A word of warning about formula-feeding for HIV-exposed babies

"Here are two estimates. If you choose breastfeeding, you would of course have HIV infection. You would have about 300,000 per year in the world. But if you avoided breastfeeding, the mortality would be about 1.5 million per year. So on the balance of probabilities for poor women in the developing world, there is no other choice than to breastfeed their infants. You shouldn't devise policies for the rich few. There are some but the majority of HIV-infected women are poor."

Dr Hoosen Coovadia, on the risk of mortality from acquisition of HIV through breastfeeding vs no breastfeeding at all

The question of safe infant feeding was one of the most talked-about topics at the recent 14th Conference on Retroviruses and Opportunistic Infections held in Los Angeles from 25-28 February 2007. Although the WHO HIV and infant feeding recommendations had already been revised in advance of the new data presented during the conference, Theo Smart of AIDS MAP writes that questions remain as to the full implications of the recent reports and how, exactly, programmes in different resource-limited settings should be adapted to best provide support to mothers with HIV. Some experts believe that an individualised approach for each mother's infant feeding decisions is necessary, while others believe that women in most resource-constrained settings should no longer be advised to avoid breastfeeding or wean early.

In addition, 4 other studies reported on the consequences of early cessation of breastfeeding. In Uganda 11% of uninfected infants no longer breastfeeding by 3 months, in accordance with national guidelines, had serious gastroenteritis and infant deaths rose sharply within 3 months after breastfeeding cessation.

In Malawi mothers were counseled to exclusively breastfeed and then stop all breastfeeding at 6 months. Among HIV-uninfected infants gastroenteritis was increased and mortality was 22% higher than in an earlier trial at the same site where breastfeeding had lasted for a median of 732 days without premature weaning.

HIV-positive mothers receiving HAART in the Kenyan Kisumu Breastfeeding Study (KiBS) were encouraged to exclusively breastfeed for 6 months and then wean rapidly before discontinuing medication. Diarrhoea and hospitalizations for HIV-uninfected infants were compared to an earlier vertical transmission study where infants were breastfed beyond 12 months. Rapid weaning increased the risk of diarrhea, hospitalization and death. It was concluded that these risks should be anticipated during weaning for HIV-exposed infants in resource-poor settings following WHO infant feeding guidelines.

Dr Moses Sinkala, reporting on the Zambian Exclusive Breastfeeding Study found that stopping breastfeeding at 4 months resulted in less than anticipated reduction of HIV transmission, and did not improve HIV-free survival among uninfected
infants at 24 months. There was also a substantial mortality risk for infected babies associated with stopping breastfeeding early. Dr Sinkala suggested that PMTCT programmes should strongly encourage breastfeeding into the 2nd year of life for HIV-infected infants.\(^7\)

Dr Hoosen Coovadia from South Africa described the protective effects of breastmilk, and particularly stressed that exclusive breastfeeding is associated with a low rate of HIV transmission, infant morbidity and mortality compared to mixed breastfeeding.\(^6\)

Dr Marc Butlers of the CDC in Atlanta asked why we are doing so badly? He said that due to the unviability of safe and acceptable alternatives to breastfeeding for most HIV-infected women, it is critical to identify interventions to maximally reduce postnatal HIV transmission through breast milk. He also identified that while only about 1% of HIV-infected mothers currently receive it, ART for eligible mothers could reduce MTCT in resource-poor settings by over 75%.\(^3\)

A rational policy to protect HIV-exposed infants from inappropriate formula-feeding will enhance overall child survival in resource-poor settings where >95% of pediatric HIV-infection occurs. UNLESS all conditions for fulfilment of safety and sustainability of replacement feeding can be assured, then HIV-positive mothers should receive guidance and assistance to breastfeed their babies

- exclusively for the first six months of life, and
- with the addition of appropriate complementary foods for two years or more.

The new WHO guidelines need to be disseminated urgently to everyone working with HIV-positive mothers. Importantly, full implementation of a more conservative public health approach can only be achieved by updating the existing training course for healthworkers, published in 2000\(^10\) with the current evidence base.

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