand answers to some of the most common questions that mothers, their families and communities are asking about infant feeding, with a special focus on HIV and AIDS. The answers in this guide are based on the latest evidence and international recommendations.

This tool is not a complete reference guide and it is not meant as a substitute for training in infant feeding. Counsellors who use this guide are expected to already have some formal training on issues related to infant feeding. Other educational materials and teaching tools are also needed to support good interpersonal communication and counselling. We hope this tool will make your job as a counsellor easier and more successful.

If you have any questions about how to use this guide or suggestions on how to improve it, please contact the Nutrition Unit, Ministry of Health.
Questions About Infant and Young Child Feeding

1 What does the term exclusive breastfeeding mean?

Exclusive Breastfeeding means giving the infant breast milk ONLY and nothing else (no water, other milks, glucose water, gripe water, tea, porridge, other liquids or foods) with the exception of prescribed medicines. Exclusive breastfeeding is recommended until the baby is 6 months old.

2 Why is exclusive breastfeeding recommended for babies during the first 6 months of life?

- Exclusive breastfeeding for the first 6 months helps a child grow and develop to his or her maximum potential. Breastfeeding should be initiated within the first hour after birth.

- Exclusive breastfeeding provides the best food for a baby by supplying all the nutrients and water a baby needs for the first 6 months of life. No additional foods or water are needed.

- Colostrum (the thick yellowish milk that mothers produce during the first few days after delivery) provides babies with very special protection against many infectious diseases. Colostrum also helps the baby to pass the first stool. There is no need to give water or anything else to initiate bowel movements.

- After the colostrum is finished, breast milk continues to give the baby the special vitamins, nutrients and antibodies that help to make a baby stronger and able to fight infections. Breast milk helps protect the baby from getting sick, and promotes recovery if the baby does fall sick.
Breast milk is hygienic. It is very gentle and does not irritate a baby’s sensitive digestive system. Pre-lacteal feeds and other foods like porridge, rice, tea, animal milks, even infant formula and plain water can hurt a baby by exposing him or her to germs and disease. Some liquids and foods can also cause reactions. These germs or allergies can irritate a baby’s sensitive mouth and digestive tract. They can even cause diarrhoea, pneumonia and other life-threatening illnesses.

Exclusive breastfeeding increases the likelihood of lactation amenorrhea and the natural spacing between pregnancies. Mothers should receive counselling on how to use the Lactational Amenorrhea Method (LAM). By six weeks postpartum, they should also receive counselling on other postpartum family planning methods and on safer sexual practices during the antenatal period.

Exclusive breastfeeding also provides the closeness and contact that encourages bonding and makes a baby feel secure.

3 How frequently should a mother breastfeed her infant?
Whenever the infant and/or mother want to breastfeed. Newborn babies should feed 10-12 times during day and night but the frequency will decrease as the infant grows older.

4 How can a mother increase her breast milk supply?
Mothers often worry that they do not have enough breast milk. If there is any concern about breast milk supply, mothers should be encouraged to:

- Make sure that her baby is correctly positioned and attached to the breast
- Breastfeed more frequently, at least 12 times a day if the baby wants
- Breastfeed exclusively, day and night. Feeding other food, water or other liquids will reduce the baby’s suckling on the breast and reduce milk production
- Breastfeed longer at each feeding to make sure that each breast is emptied
- If the baby is ill or sleepy, wake him or her and offer the breast often. If the baby does not want to suckle, express breast milk and feed the baby with a cup or spoon
Offer the breast to comfort the baby

Look for support from the family to perform household work and help care for other children

Avoid using bottles, spouted cups and teats. They can confuse the baby and make it difficult to suckle from the breast. They are also difficult to clean and can cause the baby to become sick.

How can a mother tell that a baby is getting enough breast milk?

A baby is generally getting enough breast milk when he or she:

- passes pale yellow urine frequently (6 times or more in a day)
- passes at least one stool a day (usually)
- starts gaining weight, generally after a few days after birth
- releases the breast spontaneously after a feed, and looks relaxed and sleepy
- puts on weight as appropriate for his or her age, which can be checked at growth promotion and monitoring sessions.

How can a mother sustain breastfeeding when working away from home?

A working mother with a formal employment has the right, according to the Ugandan law, to paid maternity leave of 60 working days (and the father for 4 days of paternity leave). After returning to work, some employers will allow a breastfeeding mother to take an extra break in order to breastfeed her baby or to express breast milk for her baby.
Complementary feeding means giving other foods and liquids in addition to breast milk or replacement milks.

What does the term complementary feeding mean?
Complementary feeding means giving other foods and liquids in addition to breast milk or replacement milks.

When should a baby begin to receive complementary foods?
Babies should begin to receive complementary foods in addition to breast milk or replacement milks when they are 6 months old. For babies who are breastfed, breast milk continues to provide half or more of the child’s nutritional needs from 6 to 12 months and at least one-third of their nutritional needs from 12 to 24 months. In addition to nutrition, breastfeeding continues to protect the child from many illnesses.

Babies who are receiving an appropriate replacement milk do not need additional food until 6 months. Babies who are not breastfeeding at 6 months need at least 500ml of replacement milk every day (one full NICE cup), in addition to complementary foods. Babies who are not breastfeeding need this replacement milk, until they are about 2 years old, in order to ensure adequate growth and development.

Even when the mother goes back to work she should be supported to continue to breastfeed, and should be encouraged to:

- Express breast milk to be fed to the baby while she is away
- Express breast milk at work to keep the milk flow going
- If possible, carry the baby to the place of work or have someone bring the baby to her so that she can breastfeed when she has a break
- Take extra time for the feeds before leaving for work and breastfed as soon as she comes back from work
- Increase the number of feeds while she and the baby are together, generally at night and over the weekends
- Look for extra support at the workplace and at home
How should babies be given complementary foods and what foods should they receive?

※ Mothers and other caregivers should wash their hands and the babies’ hands with soap and running water before preparing foods and feeding. All bowls, cups and utensils should be cleaned with soap and clean water. It is best to use a separate plate to feed the baby.

※ As babies grow, they gradually need to increase the amount, density (thickness) and diversity (types) of the foods they eat to ensure that their nutritional needs are met.

※ When babies first begin to eat, they should receive 3 heaped tablespoons of food 2 times each day, slowly increasing the amount, thickness and types of food that are offered.

※ Between 7 and 8 months of age, babies need to eat 3 meals (each 1/3 NICE plastic cup) per day if they are receiving some kind of milk. If no milk is available, babies need to eat 5 meals per day. The baby’s food should be mashed, pureed or semi-solid, but be thick enough so that it does not run off the spoon.

※ The mashed food should have food from the three food groups.

※ Between 9 and 11 months of age, babies need to eat 3 meals (each a little more than 1/3 NICE plastic cup) each day, plus one healthy snack in between meals.

※ Between 12 and 24 months of age, babies continue to need 3 to 4 meals (each 1/2 NICE plastic cup) each day, plus 2 healthy snacks in between meals. At this age, children can eat the same types of food as adults.

※ Children should be actively encouraged to eat from his or her own plate. This promotes better hygiene and allows the mother or caregiver to know how much the baby has actually eaten.

※ Do not give drinks that have no nutritional value such as tea, coffee, soda or other sugary drinks. Always boil fresh animal milks and any water that is given to babies.

※ During and after illness, babies need to be fed more frequently, and often need extra encouragement to eat.
What can women do to protect themselves from becoming infected or re-infected with HIV or other sexually transmitted infections (STIs)?

Women and their partners can protect themselves from becoming infected with HIV and other STIs by:

- Testing, knowing and disclosing their HIV status
- Being faithful with one partner who is not infected with HIV or an STI and who is also faithful to them
- Using a condom correctly and consistently every time they have sexual intercourse
- Abstaining from sexual intercourse

Women and their partners should undergo Voluntary Counselling and Testing (VCT) for HIV. Knowing and disclosing their HIV status will help them make informed decisions about having children and other aspects of their sexual and reproductive lives.

During pregnancy and breastfeeding, it is especially important for women and their partners to protect themselves from HIV and from other STIs. If there is any question about the HIV or STI status (or faithfulness) of either partner, couples should use condoms every time they have sexual intercourse or abstain.

This will protect both partners. Protecting the mother from HIV infection is the surest way to prevent passing the virus to the baby during pregnancy, labour and delivery, or through breast milk. HIV positive mothers should be extra careful and practicing safe sex because re-infection with HIV increases the risk of passing HIV to the baby during breastfeeding.
11 Can ANY mother pass on HIV to her baby?

No, only an HIV positive woman can pass on the HIV virus to her baby: while she is pregnant, during labour and delivery, or while breastfeeding.

If a woman has not been tested for HIV, however, she may not know that she has the virus. It is therefore important for pregnant and breastfeeding women to be tested and to know their HIV status so that they can be counselled about how best to protect their babies from the virus.

12 What are the ways that HIV can pass from an HIV positive mother to her baby?

If a woman is HIV positive, her blood and breast milk contain HIV. HIV from a mother can pass to her baby during pregnancy, labour and delivery if the baby comes in direct contact with the mother’s blood and body secretions. If the mother breastfeeds her baby, the HIV in the breast milk may pass to the baby.

13 Do all babies born to HIV positive mothers become infected with HIV if no preventive action is taken?

No, not all babies born to HIV positive mothers become infected with HIV. Imagine 100 babies born to mothers with HIV. About 40 of these babies will become infected if no preventive actions are taken. Out of these 40 babies, about 25 will become infected during pregnancy, labour and delivery. About 15 babies will become infected during breastfeeding. This means that about 60 babies will not become infected with HIV, even if they are breastfed. There are preventive actions that can be taken and health care services are now available to reduce the number of babies infected.
Why do some babies who are born to HIV positive women become infected with HIV while others do not?

We do not understand yet why some babies born to HIV positive women become infected with HIV while others do not. Research has shown that multiple factors affect the risk that mothers will pass HIV to their babies. These factors include:

- Recent infection or re-infection with HIV
- Prolonged labour
- Stage of the mother’s illness
- General maternal health and nutritional status
- Breast problems (cracked nipples, mastitis, etc.)
- Infant feeding practices
- Duration of breastfeeding
- Health of baby’s mouth and digestive tract
- Mixed Feeding

These factors are discussed in greater detail in Question 29

Can you tell which HIV positive mothers will infect their babies through breastfeeding and which will not?

No, it is NOT possible to know which HIV positive mothers will pass on HIV to their babies through their breast milk and which will not. That is why it is so important that all HIV positive women take certain precautions during their pregnancy and when feeding their babies.

There are several factors that can increase the risk of a mother transmitting HIV to her baby through breast milk:

- Re-infection with HIV during breastfeeding
- Advanced stage of the disease
- Mixed feeding
- Long duration of breastfeeding
- Thrush or sores in the baby’s mouth
- Breast problems (cracked nipples, mastitis, etc.)
- Mother’s poor nutritional status
Can you tell if a baby has become infected with HIV?

It is very difficult to tell if a baby has become infected with HIV. An infant exposed to HIV can be tested as early as 6 weeks of age. Mothers who are HIV positive should be counselled and encouraged to have their babies tested for HIV at the earliest opportunity.

However, poor growth and frequent illness may indicate that a baby is infected. Regular follow-up care, including growth monitoring, can help with early diagnosis.

Can anything be done to prevent or reduce the risk of an HIV positive woman passing HIV to her baby?

YES. There are preventive actions that can be taken. Health care services are now available to reduce the number of babies getting infected.

Health workers should:

- Encourage mothers to test for HIV and to seek health care services (comprehensive care clinics and antenatal care).
- Practice safer delivery methods, such as avoiding invasive procedures and carefully managing all stages of labour.
- Provide antiretroviral drugs (ARVs) through PMTCT services for HIV positive pregnant women to take during labour.
- Advise mothers to take their infants to a health facility for early testing and counselling (at 6 weeks of age). This will help determine if a child is HIV positive through special tests (DNA PCR) and options for treatment and care can be reviewed and initiated as early as possible.
- Counsel mother on safe infant feeding options and practices. Exclusive breastfeeding during the first 6 months of life can greatly reduce the risk of passing HIV to the baby.
Counsel and support mothers to safely breastfeed. Proper positioning and attachment of the baby to the breast and feeding on demand (day and night), can greatly reduce the incidence of breast problems, which increases the risk of passing HIV to the baby.

Diagnose and treat breast problems, such as cracked and bleeding nipples, engorgement (breast swelling), or mastitis immediately. This can reduce the risk of HIV transmission to the baby.
Questions About Infant Feeding in the Context of HIV

18 What do the terms exclusive breastfeeding, exclusive replacement feeding, mixed feeding and transition period mean in the context of HIV?

**Exclusive Breastfeeding** means that an infant receives ONLY breast milk and no water, glucose water, gripe water, tea, porridge, or other liquids or foods, with the exception of prescribed medicines. Exclusive breastfeeding is recommended until the baby is 6 months old. Exclusive breastfeeding is recommended as the first infant feeding choice for HIV-positive mothers unless they meet all of the conditions described below under “AFASS”.

**Exclusive Replacement Feeding** for the first 6 months means not breastfeeding, but instead feeding the baby infant formula or other suitable replacement milks, often modified animal milk.

**Mixed Feeding** means feeding the baby BOTH breast milk and other foods or liquids, such as water, glucose water, tea, infant formula, animal milk or other breast milk substitutes.

Mixed feeding is harmful when a mother has HIV and is therefore NEVER recommended for an infant before 6 months.

An HIV positive mother with a baby younger than 6 months should either choose exclusive breastfeeding or exclusive replacement feeding.

**The changeover (transition) period** is the period during which a baby stops exclusive breastfeeding and starts drinking replacement milks and eating other foods. The transition period is especially difficult for HIV negative babies of HIV positive mothers because mixed feeding should be avoided. The first thing for the mother to do is to get the baby used to drinking expressed breast milk from a cup. As soon as the baby accepts drinking from a cup, replacement milk should be introduced.

If the baby accepts the replacement milk then breastfeeding is stopped completely and is replaced by other milks and foods. This way of transitioning the baby to replacement feeding involves some mixed feeding during this short period of about three weeks, unless the mother decides to heat treat her breast milk.
If the baby does not accept replacement milks with a cup, the mother can heat treat the breast milk while the baby is getting used to replacement feeding. Heat treatment does not change the taste of the breast milk and therefore the baby will likely accept this milk in a cup while getting used to other milks. The reason to heat treat breast milk is to avoid mixed feeding of breast milk that may contain HIV with other foods and milks.

**19 Why is exclusive breastfeeding recommended for infants born to mothers who are HIV infected?**

Exclusive breastfeeding, day and night, is recommended for HIV positive mothers who cannot safely and consistently practice replacement feeding. Research has shown that exclusive breastfeeding greatly reduces the risk of transmission of HIV, as compared to mixed feeding. HIV exposed infants who are exclusively breastfed from birth to 6 months have a much better chance of surviving than those who are mixed-fed.

Exclusive breastfeeding also increases the chances of a baby surviving other common illnesses, such as diarrhoea and pneumonia. It has a protective effect on the baby because it provides important antibodies and nutrients to build the immune system. All HIV positive mothers, who choose to breastfeed, should be strongly encouraged and supported to exclusively breastfeed during the first 6 months of life.
The most appropriate infant feeding option for an HIV infected mother depends on her own individual circumstances, including: her health status and that of her baby; her family situation; the adequacy and availability of replacement foods to feed her baby; the health services in her community; the counselling and support she is likely to need to ensure the HIV free survival of her baby.

Exclusive breastfeeding is the best option for HIV infected women for the first 6 months of life unless replacement feeding is “acceptable, feasible, affordable, sustainable and safe” for them and their infants before that time. (See the AFASS definitions below in Question 21) Mixed feeding should be avoided because it carries a higher risk of HIV transmission than exclusive breastfeeding.

When replacement feeding is “acceptable, feasible, affordable, sustainable and safe”, (AFASS) avoidance of breastfeeding by HIV positive women is recommended. Infant formula and modified fresh animal milk can be used for replacement feeding. During the first 6 months of life, however, infant formula is considered the most nutritionally complete replacement food, if it is prepared and given to the infant exactly following the instructions on the formula tin.

HIV positive mothers can also express and heat treat their breast milk in order to inactivate the HIV and make the milk safe for the baby. Heat treatment of expressed breast milk can be used from birth, but has been most successfully implemented during the transition period between exclusive breastfeeding and the introduction of replacement feeds or complementary foods, while the baby is still receiving some breast milk. Using heat treated breast milk minimizes the exposure of the baby to the virus in the breast milk during these periods of mixed feeding. Heat treatment is also recommended for a mother who is being treated for breast problems on both breasts.
What do the terms “acceptable, feasible, affordable, sustainable and safe” (AFASS) mean in relationship to infant feeding in the context of HIV?

Counsellors can use the following terms and the related counselling card to help guide the discussion with the mother and family members about whether or not replacement feeding is an appropriate infant feeding option given their individual situation.

**Acceptable:** The mother perceives no barrier to choosing the infant feeding option for cultural or social reasons, or for fear of stigma or discrimination.

**Feasible:** The mother and family have adequate time, knowledge, skills, and other resources needed to prepare and serve replacement feeds. They also need support to cope with family, community, and social pressures.

**Affordable:** The mother and family, with available community or health system support, can afford the costs of preparing and using replacement feeding including all ingredients, cooking fuel, clean water, etc. without compromising the health and nutrition of the family.

**Sustainable:** The mother and family have access to a continuous and uninterrupted supply, through a dependable system of distribution, of all ingredients and commodities needed to safely feed the baby using the chosen method, for as long as the infant needs it.

**Safe:** Replacement milk can be correctly prepared and done so in nutritionally adequate quantities, and it can be hygienically stored and fed to the baby using clean utensils.
Since there is a chance that HIV can pass from an HIV infected mother to her baby through breast milk, isn’t replacement feeding always better for the baby?

If a mother is HIV infected, replacement feeding is considered better for the baby ONLY when an assessment of her individual situation at home and in the community shows that it is completely “acceptable, feasible, affordable, sustainable and safe” (AFASS) for her not to breastfeed. Each of these conditions must be discussed thoroughly with each individual woman to enable her to make an informed choice.

Replacement feeding is definitely not the best option for an HIV positive mother and her baby if the family:

- Cannot afford or readily obtain infant formula or adequate replacement milks
- Does not have adequate cooking fuel, clean water and access to good health care, or
- The mother is at risk of physical harm or psychological injury due to stigma and discrimination for practicing replacement feeding

What are some key counselling questions to help assess a mother’s situation and guide decisions related to infant feeding and AFASS?

The following questions are important to ask an HIV infected mother during counselling:

**General questions:**

- Where do you get your drinking water? How far away is the source or how much time does it take for you or your family to collect the water?
- Can you describe your home environment? (Probe for information about the location of the home, the kitchen and how cooking is done, how garbage is disposed of, etc.)
- Do you have a toilet at home? If so, what kind of toilet do you have?
- What do you do to earn your living? And your partner?
- Where do you go for health services? (Probe to find out the location and distance of the health services from her home, the cost of transport and how accessible it is.)
General questions for both fresh animal milk and infant formula:

※ (Explain the monthly cost associated with replacement feeding, using either fresh animal milk or infant formula.) Are you able to afford replacement feeding until your baby is at least six months old?

※ Can you afford transportation to get to the store to buy formula or animal milk when you run out?

※ Can you afford fuel to boil water and/or milk for preparing replacement feeds for you baby, for both day feeds and night feeds?

※ Can you afford the pots, utensils and feeding cups needed to prepare and give replacement milks?

※ Where would you keep unprepared replacement milks, the ingredients used to prepare them and clean utensils?

※ How would you arrange night feeds? (Do you have light to prepare feeds? Do you have a place to feed the baby during the night?)

※ Does your partner and do your in-laws and parents know you are HIV-positive?

※ How would you feel about replacement feeding in public (in front of your family, neighbors and other community members)?

Specific questions about using fresh animal milk as the replacement feeding option:

※ Where would you get fresh animal milk to feed your baby?

※ Can you afford to buy enough fresh animal milk for your baby on a daily basis, until the baby is 2 years old?

※ Can you afford to buy the sugar needed to prepare animal milk for your baby during the first four months of life?

※ Can you afford to buy the vitamins that are needed by your baby?

Specific questions about using infant formula as the replacement feeding option:

※ Where will you get infant formula to feed your baby?

※ Can you afford to buy enough infant formula for your baby on a daily basis, until the baby is at least 6 months.

※ Can you then continue to give animal milk until the baby is at least 2 years old?
Questions About the Advantages and Disadvantages of the Recommended Feeding Options for HIV Infected Mothers

What are the advantages and disadvantages of exclusive breastfeeding in the context of HIV?

There are several important advantages and disadvantages of exclusive breastfeeding (giving only the mother’s milk to the baby).

**Advantages**

- Breast milk is the perfect food for babies, and it protects them from many diseases, especially diarrhoea and pneumonia.
- Breast milk is inexpensive, always available and does not need any special preparation.
- Exclusive breastfeeding for the first six months reduces the risk that a baby will become infected with HIV compared to mixed feeding.
- Exclusive breastfeeding helps a mother recover from childbirth, can help protect her from getting pregnant again too soon and can reduce the risk of breast and ovarian cancers for the mother.
- Exclusive breastfeeding promotes optimal growth and development including optimal brain development.

**Disadvantages**

- As long as the woman breastfeeds, her baby is exposed to HIV in the breast milk and could become infected with the virus.

**The risk is even higher if:**

- The mother’s condition worsens and she develops symptoms of AIDS (CD4 below 350)
- She is re-infected with another strain of the virus while breastfeeding
- She develops cracked nipples, mastitis, breast abscesses or other breast problems
- She mixes breastfeeding with other foods or liquids when the baby is less than 6 months old
Heat treated breast milk: how to treat, when to use, what are the advantages and disadvantages?

How to treat breast milk?

※ All the expressed breast milk should be put in a heat resistant glass or (honey) jar and be heated ONLY for a few minutes until the water (about 2 fingers above the level of the milk) has large bubbles. The amount of milk should be between 50 ml and 150 ml. If there is more milk, it should be divided into 2 jars.
※ It should be fed using a clean open cup within 6 to 8 hours.

When can it be used?

※ Heat treated breast milk can be used during the changeover between exclusive breastfeeding and replacement feeding.
※ Heat treated breast milk can be used while the mother is being treated for breast problems on both breasts.

Advantages

※ The HIV in breast milk is inactivated by heating the milk, yet most of the nutrients are preserved.
※ Breast milk is the perfect food for babies.
※ Breast milk is inexpensive and always available.
※ Other caregivers can help feed the baby.

Disadvantages

※ Heat treated breast milk does not contain active HIV but it may not be as effective as unheated breast milk in protecting the baby from other diseases. (It is still more protective than infant formula or animal milks.)
※ Expressing and heat treating breast milk is an unknown practice so it may be difficult to readily accept.
※ Expressing and heat treating breast milk takes time and must be done frequently, both day and night, especially when the baby is very young. It may be hard to do over a long period of time.
※ Expressed breast milk needs to be stored in a cool place and used within 6 to 8 hours of heating, or else it will spoil.
※ Women using expressed heat treated milk lose some of the benefits of natural birth control associated with exclusive breastfeeding.
What are the general advantages and disadvantages of replacement feeding?

There are several important advantages and disadvantages of replacement feeding.

**Advantages**

- The risk of passing HIV to the baby through breast milk is removed if the baby is exclusively replacement fed from birth.
- Others can assist with preparing food and feeding the child.

**Disadvantages**

- Replacement feeding is expensive relative to exclusive breastfeeding. There are numerous ongoing costs involved, including the costs of ingredients, the preparation and feeding utensils, clean water and fuel.
- A baby is more likely to become sick from diarrhoea or chest infections and can become malnourished. Reasons for this include: replacement feeds are not as nutritious as breast milk; they do not contain the antibodies that protect a baby from infection; and can be easily over-diluted and contaminated if not prepared correctly and fed properly.
- The mother needs a reliable supply of clean water (boiled for 2 minutes), fuel, and soap for preparation of replacement feeds.
- If fresh animal milk is the selected choice: The mother needs a reliable supply of fresh animal milk.
- Replacement feeds take time to prepare and must be made fresh for each feed which can be difficult, especially at night, unless refrigeration is available.
- The mother may be exposed to stigma and discrimination for using infant formula or other breast milk substitutes instead of breastfeeding. People may suspect that she is HIV positive, and this could lead to stigma and discrimination.
- Women who opt to replacement feed do not benefit from the exclusive breastfeeding’s natural protection against becoming pregnant too soon.
What are the specific advantages and disadvantages of using infant formula for replacement feeding?

There are several important advantages and disadvantages of using infant formula for replacement feeding.

**Advantages**

- There is no risk of passing HIV to the baby through infant formula.
- Many of the nutrients that a baby needs have already been added to the formula.

**Disadvantages**

- Infant formula is expensive and the mother or caregiver must always have enough on hand. During the first 6 months of life, a baby will need at least 40 tins of formula. The monthly cost for using infant formula for exclusive replacement feeding for the first 6 months is between 130,000 shillings and 150,000 shillings.

What are the specific advantages and disadvantages of using modified fresh animal milk for replacement feeding?

There are several important advantages and disadvantages of using modified fresh animal milk for replacement feeding.

**Advantages**

- There is no risk of passing HIV to the baby through modified animal milk.
- Modified animal milk (including costs of all ingredients needed to prepare) may be cheaper than infant formula.
- Animal milk is readily available in some areas, especially if the mother or her family has an animal.
Disadvantages

- It might be difficult for a family to find a source of milk that has not been diluted or to which nothing has been added. It is important for the animal milk to be “pure” (not even water can be added), in order for the home preparation to be done correctly and to ensure the modified animal milk contains all the calories and nutrients a baby needs.

- The modified animal milk is hard for a baby to digest and does not contain all of the nutrients that are required for a child’s growth and development, and therefore a daily multi-vitamin syrup/tablet is needed.

- The multi-vitamin syrup or tablets should either be added to the milk or given as a supplement to the baby. They are expensive and not readily available.

- The baby needs 15 to 30 liters of animal milk per month for the first 6 months. The mother will also need to buy sugar to mix with the milk. Starting at 6 months, the baby will need half a litre or 500 ml (one full NICE cup) of milk every day, until he or she is 2 years old.
Questions About Safer Breastfeeding in the Context of HIV

What factors can increase the chances that an HIV positive mother will pass HIV to her baby through breast milk?

There are several factors that can increase the chances of passing HIV to a baby through breast milk.

*These include:*

**Timing and severity of HIV infection in the mother.** There is a higher chance of the mother passing the virus to her baby if she has just become infected with HIV (seroconverted) or has been recently re-infected with the virus. The risk of transmission is also increased if the mother has AIDS (CD4 below 350), especially if she is in an advanced stage of the disease. In such situations, the amount of virus (viral load) in the blood and body fluids, including breast milk, is higher.

**Mixed feeding.** Giving breast milk along with other liquids or foods, including water, reduces the protection provided by breast milk alone. Giving a baby food or liquids other than breast milk can damage the baby’s digestive tract and may allow the HIV virus to pass more easily into the baby’s body.

**Duration of breastfeeding.** The decision about when to stop breastfeeding must be made very carefully, taking into consideration the individual mother’s situation, both financial and social, to allow for safe replacement feeding. The longer a baby is breastfed, the longer he or she is exposed to the virus in the breast milk and the higher the chances are then that the baby will become infected with the virus. However, exclusive breastfeeding is recommended for HIV infected women for the first 6 months of life unless replacement feeding is “acceptable, feasible, affordable, sustainable, and safe” (AFASS) for them and their infants before that time.

Breastfeeding continues to be recommended until 2 years or until the family is able to provide the child at least half a liter (1 NICE plastic cup) fresh animal milk a day, in addition to nutritious complementary foods.

**Thrush or sores in the child’s mouth.** If the baby has oral thrush or visible sores in his or her mouth, the virus can more easily pass through the skin of the mouth or tongue and enter the baby’s body. It is very important to treat thrush or sores immediately.
Breast problems, such as cracked nipples, swollen breasts or mastitis. If a mother does not feed her baby on demand or frequently during the day and night, or if the baby is not attached properly during breastfeeding, the mother’s nipples can become cracked or the breasts can become sore, swollen, or red. These problems can allow the HIV virus to be more easily transmitted to the baby. To reduce the risk of infection, a mother with any kind of breast problem should go immediately to the health center for treatment. Good counselling and support for breastfeeding practices can help to prevent many of these problems.

Health and nutritional status of the mother. If a mother is malnourished, her immune system is likely to be impaired. This can lead to a more rapid progression of the disease. As the disease progresses, the viral load increases, which increases the risk of HIV transmission to the baby.

What actions can be taken to reduce the chances of a mother transmitting HIV to her baby through breast milk?

Take precautions to avoid STIs and HIV during pregnancy and breastfeeding. It is important for all women to make sure that they do not become infected (or re-infected) with HIV during pregnancy or breastfeeding. A recent HIV infection can greatly increase the risk of passing on the virus through pregnancy and delivery as well as through breast milk.

STIs can increase the risk of becoming infected with HIV. All pregnant women and breastfeeding mothers, and their partners, should take precautions by abstaining or avoiding unprotected sexual intercourse, or by using a condom correctly and consistently during pregnancy and breastfeeding.

Practice exclusive breastfeeding. Exclusive breastfeeding until 6 months provides optimal nutrition, lowers the risk of HIV transmission, and reduces the risk of diarrhoea, pneumonia and other illnesses.

Avoid mixed feeding. Mixed feeding injures the immature infant digestive tract and increases the chances of HIV transmission from the mother to the child through breast milk and exposes the infant to contamination. Mixed feeding increases the risk of diarrhoea, pneumonia, malnutrition and death.
**Shorten the duration of breastfeeding.** A baby is exposed to HIV as long as he or she is breastfed. Shortening the duration of breastfeeding will reduce the amount of time that the baby is exposed to the HIV while allowing the baby to receive many of the early benefits of breastfeeding and breast milk.

If an HIV positive mother who is breastfeeding finds that both her financial and social circumstances have changed and that replacement feeding becomes “acceptable, feasible, affordable, sustainable and safe” (AFASS), she should carefully consider switching to replacement feeding. Given the many dangers associated with replacement feeding, mothers need guidance to determine if shortening the duration of exclusive breastfeeding is really appropriate.

At 6 months, if replacement feeding is still not “acceptable, feasible, affordable, sustainable and safe” (AFASS), continuation of breastfeeding with the addition of complementary foods is recommended until 2 years while the mother and baby continue to be regularly assessed. All breastfeeding should stop once a nutritionally adequate and safe diet without breast milk including half a liter of fresh animal milk a day can be provided.

**Treat sores in the child’s mouth immediately.** A mother should immediately seek medical treatment if she notices oral thrush or any sores in or around her baby’s mouth.

**Practice good breast care.** If a mother is breastfeeding, she should take special precautions and take good care of her breasts by ensuring that her baby is properly positioned and attached to the breast during feeding, beginning with the very first feeds. She should also breastfeed on demand (day and night) and avoid long periods between feeds. If a mother needs to be separated from her baby for a long period of time (for more than 3 hours) because of work or for any reason, she should express some breast milk to avoid breast swelling (engorgement) and other problems that can occur, such as mastitis.

**Attend appropriate clinic for follow-up counselling and care.** A mother should continue to receive care through postpartum visits at a health facility for counselling on infant feeding and assessment at the Comprehensive Care Clinic (CCC) to get preventative treatment and for the need to start on Anti-Retroviral Therapy. Her child should be assessed regularly through Maternal Child Health Services and receive early HIV testing (DNA PCR HIV testing is now available from 6 weeks of age), preventive treatment and access to care.
What are the special precautions that an HIV positive mother should take to keep her breasts and nipples healthy?

All women who breastfeed, regardless of their HIV status, should appropriately position and attach their infants to the breast to prevent cracked or sore nipples, swollen breasts, mastitis and breast abscesses. An HIV positive woman who chooses to breastfeed needs to know that these breast conditions increase the chances of transmitting HIV to her baby. She should receive good counselling and support to help prevent problems. It is particularly important to practice good breast care, to position and attach the baby correctly and to seek help right away if any problems develop.

All mothers should breastfeed frequently, both day and night, whenever the baby indicates that he or she is hungry. When a baby is less than 6 months old, he or she should breastfeed at least 10 to 12 times in 24 hours. This will help to ensure healthy breasts and nipples, as well as help maintain milk production. Older babies do not have to breastfeed as frequently, but should always breastfeed 6 to 8 or more times in 24 hours. During periods of separation from the baby, the mother should express her milk to prevent breast swelling (engorgement).

What should an HIV positive mother do if her breasts or nipples develop problems while breastfeeding?

If an HIV positive mother develops any cracks or sores or has any discharge from either of her nipples, she should go to the health facility immediately for treatment, and express and discard the milk coming from that breast. If one of her breast start to become swollen, she should feed the baby as often as possible from that breast and see if the swelling goes away. If the mother’s breast develops mastitis or an abscess, she should also seek care and treatment immediately. She should hand express and discard the milk from the affected breast and should not feed the baby from that breast until it has healed. She should continue to feed often from the other breast.

If the nipples on BOTH breasts develop problems the situation is more difficult. The mother should seek care and treatment right away. If the baby is under 6 months old, the mother should be counselled to express and heat treat her breast milk, feeding it to her baby using a cup, until her breasts heal. She should continue breastfeeding once her breasts heal. If the mother chooses to use replacement milk instead, then she should be
counselled to continue with replacement feeding when her breasts are healed and NOT return to breastfeeding, unless replacement feeding does not meet the AFASS criteria.

It is important for all mothers to check their babies’ mouth regularly for thrush (Candida) or sores and to seek medical treatment right away. Thrush in the baby’s mouth is often associated with painful and irritated nipples. If a baby has thrush, the mother should also be treated to avoid other problems.
Questions About Maternal Health and Nutrition in the Context of HIV

33 Are there special nutritional considerations for an HIV positive woman during pregnancy and while breastfeeding?

Any pregnant or breastfeeding woman, whether HIV infected or not, has increased nutritional demands. An HIV positive woman should be encouraged to eat balanced meals and a variety of appetizing foods every day. She is advised to increase the amount of food in each meal or she should take frequent meals. While breastfeeding, two whole extra meals should be added each day. Pregnant and breastfeeding women need to eat plenty of fruits, vegetables, animal products and/or beans. They should also take iron and folic acid tablets according to health care provider’s recommendations.

Good nutritional status of the mother helps to improve the physical and mental development of her baby.

34 Are there special considerations for an HIV positive pregnant woman related to antenatal care?

Yes, pregnancy lowers a woman’s immunity, and HIV lowers it even further. A woman is more susceptible to diseases, including opportunistic infections such as tuberculosis and fungal infections, if her immune system is impaired. Therefore, during pregnancy an HIV positive woman should be encouraged to:

- Attend regular antenatal visits to monitor her pregnancy, check her general health, and receive key interventions, tetanus toxoid, iron folate/multiple micronutrients, counselling and psycho-social support
- Attend Comprehensive Care Clinic (CCC) regularly for assessment and referral for ARV treatment
- Take an antimalarial medication as a preventive measure, regardless of symptoms, during the second and third trimesters. Pregnant women should always sleep under insecticide-treated mosquito nets
What are the special considerations for postpartum follow-up of HIV positive mothers?

HIV positive mothers need special follow-up care. Mothers should be encouraged to:

- Attend scheduled appointments at the Comprehensive Care Clinic (CCC)
- Follow schedule for postpartum care services (1–2 weeks, 6 weeks and then ongoing support for infant feeding after). These services consist of routine physical assessments, infant feeding support, and reproductive health care
- Check for breast problems and treat immediately
- Eat large and nutritionally balanced meals
- Join a community support group for HIV or breastfeeding
- Practise safe sex by using condoms consistently and correctly to avoid re-infection with HIV and other STIs
Questions about Stopping Breastfeeding

36 What guidance does an HIV infected mother need when deciding whether or not to stop breastfeeding at or before 6 months?

When an HIV positive mother is considering stopping exclusive breastfeeding at or before 6 months, she needs special guidance and support to understand the balance of risks and to review her infant feeding options in relationship to her own individual circumstances. It is important to know the health status of the mother and that of the baby. It is also important to review the AFASS criteria as they relate to the family situation at 6 months.

If replacement feeding is still not “acceptable, feasible, affordable, sustainable and safe” (AFASS) at 6 months, continuation of breastfeeding with the addition of complementary foods is recommended until 2 years, even though this is mixed feeding. The mother and baby should continue to be regularly assessed. All breastfeeding should stop, however, as soon as a nutritionally adequate and safe diet without breast milk can be provided.

37 If an infant tests positive or is suspected of having HIV, should the mother continue to breastfeed?

Yes, infants and young children who are known to be HIV infected or are suspected of having HIV, benefit greatly if they continue to receive breast milk. Therefore, their breastfeeding mothers should be strongly encouraged and supported to continue breastfeeding at least until the baby is 2 years old.

Mothers should take their children to the clinic for regular follow-up visits for testing and early diagnosis (at 6 weeks of age) and to be assessed for proper growth and for treatment, if needed (preventive medicine and ART).
What kind of support will an HIV infected mother need to stop breastfeeding?

Health services should follow up all HIV exposed infants, and continue to offer infant feeding counselling and support, particularly at key points when feeding decisions may be reconsidered, such as the time of early infant diagnosis and when the baby is reaching 6 months of age.

Mothers who choose to stop breastfeeding will need support to:

- Avoid or at least minimize the dangers of mixed feeding and successfully transition from exclusive breastfeeding to exclusive replacement feeding over a short period of time. This can be done by getting the baby used to cup feeding of breast milk. Then, replacement feeding can be introduced. If the baby refuses replacement feeding, heat treatment of breast milk should be considered in this changeover (transition) period.

- Ensure that the baby has at least 500 ml (or 1 full NICE cup) of other forms of milk on a daily basis until the baby is about 2 years old. Without milk, it is very difficult to replace the important nutrients that breast milk provides for growth and development.

- Start giving nutritious complementary foods at six months, increasing the quantity, density and diversity of the foods as the baby grows.

- Understand the importance of hygiene and safe preparation of the feeds.

- Be aware of the common danger signs and the importance of regular check-ups for the baby.
Questions about managing breast problems

39 If a breastfeeding mother has blocked ducts and/or mastitis, what should she do?

Mastitis and blocked ducts are recognized by a lump in the breast, which is tender and often red. It is not possible to tell from the symptoms alone if mastitis is infective or non-infective but if symptoms are severe the woman is more likely to need treatment with antibiotics.

The most important intervention is to improve drainage of the milk in the affected area of the breast. If the woman is HIV negative, this can be done by having the baby breastfeed, facing the painful area. HIV positive women should express and discard the milk from the affected breast.

40 How can you treat a sore nipple and/or nipple fissure?

The most common cause of sore nipples is poor attachment; the mother should make sure the infant has the nipple and (part of the) areola in his or her mouth when feeding. A woman with sore nipples should not wash her breasts more than once a day, and should not use soap or rub hard with a towel. She should not use lotions and ointments, but rub a little expressed breast milk over the nipple and areola with her finger after each feed. This promotes healing. HIV positive women should express and discard the milk from the affected breast.

41 How can you treat a Candida infection?

Candida infections often follow the use of antibiotics to treat infections, and the mother will complain of sore (sometimes the feeling of needles in her breasts) and itchy nipples. There is a shiny red area of skin on the nipple and areola. Candida can also be suspected if sore nipples persist and the baby’s attachment is good. The baby should be checked for thrush, he or she may have white patches inside his or her cheeks or on his or her tongue, or may have rash on his bottom. Both mother and baby should be treated with nystatin. Breast milk of an HIV positive mother should be heat treated before giving it to the baby.
42 How can you treat breast swelling?

Breast swelling can be prevented and treated by letting the baby feed as often as possible; starting to breastfeed immediately after birth; making sure that the baby is well positioned and attached to the breasts; and encouraging breastfeeding for as long as the baby wants.

If the baby has difficulties in suckling, the mother can express little milk until the breast is soft enough for the baby to suckle.

Warm compresses, massage, relaxation or a warm shower can reduce the pain of breast swelling.

43 44. If a breastfeeding mother has flat and/or inverted nipples, what should she do?

If this is detected (also during pregnancy) have her try to pull the nipple out, and rotate frequently (like a knob of a radio). The mother should gain confidence and by practicing good positioning of the baby she will eventually be able to breastfeed. If a baby cannot suckle effectively in the first weeks, the mother can feed expressed breast milk out of a clean open cup.
Key Steps in Counseling an HIV Positive Woman on Infant Feeding Options

1. Greet the woman. Introduce the purpose of the discussion and get her consent to initiate the counselling session. Counsel an HIV positive mother following the guidelines below.

2. If she has not been counselled on the risk of passing HIV to her baby yet or she is not convinced of the benefits of ARV’s, then do this using Cards 11 and 12. She will understand the lowered risk of passing HIV to her baby when taking ARV’s.

3. Clarify the risks involved in all three Infant feeding options with Card 13.

4. Explain the different infant feeding options using Card 14 on infant feeding options:
   1) exclusive breastfeeding or
   2) exclusive replacement feeding

5. Explore with the woman her home and family situation to determine which feeding option is “acceptable, feasible, affordable, sustainable and safe” (AFASS) for her to use. Use Card 15 on AFASS.

6. Discuss and assist the woman to choose an appropriate feeding option. Review the content (text and images) of the counselling leaflets (or counselling cards) related to the feeding options.

7. Demonstrate how to practise the chosen feeding option, referring to the content of the appropriate counselling cards and/or leaflets to guide the demonstration:
   — breastfeeding and hand expression OR
   — infant formula and fresh modified animal milk
   Show the woman where in the leaflets she will find the relevant information.

8. Provide follow-up counselling and support. Advise the woman on the importance of her own health and ask her to come to the health center if she or her baby has any problems, showing Card 23 on danger signs. Give any relevant leaflet and counsel on GPM (Card 20), hygiene practices (Card 21), and optimal child spacing (Card 22). At each contact, ask the woman to return with the baby for a follow-up visit to:
   — Monitor the growth of the baby
   — Check feeding practices and whether any change is planned
   — Check for signs of illness in both the mother and baby
   — Discuss feeding for infants between 6 and 24 months