



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

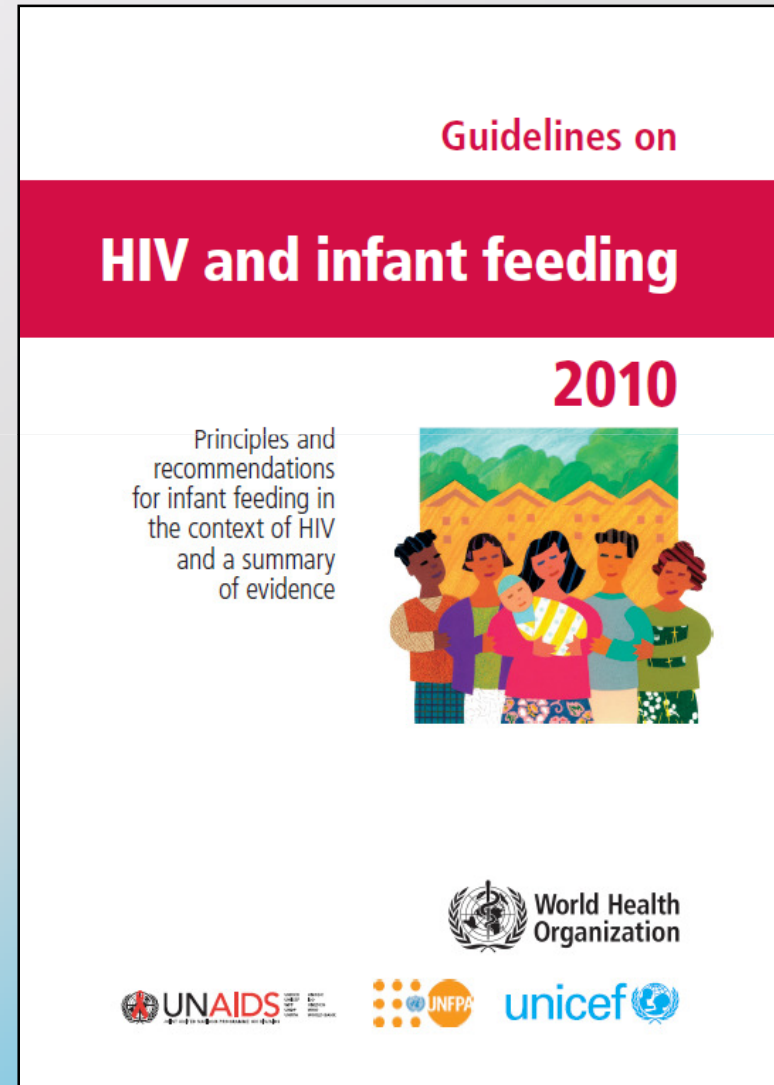
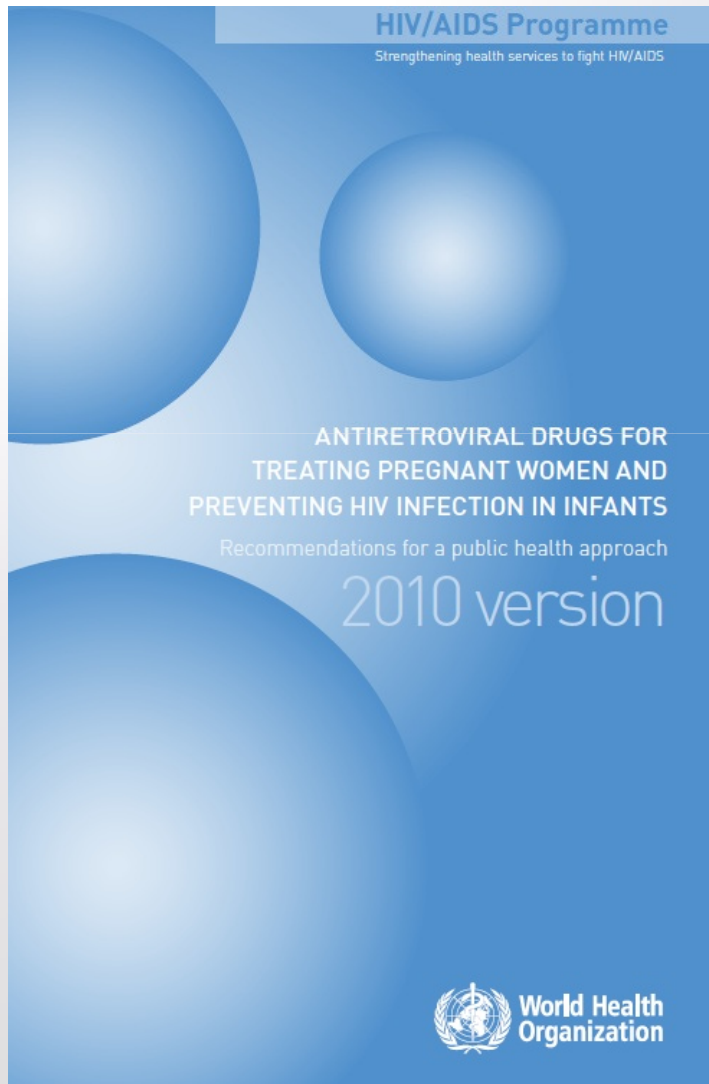


- Before ART interventions during BF period:
 - Mothers had 2 suboptimal choices:
 - BF: Risk of HIV infection
 - FF: Risk of morbidity/ mortality



- 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



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!

