



Position Statement

Exclusive Breastfeeding and HIV Infection

Background

Research suggests that infants born to HIV positive women should be either exclusively breast or bottle fed. If breastfeeding is the method chosen it should be continued for at least six months in order to reduce the risk of viral transmission. Breastfeeding is especially important in the context of poverty and when clean water and fuel resources are inadequate for safe artificial feeding. It is evident that policies, recommendations, support and evidence-based information provision vary by country and locality.

Position

ICM

- Recognises the need for exclusive breastfeeding or artificial feeding when the mother is HIV positive.
- Acknowledges that, in certain circumstances, achieving safe breastfeeding or artificial feeding is difficult. It depends on individual circumstances, the mother's viral load and the availability of antiretroviral drugs. When artificial feeding is chosen the availability of clean water, and fuel resources are important.
- Affirms that HIV-positive childbearing women have a right to information about infant feeding options in order to make an informed choice. Women also have a right to receive support to achieve their chosen method of feeding their newborns.
- Encourages collation and dissemination of research and experience to midwives, policy makers and other key workers who support women in achieving a safe feeding method.

Recommendations

Member Associations are urged to:

- Share with others their experiences of policy and information initiatives, and of supporting HIV-positive women in making and carrying out appropriate feeding choices, especially in helping women to achieve exclusive breast-feeding over at least six months where artificial feeding is unsafe.