

HIV and infant feeding (optional)

(Note: The national BFHI coordination group and/or other appropriate national decision-makers will determine whether or not maternity services should be assessed on whether they provide support related to HIV and infant feeding).

Global Criteria – HIV and infant feeding

The head/director of maternity services reports that:

- The hospital has policies and procedures that seem adequate concerning providing or referring pregnant women for testing and counselling for HIV, counselling women concerning PMTCT of HIV, providing individual, private counselling for pregnant women and mothers who are HIV positive on infant feeding options, and insuring confidentiality.
- Mothers who are HIV positive or concerned that they are at risk are referred to community support services for HIV testing and infant feeding counselling, if they exist.

A review of the infant feeding policy indicates that it requires that HIV-positive mothers receive counselling, including information about the risks and benefits of various infant feeding options and specific guidance in selecting the options for their situations, supporting them in their choices.

A review of the curriculum on HIV and infant feeding and training records indicates that training is provided for appropriate staff and is sufficient, given the percentage of HIV positive women and the staff needed to provide support for pregnant women and mothers related to HIV and infant feeding. The training covers basic facts on:

- the risks of HIV transmission during pregnancy, labour and delivery and breastfeeding and its prevention;
- the importance of testing and counselling for HIV;
- local availability of feeding options;
- the dangers of mixed feeding for HIV transmission;
- facilities/provision for counselling HIV positive women on advantages and disadvantages of different feeding options; assisting them in exclusive breastfeeding or formula feeding (note: may involve referrals to infant feeding counsellors);
- how to assist HIV positive mothers who have decided to breastfeed; including how to transition to replacement feeds at the appropriate time
- how to minimize the likelihood that a mother whose status is unknown or HIV negative will be influenced to replacement feed.

A review of the antenatal information indicates that it covers the important topics on this issue. (these include the routes by which HIV-infected women can pass the infection to their infants, the approximate proportion of infants that will (and will not) be infected by breastfeeding; the importance of counselling and testing for HIV and where to get it; and the importance of HIV positive women making informed infant feeding choices and where they can get the needed counselling).

A review of documents indicates that printed material is available, if appropriate, on how to implement various feeding options and is distributed to or discussed with HIV positive mothers before discharge. It includes information on how to exclusively replacement feed, how to exclusively breastfeed, how to stop breastfeeding when appropriate, and the dangers of mixed feeding.

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