Infant feeding: Clinical practice

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Introduction

- ART: BF much safer for HIV+ moms
- Country policy vs Maternal choice

- Safe IF interventions:
  - Our knowledge has expanded greatly
  - For maximum effect we need to work on expanding coverage
    - NOT only HIV+ women
    - Public & private sector
  - Move from vertical (HIV / PMTCT) to horizontal (child health) programme
Introduction

• Before ART interventions during BF period:
  – Mothers had 2 suboptimal choices:
    • BF: Risk of HIV infection
    • FF: Risk of morbidity/ mortality

• Safe IF is the “new child on the PMTCT block”
  – And potentially the one that will MAKE or BREAK our vision towards ZERO transmissions
The rapid expansion in knowledge needs to become routine care.
Antenatal
Antenatal

• HIV-testing
  – Testing, testing, testing....

• ART
  – Following the guidelines
  – Plugging the gaps

• Counselling on HIV & IF
  – Mothers are human beings – not incubators!
Delivery / Neonatal period

I’m Learning to Breastfeed!!!

Please NO Bottles or Pacifiers

THANK YOU!!!!
Delivery / Neonatal period

- Mother and Baby Friendly Initiative (MBFI)
  - Early initiation of BF after delivery
    - Support needs to be available
  - Rooming-in
    - Baby rooms should be empty!
Delivery / Neonatal period

• ART prophylaxis
  – Eliminating missed opportunities

• Care of mother-child pair during 1st PP week
  – Including support in the household (PHC)
  – Referral systems
    • BF problems may be easy or difficult to deal with
Delivery / Neonatal period

- Sick / premature infants:
  - Mom & baby need to remain a unit

- Breastmilk-only policy in neonatal unit
  - Especially for prems
- Breastmilk banks
- Lodger facilities
- KMC
Early childhood
Early childhood

- BF needs to be the norm:
  - For women, their partners, society & HCWs
  - BF Support needs to be available
  - Empowering women towards making safe choices
  - Maternity protection & BF-friendly workplaces
  - BF-friendly public spaces
Early childhood

- ART-prophylaxis:
  - Ensuring follow-up / continued supply of NVP
    - Do all health facilities always have NVP stock?
    - Are we documenting continued use of NVP in every child?
  - Risks of interruptions:
    - HIV-infection; HIV drug resistance
    - Are we happy that mixed feeding with NVP is OK?
    - How good are we with giving advice on weaning?
Early childhood

- Mom/baby-friendly health care facilities
  - Outpatient services
    - Breastfeeding-friendly facilities
    - Safe preparation of food/milk
  - Hospitalization:
    - Lodger facilities
    - No visiting hours for parents
Early childhood

- Also not to be forgotten:
  - Growth monitoring; feeding advice
  - HIV testing
    - With urgent ART initiation in HIV+ kids
  - Cotrimoxazole prophylaxis
  - Child spacing
Early childhood

- HIV-uninfected moms
  - Ironically this group is almost more at risk
    - HIV-acquisition → High risk of HIV transmission
  - HIV-testing 6-monthly; partner testing
  - HIV prevention; Condom use
Counselling
Counselling

- Counselling needs to happen at every contact with HCWs
  - Consistent messaging
  - Values & personal beliefs of HCW
- Mother’s choice
- Mother’s previous experience
  - ?Previous FF baby as part of PMTCT?
- Family perceptions
- Postnatal support in the household
- Peer support / support groups
Community engagement

- Without community engagement our efforts will fail!
  - Involving communities in BF promotion
  - To raise awareness that BF is major child survival strategy
  - Cultural practices and beliefs
  - Mixed feeding perceived as normative
- Marketing of key messages
Recording and measuring
Recording and measuring

- Poor IF recording
- Poor IF stats
  - How will we know where we’re going if we don’t know what’s going on??
Way forward
Way forward

- Optimise all aspects of PMTCT cascade
- ART is very NB, but not enough
- Safe IF needs to be high on our agenda
- Aiming at:
  - Total paediatric HIV elimination
  - And healthy, well-growing children!
Thank you!