

BFHI and Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS

The WHO/UNICEF guidance on infant feeding support for HIV-positive mothers strongly suggest that training on support for exclusive breastfeeding precede training on feeding options for HIV-positive mothers. For this reason, Malawi, among other countries, has decided that BFHI must be in place at the same time as the initiation of counselling for the HIV-positive mothers.

The rationale is at least 3-fold:

1. Since exclusive breastfeeding is an option for all mothers, the establishment of excellence in support of exclusive breastfeeding will benefit all.
2. For HIV-positive mothers for whom replacement feeding is not acceptable, feasible, affordable, sustainable and safe, exclusive breastfeeding is the recommended option.
3. If all counsellors understand the importance of exclusive breastfeeding, spill over and over use of artificial foods will be reduced.
4. Recent research findings indicate that exclusive breastfeeding may reduce the passage of HIV via breast milk, when compared to mixed feeding.

If this last item is proven to be consistent in additional studies, then exclusive breastfeeding among the greater population of HIV-infected women who have not been diagnosed as yet will provide a double benefit.

Mother-baby-friendly facilities

The Mother-friendly Childbirth Initiative includes the *“Ten Steps of the Mother-friendly Childbirth Initiative for mother-friendly Hospitals, Birth Centres, and Home Birth Services”* and can be initiated in concert with baby-friendly initiatives and as an integrated mother-baby aspect of a maternal-child care continuum.

The Mother-friendly Childbirth Initiative was initially developed in 1996 by the Coalition for Improving Maternity Services (CIMS) with the First Consensus Initiative. CIMS is a coalition of individuals and national organizations with concern for the care and well-being of mothers, babies, and families. The mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs. The suggested “Ten steps” is based on the recognition that some current maternity and newborn practices both contribute to high costs and inferior outcomes, such as inappropriate application of technology and routine procedures that are not based on scientific evidence. The principles of this approach is respect for the normalcy (i.e., non-medical) of the birthing process, the autonomy and empowerment of the woman, caregiver responsibility and doing “no harm”.

The Mother-baby-friendly Ten Steps presented here are modified to allow integration with current continuum of care approaches.