

HIV and infant feeding

A Policy Statement
developed collaboratively by
UNAIDS, UNICEF and WHO

Introduction

The number of infants born with HIV infection is growing every day. The AIDS pandemic represents a tragic setback in the progress made on child welfare and survival. Given the vital importance of breast milk and breast-feeding for child health, the increasing prevalence of HIV infection around the world, and the evidence of a risk of HIV transmission through breast-feeding, it is now crucial that policies be developed on HIV infection and infant feeding.

The following statement provides policy-makers with a number of key elements for the formulation of such policies.

The human rights perspective

All women and men, irrespective of their HIV status, have the right to determine the course of their reproductive life and health, and to have access to information and services that allow them to protect their own and their family's health. Where the welfare of children is concerned, decisions should be made that are in keeping with children's best interests.

These principles are derived from international human rights instruments, including the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Discrimination Against Women (1979), and the Convention on the Rights of the Child (1989), and they are consistent with the Cairo Declaration (1994) and the Beijing Platform for Action (1995).

Preventing **HIV** infection in women

The vast majority of HIV-infected children have been infected through their mothers, most of whom have been infected through unprotected heterosexual intercourse. High priority therefore, now and in the long term, should be given to policies and programmes aimed at reducing women's vulnerability to HIV infection, especially their social and economic vulnerability – through improving their status in society. Immediate practical measures should include ensuring access to information about HIV/ AIDS and its prevention, promotion of safer sex including the use of condoms, and adequate treatment of sexually transmitted diseases which significantly increase the risk of HIV transmission.

The health of mothers and

children

Overall, breast-feeding provides substantial benefits to both children and mothers. It significantly improves child survival by protecting against diarrhoeal diseases, pneumonia and other potentially fatal infections, while it enhances quality of life through its nutritional and psychosocial benefits. In contrast, artificial feeding increases risks to child health and contributes to child mortality. Breast-feeding contributes to maternal health in various ways including prolonging the interval between births, and helping to protect against ovarian and breast cancers.

However, there is evidence that HIV – the virus that causes AIDS – can be transmitted through breast-feeding. Various studies conducted to date indicate that between one-quarter and one-third of infants born worldwide to women infected with HIV become infected with the virus themselves. While in most cases transmission occurs during late pregnancy and delivery, preliminary studies indicate that more than one-third of these infected infants are infected through breast-feeding. These studies suggest an average risk for HIV transmission through breast-feeding of 1 in 7 children born to, and breast-fed by, a woman living with HIV (i.e. infected with HIV).

Additional data are needed to identify precisely the timing of transmission through breast-feeding (in order to provide mothers living with HIV with better information about the risks and benefits of early weaning), to quantify the risk attributable to breast-feeding, and to determine the associated risk factors. Studies are also needed to assess other interventions for reducing mother-to-child transmission of HIV infection.

Elements for establishing a policy on **HIV** and infant feeding

1. **Supporting breast-feeding**

As a general principle, in all populations, irrespective of HIV infection rates, breast-feeding should continue to be protected, promoted and supported.

2. **Improving access to HIV counselling and testing**

Access to voluntary and confidential HIV counselling and testing should be facilitated for women and men of reproductive age, in part by ensuring a supportive environment that encourages individuals to be informed and counselled about their HIV status rather than one that discourages them out of fear of discrimination or stigmatization.

As part of the counselling process, women and men of reproductive age should be informed of the implications of their HIV status for the health and welfare of their children.

Counselling for women who are aware of their HIV status should include the best available information on the benefits of breast-feeding, on the risk of HIV transmission through breast-feeding, and on the risks and possible advantages associated with other methods of infant feeding.

3. **Ensuring informed choice**

Because both parents have a responsibility for the health and welfare of their children, and because the infant feeding method chosen has health and financial implications for the entire family, mothers and fathers should be encouraged to reach a decision together on this matter. However, it is mothers who are in the best

position to decide whether to breast-feed, particularly when they alone may know their HIV status and wish to exercise their right to keep that information confidential. It is therefore important that women be empowered to make fully informed decisions about infant feeding, and that they be suitably supported in carrying them out. This should include efforts to promote a hygienic environment, essentially clean water and sanitation, that will minimize health risks when a breast-milk substitute is used.

When children born to women living with HIV can be ensured uninterrupted access to nutritionally adequate breast-milk substitutes that are safely prepared and fed to them, they are at less risk of illness and death if they are not breast-fed. However, when these conditions are not fulfilled, in particular in an environment where infectious diseases and malnutrition are the primary causes of death during infancy, artificial feeding substantially increases children's risk of illness and death.

4. **Preventing commercial pressures for artificial feeding**

Manufacturers and distributors of products which fall within the scope of the International Code of Marketing of Breast-milk Substitutes (1981) should be reminded of their responsibilities under the Code and continue to take the necessary action to ensure that their conduct at every level conforms to the principles and aim of the Code.

