

# Helping an HIV-positive breastfeeding mother decide how to feed her child at 12 months: A checklist for health care providers

## Why this checklist is needed

In 2010, The World Health Organization (WHO) released updated guidelines on HIV and infant feeding. This latest guidance focuses on balancing the prevention of HIV transmission with protection against other causes of child mortality. WHO recommends infant feeding practices that will result in the greatest likelihood of HIV-free survival for HIV-exposed children. WHO also recommends that national or sub-national health authorities decide which strategy they will promote that will most likely give infants the greatest chance of HIV-free survival, either:

- breastfeed and receive antiretroviral (ARV) interventions, or
- avoid all breastfeeding.

When deciding on the strategy, decision-makers should consider socioeconomic and cultural factors, availability and quality of health services, local epidemiology, and the main causes of under-nutrition and infant and child mortality.

In settings where national (or sub-national) authorities have decided to promote and support breastfeeding and ARV interventions, the following advice is given:

- Mothers known to be HIV infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first six months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding until 12 months of life.
- Breastfeeding should then stop only once a nutritionally adequate and safe diet without breastmilk can be provided.

In settings where a national authority has decided to promote and support breastfeeding and ARVs, but ARVs are not yet available, WHO recommends that mothers are counseled to exclusively breastfeed for the first six months of life and continue breastfeeding thereafter unless environmental and social circumstances are safe for, and supportive of, replacement feeding.

The Infant & Young Child Nutrition (IYCN) Project developed this checklist to help health workers support women to decide if a nutritionally adequate and safe diet can be provided without breastmilk at 12 months in order to stop breastfeeding.

IYCN recommends that health care providers who will be using this tool have received training on taking anthropometrics ([http://www.who.int/childgrowth/training/module\\_b\\_measuring\\_growth.pdf](http://www.who.int/childgrowth/training/module_b_measuring_growth.pdf)) and infant and young child feeding counseling skills (<http://origin-www.unicef.org/nutrition/58362.html>).

## Explanation of the questions

The checklist consists of two sets of questions. Section 1, on the front of the card, has questions on the child's health and household food security, and section 2 has questions on current feeding practices.

In section 1, there are five questions about household food security, and the child's health and nutrition status. If the answer to any one of these five questions is "yes," the woman should be advised to continue breastfeeding at this time and the health worker should stop asking questions on the checklist. For a client who answers "yes" to any one of the questions on the front of the card (section 1), there is no need to continue to the back (section 2).

The questions on the front of the card (section 1) are focused on child survival and are based on the following rationale:

- When HIV-exposed children are sick, it is safer for them to continue to breastfeed until they have recovered.
- Children in food-insecure households will not be able to

consistently consume a nutritious replacement diet.

- If it is difficult to feed the child an adequate diet now, it is unlikely that the child will eat an adequate diet when breastmilk is removed.
- When a child is severely malnourished, removing breastmilk from their diet is unwise and potentially disastrous. As mid-upper arm circumference (MUAC) measurements requiring referral for treatment for severe acute malnutrition (SAM) differ from country to country, the measurement indicating SAM is not specified on this tool. If weight for age or MUAC indicates severe malnutrition, or if a child has pitting edema in both feet, health workers are instructed to refer the child to treatment or verify current participation in treatment.

For clients who answered "no" to all five questions on the front of the card, health workers can ask questions on the back (section 2). These questions will help health workers to understand current feeding practices which serve as a proxy for a family's ability to provide a nutritious replacement diet without breastmilk. Similar

to the front of the card, if a client's response is "yes," the health worker should suggest the woman continue to breastfeed and stop asking questions. If the answer is "no," the health worker will be instructed to either continue asking questions or suggest a woman may be able to safely stop breastfeeding at this time.

The questions on the back of the card (section 2) are focused on a minimum replacement diet and are based on the following rationale:

- In low-resource contexts, it is unrealistic to expect a family to be able to offer substantially more food to the child than they already have been offering; therefore, questions focus

- on current practices rather than potential future practices.
- Children 12 months and older need to eat at least three times per day.
- Diets of children who are not breastfed require animal-source foods (meat, poultry, fish, or eggs, plus milk products) in order to meet all nutrient needs at this age.
- Diets of children who are not breastfed require vitamin A-rich foods.
- If animal milk and other animal-source foods are not eaten in adequate amounts, both grains and legumes need to be consumed daily (preferably at the same meal).

### Key points for health care providers to remember when counseling a woman who has decided to stop breastfeeding

- Stopping breastfeeding abruptly is not advisable. Breastfeeding should stop gradually over the course of one month.
- Mothers and/or infants who have been receiving ARV prophylaxis should continue prophylaxis for one week after breastfeeding is fully stopped. Mothers who are taking ARVs for their own health should continue to take them as advised by a health professional.
- It is important to feed an adequate diet without breastmilk to prevent the child from becoming undernourished, particularly if 500 ml of animal milk is not available to the child every day.
- On days when less than 500 ml of animal milk is available to the child, grains and legumes should be consumed at least once, preferably in the same meal.
- Children who are no longer breastfeeding may become sick more frequently. It is important for mothers and caregivers to take children to a health facility immediately if they fall ill.
- Counsel the mother on appropriate complementary feeding and offer advice based on an assessment of current practices, her particular situation, and the needs of her child.

### Key points for health care providers to remember when counseling a woman who has decided to continue breastfeeding

- If weight for age or MUAC indicates severe acute malnutrition, this child is at high risk of mortality. Refer the child to the nearest treatment program.
- Mothers and/or infants who have been receiving ARV prophylaxis should continue prophylaxis while breastfeeding continues, and until one week after breastfeeding is fully stopped. Mothers who are taking ARVs for their own health should continue to take them as advised by a health professional.
- The mother and child should return in a month for another assessment of whether it is safe for her to stop breastfeeding at that time.
- Counsel the mother on appropriate complementary feeding and offer advice based on an assessment of current practices, her particular situation, and the needs of her child.

## Sources

Deitchler M, Ballard T, Swindale A, Coates J. *Validation of a Measure of Household Hunger for Cross-Cultural Use*. Washington, DC: Food and Nutrition Technical Assistance II Project, Academy for Educational Development; 2010.

World Health Organization (WHO), United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS. *Guidelines on HIV and infant feeding 2010: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence*. Geneva: WHO; 2010.

World Health Organization (WHO). *Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C., USA*. Geneva: WHO; 2008.

World Health Organization (WHO). *Guiding principles for feeding non-breastfed children 6–24 months of age*. Geneva: WHO; 2005.

World Health Organization (WHO). *Feeding the non-breastfed child 6–24 months of age: Meeting report Geneva, Switzerland, 8–10 March 2004*. Geneva; 2004.

## ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact [info@iycn.org](mailto:info@iycn.org) or visit [www.iycn.org](http://www.iycn.org).

# Helping an HIV-positive breastfeeding mother decide how to feed her child at 12 months

Before using this checklist, confirm that the child is not HIV positive. An HIV-positive child should never stop breastfeeding at 12 months. Ask the client questions 1 through 4 and assess the child's nutritional status in question 5. As soon as the client answers YES to any **one question**, stop, and follow the instructions below.

STOP ASKING QUESTIONS	← YES	1. In the past two weeks, has your baby been sick with persistent diarrhea, a respiratory infection, or a fever for more than three days?	NO
	← YES	2. At any time in the last month, was there a day when you had no food of any kind to eat in your household?	NO
	← YES	3. Within the last month, did anyone in your household go to sleep at night hungry due to lack of food?	NO
	← YES	4. Within the last month, did anyone in your household go a whole day and night without eating due to lack of food?	NO
	← YES	5. Nutritional assessment (do all if possible): <ul style="list-style-type: none"> <li>a) <i>Scale and growth chart needed.</i> Does this child have a weight for age less than -3 z score or less than 60% of median?</li> <li>b) <i>MUAC tape needed.</i> Does this child's MUAC measurement indicate severe malnutrition (less than 115 mm)?</li> <li>c) Does the child have pitting edema in both feet?</li> </ul> <p style="margin-top: 10px;"><b>IMPORTANT: If yes to a, b, or c above, child is at high risk of mortality. Refer to the nearest treatment program.</b></p>	NO

If the client answered **YES** to **at least one of the questions**, she should continue to breastfeed her child. Counsel her to return in a month for another assessment and refer to the key messages on breastfeeding and ARVs.

If the client answered **NO** to **all of the questions**, continue to ask the questions on the back of this card to determine if this may be a safe time to stop breastfeeding.

If the client answered **YES** to one or more of the questions on the front, she should continue to breastfeed. Share key messages on ARVs and breastfeeding. Ask her to return in a month. Stop asking questions.

If the client answered **NO** to all of the questions on the front, continue to ask the questions below to determine if this may be a safe time for the mother to stop breastfeeding.

<p><b>1.</b> How many times did the child eat solid, semi-solid, or soft foods yesterday?</p>	<p>If 0, 1, or 2 meals, STOP and suggest the mother continue to breastfeed.</p>	<p>If 3 or more meals, go to question 2 below.</p>
<p><b>2.</b> How many times in the last 7 days did anyone in the household drink animal milk (fresh or powdered whole-fat milk, not low-fat/skimmed or condensed)?</p>	<p>If 5 or fewer, continue to question 3 below.</p>	<p>If 6 or more, this may be a safe time for the mother to stop breastfeeding. STOP asking questions.</p>
<p><b>3.</b> How many times in the last 7 days did the child eat any meat, fish, poultry and liver/organ meats, or eggs?</p>	<p>If 3 times or fewer, suggest the mother continue to breastfeed and STOP asking questions.</p>	<p>If 4 or more, go to question 4 below.</p>
<p><b>4.</b> How many times in the last 7 days did the child eat vitamin A-rich fruits and vegetables (list locally available)?</p>	<p>If 3 times or fewer, suggest the mother continue to breastfeed and STOP asking questions.</p>	<p>If 4 or more, go to question 5 below.</p>
<p><b>5.</b> Did anyone in the household eat grains, roots or tubers (list locally available) yesterday?</p>	<p>If no, suggest the mother continue to breastfeed and STOP asking questions.</p>	<p>If yes, go to question 6 below.</p>
<p><b>6.</b> Did anyone in the household eat legumes or nuts (list locally available) yesterday?</p>	<p>If no, suggest the mother continue to breastfeed.</p>	<p>If yes, this may be a safe time for the mother to stop breastfeeding.</p>

If the woman will continue to breastfeed, counsel her to return in a month for another assessment and share key messages on breastfeeding and ARVs.

If the woman will stop breastfeeding, share key messages on how to safely stop breastfeeding, replace breastmilk in her child's diet, and ARVs.

Every mother, regardless of the outcome of this evaluation, should receive counseling on appropriate complementary feeding, including an assessment of current practices and advice specific to her particular situation and the needs of her child.