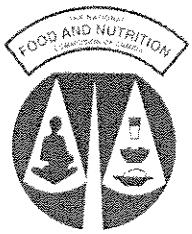
Republic of Zambia

Ministry of Heath



RECOMMENDATIONS FOR INFANT AND YOUNG CHILD FEEDING (IYCF) IN THE CONTEXT OF HIV FOR ZAMBIA

2007

RECOMMENDATIONS FOR INFANT AND YOUNG CHILD FEEDING IN THE CONTEXT OF HIV FOR ZAMBIA - 2007

1.0 Introduction

The optimal infant feeding choice for women living with HIV continues to be a major concern for health care providers, HIV-infected women and their families. The recognition of this challenge at global level led to the consultative meeting which was held by the World Health Organization in order to review the substantial body of new evidence and experience that has been accumulating regarding HIV and infant feeding since a previous technical consultation in October 2000. It was at this meeting that the HIV and Infant feeding consensus statement (October 2006) was released.

In Zambia, the consensus building process was initiated on 22nd February, 2007, when the National Food and Nutrition Commission held a consensus meeting for stakeholders to discuss the WHO HIV and Infant feeding statement among other pertinent issues that were of concern regarding Infant Feeding. The Zambia Exclusive Breastfeeding Study (ZEBS) results were among the presentations made during this meeting. In addition, more discussions around infant feeding in context of HIV were held during the dissemination of this study results later.

Thereafter, the proposed recommendations were compiled and presented at the Prevention of Mother To Child Transmission of HIV (PMTCT) and Paediatric Care Technical Working Group meeting held on 29th June, 2007. The members discussed each proposed recommendation and reached consensus. The recommendations were then further refined during the PMTCT Technical group that was reviewing the PMTCT guidelines in November, 2007.

2.0 Purpose of the Recommendations

The purpose of these recommendations is to:

- further clarify and refine the national guidance for Infant and Young Child Feeding in the context of HIV in Zambia.
- Form the basis for all information regarding the feeding of the target group.
- Provide guidance to all stakeholders in the country so that messages that are passed on to service providers, HIV positive women and their partners or any other relevant people that have an influence on how infant and young children are fed are harmonized and are consistent at all levels of service delivery and care.

3.0 Scope of the recommendations

The scope of the recommendations covers aspects that pertain to feedings infant and young children (ie age group 0 to 24months) that are born to HIV infected women.

4.0 The recommendations

The recommendations for infant and young child feeding in the context of HIV for Zambia are highlighted in subsequent sections.

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RECOMMENDATIONS FOR INFANT AND YOUNG CHILD FEEDING IN THE CONTEXT OF HIV FOR ZAMBIA -2007

i) For infant and young child feeding in the general Population

In Zambia, breastfeeding should continue to be protected, promoted and supported.

For mothers who are HIV negative, or who are of unknown status, exclusive breastfeeding for the first 6 months and thereafter, continued breastfeeding for up to 24 months or beyond with timely, adequate and safe complementary feeding is recommended.

All pregnant women should routinely be tested for HIV.

ii) Infant feeding options (0-6months) when a mother is HIV positive

There are only **two** main infant feeding options when the mother is HIV positive. These are:

- **Exclusive breastfeeding** - This means giving a baby only breast milk, and no other liquids or solids, not even water unless medically indicated. This should be for the first six months of life.

  This means that 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 (AFASS) for them and their infants before that time.

  The transition from breastfeeding should be within 2-3 days to 3 weeks (transition period). Abrupt weaning is **not** recommended.

Or

- **Exclusive replacement feeding** - This is the process of feeding a child who is not breastfeeding with a diet that provides all the nutrients the child needs until the child is fully fed on family foods. Infant formula is recommended for exclusive replacement feeding when AFASS is met.

  An infant who is on exclusive replacement feeding (or non breastfed) should also receive a vitamin A supplement (50 000IU) soon after birth.

Other infant feeding options in **special situations** include:

- **Heat Treated Expressed Breastmilk**- This means that a mother expresses breastmilk and heats it so that the HIV present in breastmilk is destroyed making it safe to feed the infant. This may be used during the transition period from breastfeeding. Heat-treatment reduces the level of some anti-infective components of breast milk. However heat-treated breast milk remains superior to breast-milk substitutes.

- **Wet nursing** –This refers to breastfeeding by another woman, who is HIV-negative. This may only be considered in special situations such as in case of an orphaned infant and the family can not meet AFASS. The wet nurse should be tested every three months. The wet-nurse will also need to protect herself from HIV infection the entire time that she is breastfeeding. In addition, the wet-nurse should be available to feed the baby on demand, both day and night.

  She should also receive counseling about how to prevent cracked nipples, breast infections and engorgement. If a baby is already infected with HIV, there may be a very small chance that he can pass the virus to the wet-nurse through breastfeeding. The wet-nurse needs to know about this small risk and provided with adequate counselling.

  NOTE: *Home modified animal milk is no longer a recommendation. This is in view of not only concerns on the safety of preparation of feeds and storage, but also due to its nutritional inadequacies (micronutrients and essential fatty acids). Therefore, it is not part of the guidelines.*

iii) Feeding options when the infant is *tested* (0-6months) with PCR (Early Infant Diagnosis)

Recommendations:

- Breastfeeding mothers of infants and young children who are known to be HIV-infected should be encouraged to continue breastfeeding.
- If an infant tests HIV negative and is breastfeeding, counsel the mother & reassess AFASS
- If the infant's HIV status is unknown, encourage mother to use earlier chosen option pending results.

iv) Mode of feeding for replacement feeding

How should replacement feeding be given to an infant?

- By cup
- Bottle feeding is not recommended
- Baby should be fed on fresh feed every time.
- The transition from breastfeeding should be within 2-3 days to 3wks (transition period). Abrupt weaning is **not** recommended as it has been shown to increase the risk of morbidity and mortality in HIV exposed infants.

v) Feeding of infants born to HIV positive mothers after 6months

What should a breastfeeding mother do after 6months?

- At six months, if replacement feeding is still not acceptable, feasible, affordable, sustainable and safe, continuation of breastfeeding with additional complementary foods is recommended, while the mother and baby continue to be regularly assessed. All breastfeeding should stop once a nutritionally adequate and safe diet without breast milk can be provided.

  Continuation of breastfeeding is considered, as the risk of the infant or young child dying from other childhood illnesses associated with poor nutrition e.g. diarrheoa, pneumonia and malnutrition maybe higher than from Mother To Child Transmission of HIV (MTCT). In addition, after six months the gut is more mature and less prone to irritation (that may arise due to mixed feeding).

- The transition period from breastfeeding should be within 2-3 days to 3wks. Abrupt weaning is **not** recommended.

- The mother's Cd4 count should be assessed every 3months where the service is available. This allows mothers to start on HAART as recommended (less than 350 x 10(6) cells/litre.

- **Complementary feeding:** This means giving other foods in addition to breastfeeding. This should start after the first 6 completed months.

  Complementary foods must be nutritious and should be given in adequate amounts so that the child can continue to grow. Feeding includes more than just the foods provided. How the food is prepared and fed is just as important (texture, hygiene, supervised, from separate plate etc).

In the context of HIV, complementary feeding applies to both breastfed and non breastfed children. The recommendation is as follows:

- Complementary feeding for **breastfed infants (6-23months)**
  - **6-8months** - 2-3meals per day plus frequent breastfeeds (Depending on the child's appetite 1-2 snacks may be offered)
  - **9-11months** - 3-4meals per day plus breastfeeds (Depending on the child's appetite 1-2 snacks may be offered)
  - **12-23months** -3-4 meals plus breastfeeds (Depending on the child's appetite 1-2 snacks may be offered)

- Complementary feeding for **non breastfed** infants and young children is as follows:
  - Children over six months of age who are not receiving breast milk need 1-2 cups of milk (where one cup is equal to 250mls) and an extra 1-2 meals per day in addition to the amounts of food recommended for those that are breastfed.

Making the Transition from Exclusive Breastfeeding

While still breastfeeding, baby should be taught to drink expressed breast milk from a cup.

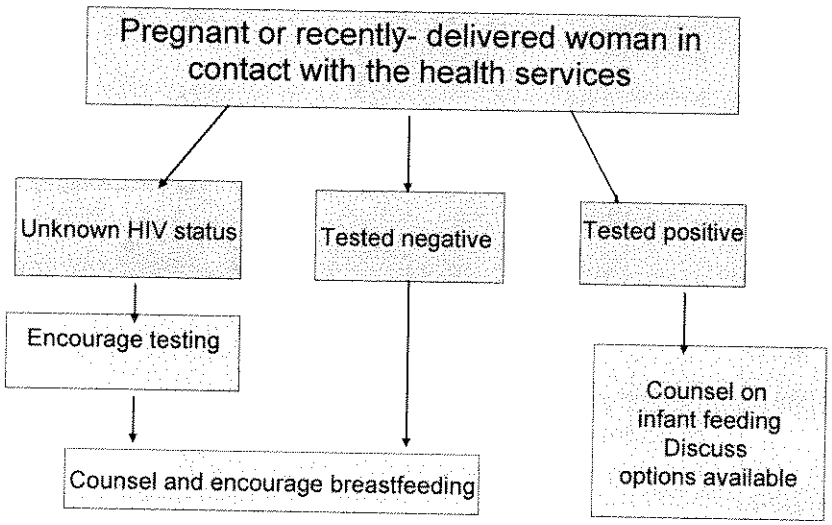
- This milk may be heat-treated to destroy the HIV
- Once the baby is drinking comfortably, replace one breastfeed with one cup-feed using expressed breast milk.
- Increase the frequency of cup-feeding every few days and reduce the frequency of breastfeeding. Ask an adult family member to help cup-feed the baby.
- Stop putting baby to the breast completely as soon as both mother and child are accustomed to frequent cup-feeding. From this point on, it is best to heat-treat breast milk.
- If baby is only receiving milk, check that he is passing enough urine - at least six wet nappies every 24-hour period. This means that he is getting enough milk.
- Gradually replace the expressed breast milk with formula (if below six months) or whole animal milk (if above six months).
- If baby needs to suck, give a clean finger instead of the breast.
- To avoid breast engorgement (swelling), express a little milk whenever breasts feel too full. This helps to feel more comfortable. Use

cold compresses to reduce the inflammation. Wear a firm bra to prevent breast discomfort.

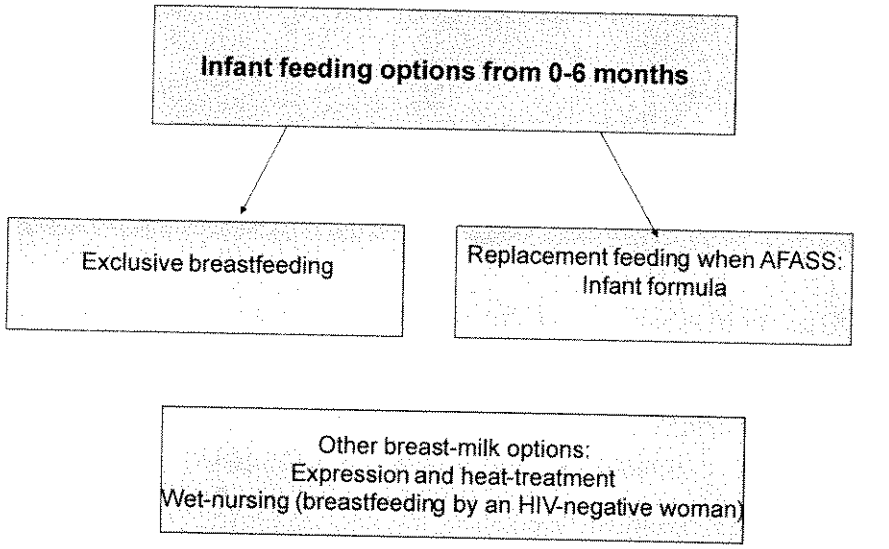
- Do not restart breastfeeding again once it has stopped. Doing so increases chances of passing HIV infection to the baby. If breasts become engorged, the milk should be expressed by hand and discarded.
- Begin using the family planning method of choice, as soon as reducing breastfeeds starts.

Infant feeding counseling flow charts

Counselling for infant feeding in relation to HIV



Infant feeding options from 0-6 months for HIV-positive women



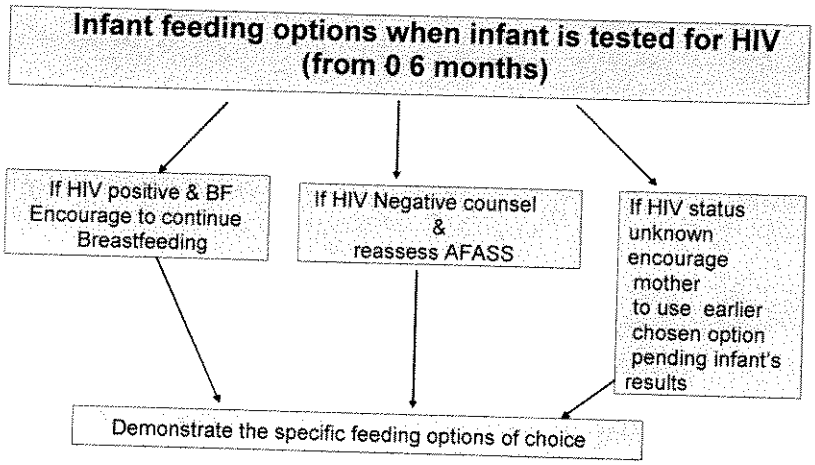
During group education, breastfeeding should be promoted while encouraging mothers to test for HIV. Health workers should explain that once a mother has had an HIV test and her result is positive, she should discuss with a health worker on how to feed her baby.

Infant feeding options should not be discussed in group education sessions but individually with HIV positive mother. Discussing infant feeding options in a group should be avoided.

During individual counselling sessions on infant feeding, the health worker should discuss the benefits and risks of each of the two main options (exclusive breastfeeding and exclusive replacement feeding i.e. infant formula). It is important to ensure that AFASS is explored so that the client makes an informed decision. If the mother requires more time to make up her mind or consult the spouse, then make an appointment for a later discussion.

After the mother has received infant feeding counselling and has decided upon the feeding method, it is important for the health worker to demonstrate how best the particular method can be practiced. This maybe done during a follow up appointment.

Infant feeding options for infants tested from 0-6 months (early infant diagnosis)



vi) Infant feeding follow up

Whatever the feeding decision, health workers should follow-up all HIV positive mothers and their exposed infants, and continue to offer infant feeding counselling and support, particularly at key points when feeding decisions may be reconsidered.

Infant feeding counselling, support and follow up should be provided:

- During pregnancy- First and follow up Antenatal Natal Care visits
- At Delivery
- During post natal – At 6 days, 6 weeks and thereafter every month until 24 months of age

Health workers should identify and establish community support to refer mothers for follow up. This may be support on psychosocial and/or feeding issues. It is important that mother support groups are strengthened in this regard. Traditional Birth Attendants, Community Health Workers, Home Based Care Givers are some of the Community Based Agents that can integrate infant feeding support as part of their activities.

vii) Feeding the sick child

Feeding a sick child is critical. HIV positive children are more likely to fall sick frequently. Sick children need to eat small frequent meals to enhance recovery. Breastfed infants and young children should continue breastfeeding during the period of sickness.

The IMCI strategy is critical in enhancing optimal feeding for sick children.

viii) Baby Friendly Hospital Initiative (BFHI) and compliance to the marketing of breast milk substitute's legislation

The DHMT should ensure that all sites comply with the legislation that regulates the marketing of breast milk substitutes (Food and Drugs Act, Marketing of Breast milk Substitutes, 2006 Legislation). This legislation aims at ensuring that mothers make an informed decision regarding the use of breast milk substitutes rather than on the basis of commercial pressure or influence.

Like all other health facilities providing care for infants and mothers, Sites for prevention of Mother-to-Child transmission of HIV infection should implement the Baby Friendly Hospital Initiative (BFHI).

The revised and expanded BFHI includes the 10 steps to successful breast feeding and three additional components on HIV, the Code of Marketing of Breastmilk Substitutes and Mother Friendly Care.

The Ten steps to successful breastfeeding:

Step one: Have a written infant feeding policy that is routinely communicated to all health staff.
Step two: Train all health care staff in skills necessary to implement this policy.
Step three: Inform all pregnant women about the benefits and management of breastfeeding.
Step four: Help mothers initiate breastfeeding within an hour of birth.
Step five: Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants
Step six: Give newborn infants no food or drink other than breast milk, unless medically indicated.
Step seven: Practice rooming-in: allow mothers and infants to remain together 24 hours a day
Step eight: Encourage breastfeeding on demand.
Step nine: Give no artificial teats or pacifiers* to breastfeeding infants.
Step ten: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.
In Addition:

- Comply to the Marketing of breast milk substitutes legislation and the international Code
- Encourage all pregnant women to test for HIV and provide them appropriate support on infant feeding
- Promote Mother Friendly Care practices