

CHALLENGING THE STATUS QUO:

Breastfeeding and Homebirths

For women living with HIV



New Zealand Guidelines

For pregnant woman diagnosed with HIV

Offered interventions to treat HIV and to protect child. Is likely to include:

- Antiretroviral treatment for the woman
- Intravenous therapy during labour and birth
- Option of a normal vaginal birth provided HIV virus level is very low and no other complications
- Antiretroviral treatment for the baby after birth
- Artificial feeding of the baby rather than breastfeeding



Birth options



- Birth takes place at a centre with experience in delivering for women living with HIV
- Using the same standard precautions regarding exposures to blood and body fluids that should be used with any birth
- Birthing options discussed by the woman, the LMC, the obstetrician and the HIV specialist
- Women with well-controlled viral load and CD4 counts usually able to have a vaginal birth providing certain procedures are followed

Breast Feeding Guidelines

for Women living with HIV in New Zealand

- Ministry of Health recommends mothers with HIV in New Zealand do not breastfeed their babies
- New Zealand has safe water supplies, access to infant formula and the ability to safely sterilise equipment. Therefore formula feeding is endorsed as the safest choice
- Parents must be given specific guidance and support in supplying safe and adequate replacement feeding.
- Health care practitioners should ensure mothers know how to sterilise bottles and make up feeds safely, and that **mothers have milk supplies when the babies go home**. Babies will be monitored when they go home, following local policy



Positive Women

Infant feeding

- Recent evidence on ARVs for the prevention of vertical transmission of HIV through breastfeeding has transformed the infant feeding environment
- There is now adequate knowledge of appropriate programme responses to support mothers living with HIV to breastfeed their babies



WHO Guidelines 2012



- Authorities endorse breastfeeding while receiving ARVs (mother and/or infant), or avoidance of all breastfeeding
- Women who breastfeed and receive ARVs (or whose baby is receiving ARVs) should exclusively breastfeed their baby for 6 months and continue breastfeeding until 12 months of age and only then consider stopping
- National authorities implementing recommendations need take into account major factors
 - HIV prevalence, infant and child mortality rates, infant and young child feeding practices, nutritional status of infants, availability of clean water and sanitation, socio-economic status of the population and quality of health services, including provision of interventions for PMTCT

Time to review NZ Guidelines?

Homebirths

- ARV's
- Viral Load undetectable
- No other complications
- Universal Blood precautions
- Intravenous drip?



Time to review NZ Guidelines?

Breastfeeding

- Infant formula
 - Subsidized?
 - Baby Friendly Hospital program
 - Stigmatizing
- Breast Milk Banks
 - Not always readily available
 - www.facebook.com/mothersmilknz
- Breastfeeding
 - ARV's
 - No mixed feeding



Informed and Supported Choices



Positive Women