



**CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS  
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**BRIEFING NOTE - HIV & INFANT FEEDING**

The risks of illness and death among infants who are not breastfed have long been known. New evidence and experience now confirms that artificial feeding also presents serious risks for infants of HIV-infected mothers.

There is convincing evidence that exclusive breastfeeding actually carries a lower risk of HIV transmission than breastfeeding combined with other fluids or foods. There is also good evidence that high rates of exclusive breastfeeding can be achieved with good quality counselling and support and consistent messages from all sources of public health information.

A consensus statement on HIV and infant feeding was recently adopted by all relevant UN departments and agencies<sup>1</sup>, following a technical consultation in Geneva, Switzerland, in October 2006 organized by WHO's Department of Child and Adolescent Health and Development (CAH) on behalf of the Inter-Agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants.

The consensus statement includes the following key recommendations:

- The most appropriate infant feeding option for an HIV-infected mother should continue to depend on her individual circumstances, including her health status and the local situation, but should take greater consideration of the health services available and the counselling and support she is likely to receive.
- Exclusive breastfeeding is recommended for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for them and their infants before that time.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected women is recommended.

The recommendations were agreed on the basis of the latest evidence on HIV and infant feeding, including the following:

- Exclusive breastfeeding for up to six months was associated with a three to four fold decreased risk of transmission of HIV compared to non-exclusive breastfeeding in three large cohort studies conducted in Côte d'Ivoire, South Africa and Zimbabwe.

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<sup>1</sup> CAH, five other WHO departments (NHD, HIV/AIDS, RHR, MPS, and FOS), the WHO Regional Office for Africa, and representatives of UNFPA, UNICEF and UNAIDS.

- There are indications that maternal HAART<sup>2</sup> for treatment-eligible women may reduce postnatal HIV transmission, based on programme data from Botswana, Mozambique and Uganda; follow-up trial data on the safety and efficacy of this approach, and on infant prophylaxis trials, are awaited.
- In settings where antiretroviral prophylaxis and free infant formula were provided, the combined risk of HIV infection and death by 18 months of age was similar in infants who were replacement fed from birth and infants breastfed for three to six months (Botswana and Côte d'Ivoire).
- Breastfeeding of HIV-infected infants beyond six months was associated with improved survival compared to stopping breastfeeding in preliminary data presented from Botswana and Zambia.
- Improved adherence and longer duration of exclusive breastfeeding up to six months were achieved in HIV-infected and HIV-uninfected mothers when they were provided with consistent messages and frequent, high quality counselling in South Africa, Zambia and Zimbabwe.

The complete consensus statement is available at: [http://www.who.int/child-adolescent-health/publications/NUTRITION/consensus\\_statement.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/consensus_statement.htm)

If an HIV-infected woman chooses to breastfeed, exclusive breastfeeding for the first six months is recommended. This recommendation is the same for HIV-negative women and women who do not know their HIV status.

However, breastfeeding by HIV-infected mothers is not without risk for the infant. But the risk of HIV infection must be balanced with the risks associated with artificial feeding, and this must be done for each HIV-infected woman on an individual basis.

Women need support to choose and adhere to the best option for them. Governments and others should provide this support, and also take action in the priority areas described in the UN HIV and infant feeding Framework for Priority Action ([http://www.who.int/child-adolescent-health/publications/NUTRITION/HIV\\_IF\\_Framework.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/HIV_IF_Framework.htm)).

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<sup>2</sup> highly active antiretroviral therapy