

## EXCLUSIVE BREASTFEEDING AND PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) IN THE CONTEXT OF HIV/AIDS

The absolute risk that an infant will contract HIV through exclusive breastfeeding from an HIV positive mother is 10-20%.

Infants in resource-poor settings who are not breastfed experience a six-fold increase in mortality for the first two months of life alone. At six months, there is a three-fold increase in mortality and the risk continues to decrease over time.

Research shows exclusive breastfeeding is more beneficial than predominant or partial breastfeeding in terms of the overall health of the infant, when considering the risk of HIV transmission. Therefore, it is recommended HIV-infected women in resource-poor settings exclusively breastfeed their infants for the first six months.

Due to the increased vulnerability of infants exposed to HIV who are weaned early, prevention of mother-to-child transmission (PMTCT) and orphans and vulnerable children (OVC) programs should be linked with maternal and child health (MCH) programs and clinics to help protect the infants.

### Alternative Feeding Options

**Early cessation of exclusive breastfeeding for infants with mothers who are HIV positive is encouraged as long as the replacement food is acceptable, feasible, affordable, sustainable, and safe (AFASS).**

**Expressing and heat-treating breastmilk:**

Removing milk from the breast manually or with a pump and heating it to kill HIV.

**Wet-nursing:**

Having an HIV-negative women breastfeed the infant.

**Breast milk banks:**

Obtaining milk from centers where milk is pasteurized and made available for infants.

**Commercial infant formula:**

U.N. agencies caution use of these products as a replacement feeding option. Conditions for the proper distribution and use must be available.

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**For more information  
about exclusive breastfeeding  
and PMTCT in the context  
of HIV/AIDS, visit**

**<http://wvfoodresourcesworkshop.com/>**