



## International Lactation Consultant Association

# Position Paper on HIV and Infant Feeding

### The value of human milk

- Exclusive breastfeeding for six months followed by continued breastfeeding with complementary foods and fluids for up to age 2 years and beyond (the World Health Organization standard) is the normal, optimal way of feeding infants and the foundation of health and development, except in rare circumstances.
- *Artificial feeding* (use of substitutes for human milk) increases infants' risks of acute illness, chronic disease, and slower cognitive development, and increases mothers' risks of cancer.
- Every year, it is estimated that at least one million infants die due to lack of breastfeeding. A multi-country World Health Organization analysis of infant mortality data showed a six-fold greater risk of death from infectious disease for infants who were not breastfed in the first 2 months of life.
- Globally, over 90% of deaths among children under five years old are due not to HIV but to other causes, often exacerbated by lack of breastfeeding and other causes of malnutrition.

### Current state of knowledge about HIV transmission and infant feeding

- A woman usually acquires HIV infection from a male partner after which *vertical transmission* (VT), also called mother-to-child transmission may occur during pregnancy, birth, or breastfeeding.
- If an HIV-infected pregnant woman is not treated, the risk of VT during pregnancy or birth is estimated at 15% to 30%. Anti-retroviral (ARV) treatment can reduce the risk of VT to as low as 3-6%.
- Researchers estimate the additional risk of HIV transmission via breastfeeding is about 14% if a child is breastfed for two years. It is not yet known whether ARV treatment can also reduce VT through breastfeeding.

- *Exclusive breastfeeding* (mother's milk only, no other food or drinks) in the first months may reduce the risk of VT.
- *Partial breastfeeding* (with other fluids or foods) may increase VT.
- Stopping breastfeeding earlier than usual shortens exposure and may lessen the overall risk of VT.
- When adequately heat-treated, expressed milk of HIV-positive mothers will not transmit HIV and remains nutritionally and immunologically superior to infant formula.
- Replacement of breastfeeding must be acceptable, feasible, affordable, sustainable, and safe, or it will increase risks to infant survival, regardless of exposure to HIV.

### ILCA affirms the rights of mothers and infants

ILCA affirms the importance of human rights law and principles as the basis for sound policies related to HIV prevention and treatment and infant feeding. These rights, which are not reduced by a person's age, gender, economic status, schooling, marital status, sexual orientation, reproductive status, or HIV status are understood to include:

- Each child has the right to the highest attainable standard of health.
- Every person has a right to access to voluntary and confidential counseling and testing for HIV, confidentiality of results, and appropriate treatment.
- Every mother has a right to full and objective information on all infant feeding options,\* in a form she can understand and apply in her own situation.
- Every mother has a right to protection from coercion, stigma, and commercial influences in making her own decisions about infant feeding.
- Every mother has a right to skilled assistance from lactation consultants or other trained health care workers, and to appropriate care and supportive conditions regardless of her infant feeding decisions.

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\*These options include exclusive breastfeeding, continued partial breastfeeding with other fluids or foods, heat-treated expressed mother's own or human donor milk, wet nursing, partial or complete replacement of human milk with home-prepared, generic, or commercial formula, and how and when to move from one option to another. Feeding options also include how and whether to hand-express or pump milk, and whether to feed milk by bottle, cup or any other technique.

## Therefore the International Lactation Consultant Association:

- Advocates continued protection, promotion and support of exclusive and continued breastfeeding for the majority of children regardless of the prevalence of HIV infection;
- Holds that mothers will make choices in the best interests of their children when their rights to objective information and supportive conditions have been fulfilled;
- Emphasizes that violation of women's rights may collaterally injure their infants, since, except in rare cases of severe mental illness or impairment, the human rights of mothers and their infants are not in conflict;
- Continues to strengthen its advocacy for all policies that support breastfeeding, for the Baby-Friendly Hospital Initiative, and for training in appropriate breastfeeding and lactation management and counseling skills among health and community workers;
- Emphasizes the need to regulate marketing of all artificial infant feeding products in all countries, in accordance with the *International Code of Marketing of Breast-milk Substitutes* and subsequent World Health Assembly Resolutions;
- Urges continued investigation, including long-term morbidity and mortality studies, to distinguish among the effects of exclusive, predominant, and partial breastfeeding patterns as well as use of ARV therapy as a means of decreasing the risk of HIV transmission via breastfeeding;
- Urges investigation of the timing and methods of moving from exclusive to no breastfeeding;
- Urges investigation and implementation of processes that make breastmilk of HIV-positive mothers safe for their babies; and
- Urges investigation of *spillover* trends and how to reduce them (spillover occurs when women whose HIV status is negative or unknown decide not to breastfeed due to fear or misinformation about HIV transmission).

## Members of ILCA in their professional roles are encouraged to:

- Advocate for the primary prevention of HIV infection by all routes of transmission;
- Oppose mandatory testing, but encourage women and men to consider voluntary, confidential HIV counseling and testing, especially before they conceive;
- Protect confidentiality of all tested persons, including infants;
- Advocate for and implement the Baby-Friendly Hospital Initiative;
- Protect breastfeeding by adhering to the *International Code of Marketing of Breast-milk Substitutes*;
- Prevent spillover of artificial feeding by effectively protecting, promoting and supporting breastfeeding;
- Help women to breastfeed exclusively, to prevent breast and nipple problems, and to diminish lactation gradually if they decide to stop breastfeeding;
- Be familiar with the current literature on infant feeding and HIV, and skilled in its application to clinical practice;
- Provide non-commercial information and counseling regarding all infant feeding choices, and skilled help with all options; and
- Ensure that supportive care and appropriate treatment are provided to all HIV-positive women regardless of their infant feeding decisions.

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