Infant and Young Child Feeding in the Context of HIV and AIDS

Kenyan National Counselling Cards
Acknowledgements

Infant feeding continues to be a one of the most important practices influencing child survival and development, and is also recognized as a critical component of care and support during the perinatal period for women. As part of the national response to HIV/AIDS in Kenya and the Prevention of Mother to Child Transmission (PMTCT), effective counselling on infant feeding to ensure that correct and consistent messages are given has been identified as a critical intervention in service provision. The Kenyan government, in collaboration with multilateral and bilateral agencies, NGOs and CBOs has recently spearheaded a response to this need to equip health and nutrition staff with an integrated set of job aids or counselling tools on Infant and Young Child Feeding in the Context of HIV/AIDS. This Kenyan National Counselling Cards on Infant and Young Child Feeding forms part of a tool set that also includes six brochures and a Question and Answer Guide (Q&A). Kenya has adapted these materials from materials originally developed in Tanzania, based on a review by a broad group of national stakeholders, who will continue to test and modify the materials for use on a national level.

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Key Steps in Counseling an HIV Positive Woman on Infant Feeding Options

1. Greet the woman. Introduce the purpose of the discussion and get her consent to initiate the counseling session. If the mother is HIV positive, counsel her about the risks of HIV transmission and the best options for infant feeding.

2. Explain the risk of transmission of HIV, including transmission through breastfeeding. Explain that there are also risks involved in not breastfeeding. Discuss lower risk with anti-retrovirals and exclusive breastfeeding. Use the 2 counseling cards on risk.

3. Explain the different infant feeding options: 1) exclusive breastfeeding (How to Breastfeed Your Baby and How to Hand Express Breast Milk) or 2) exclusive replacement feeding (How to Feed Your Baby Infant Formula or How to Feed Your Baby Fresh Animal Milk) Use the counseling card on infant feeding options.

4. Explore with the woman her home and family situation to determine which feeding option (or options) is “acceptable, feasible, affordable, sustainable and safe” (AFASS) for her to use. Use the counseling card on AFASS.

5. Discuss and assist the woman to choose an appropriate feeding option. Review the content (text and images) of the counseling brochure related to that feeding option.

6. Demonstrate how to practice the chosen feeding option, referring to the content of the appropriate counseling cards or brochures to guide the demonstration. Show the woman where in the brochures she will find this related information.

7. Provide follow-up counseling and support. Advise the woman on the importance of her own health and ask her to come to the health center if she or her baby has any problems. Give the brochures on maternal nutrition and complementary feeding and show the counseling card on danger signs. At each contact, ask the woman to return with the baby for a follow-up visit to:
   - Monitor the growth of the baby
   - Check feeding practices and whether any change is planned
   - Check for signs of illness in both the mother and baby
   - Discuss feeding for infants between 6 and 24 months
If a mother is HIV positive...

What is the risk of HIV passing to her baby when NO preventive actions are taken?

Out of 100 babies born to HIV positive mothers:

- The majority of babies (60) are not infected with HIV, but should be protected.
- Most babies (25) become infected with HIV during pregnancy, labor and birth.
- Other babies (15) are infected with HIV through breastfeeding.

Protect your baby – get tested and know your HIV status!
If a mother is HIV positive… what is the risk of HIV passing to her baby when NO preventive actions are taken?

• You can pass HIV to your baby during pregnancy, delivery or through breastfeeding
• Not all babies born to women with HIV become infected with HIV themselves
• Imagine 100 babies born to women with HIV – about 40 of these will get infected if no medications are given to prevent the spread of HIV from a mother to her child. Sixty-five will remain HIV negative or not become infected.
• Of these 40 babies, 25 will get infected through pregnancy and delivery and 15 through breastfeeding
• Other tests are available and can confirm the HIV status of the baby by 6 weeks of age. You can go to your nearest hospital or health centre to find out how your baby can be tested.
• Some things can increase the risk of passing HIV through breastfeeding. For example, there is a higher chance if you have been recently infected with HIV
• There are ways of reducing the risk of transmission by feeding your baby using what works the best for your situation either through exclusive breastfeeding or exclusive replacement feeding.
If a mother is HIV positive...

... but mother and baby take anti-retrovirals and practice exclusive breastfeeding, the risk of HIV passing to her baby decreases.

Out of 100 babies born to HIV positive mothers who take anti-retrovirals:

- The majority of babies (85) are not infected with HIV.
- Most of these babies (10) become infected with HIV during pregnancy, labor and birth.
- Breastfed babies (5) can become infected. Exclusive and safer breastfeeding reduces the risk.

Protect your baby – get tested and know your HIV status!
If a mother is HIV positive… but mother and baby take anti-retrovirals and practice exclusive breastfeeding, how does the risk of HIV passing to her baby decrease?

- You can pass HIV to your baby during pregnancy, delivery or breastfeeding.
- Not all babies born to women with HIV become infected with HIV themselves.
- Imagine 100 babies born to women with HIV. If the mother is given medication and she practices exclusive breastfeeding the risk of passing HIV to the baby decreases – 85 out of 100 babies will not be infected, 10 will become infected during pregnancy and birth and 5 breastfed babies can become infected but exclusive breastfeeding reduces the risk of HIV transmission.
- Mixed feeding – breastfeeding and also feeding your baby other types of milk or food at the same time almost doubles the risk of passing HIV to your baby.
- Certain factors can also increase the risk of passing HIV through breastfeeding—for example if you have been recently infected with HIV or if you have an infection in your breast while you are breastfeeding.
- There are ways of reducing the risk of transmission by feeding your baby using what works the best for your situation either through exclusive breastfeeding or exclusive replacement feeding.
- You should also seek treatment from a health practitioner if you have any infections and prevent re-infection by making choices for safer sex (e.g. use condoms during pregnancy or during breastfeeding).
What are the risks for babies born to HIV positive mothers related to infant feeding during the first 6 months of life?

**Only Breast Milk**
- Healthy babies without HIV infection

**Replacement Milk**
- Babies who die from diarrhea, pneumonia and other infections
- (Formula or Cow’s Milk)

**Mixed Feeding**
- Babies with HIV-infection
- (Breast milk plus other milk, liquids or foods)
What are the risks for babies born to HIV positive mothers related to infant feeding during the first 6 months of life?

It is important for you to know that all feeding options have risks for your baby. The reason for discussing these risks is so that you can make the best decision about how to feed your baby. It is possible to reduce the risk of illness (such as diarrhoea and respiratory infections like pneumonia) and HIV infection for your child. These pictures show the kind of risks associated with the different feeding options. It is important for you to understand these risks.

Exclusive Breastfeeding (only breastmilk for feeding up to 6 months)

- For exclusive breastfeeding, there is new information that shows that exclusive breastfeeding reduces the risk of HIV transmission by 50% as compared with non-exclusive breastfeeding or mixed feeding (WHO, 2006).

Exclusive Replacement Feeding (only formula or modified animals’ milk for the first 6 months)

- There is no difference in HIV infection and death (measured at 18 months of age) between an exclusively breastfed child and a child that is fed with replacement feeding (infant formula).
- Practicing exclusive replacement feeding will double the likelihood that he or she will die from other infections (such as diarrhoea and pneumonia) by the age of 6 months.

Mixed Feeding (both breastfeeding and replacement feeding your child up to 6 months of age)

- Giving a baby both breastmilk and replacement milk is commonly practiced in Kenya. This practice is called mixed feeding and puts your baby at increased risk of illness, death and HIV infection. Mixed feeding doubles the risk of HIV infection for your child compared with a child that is exclusively breastfed.

It is important for you to understand that each type of feeding option carries risks.

Many of the following counseling cards will go through important information that will help you make a decision that is the best for you and your baby.

- With new types of treatment for women with HIV (antiretroviral therapy), the risk of HIV transmission through breastmilk can even be reduced to less than 5%. Ask your health care provider to see if these treatments are available through your health facility.
- While exclusive replacement feeding has been shown to reduce the risk of transmission of HIV through breastmilk, it can double the number of children who become sick and die from other illnesses. Exclusive replacement feeding has not been shown to reduce the risk of HIV free survival at 18 months of age when compared with a child who is exclusively breastfed for the first 6 months.
- Mixed feeding carries the greatest risk for both HIV infection and death from other illnesses for children.
There are many advantages to exclusive breastfeeding during the first 6 months.
Do not give replacement milk or foods to breastfeeding babies before 6 months!
What are the feeding options for HIV positive mothers during the first 6 months?

For Exclusive Breastfeeding

- Since exclusive breastfeeding provides the best source of nutrition for babies, a mother who does not know her HIV status should be strongly encouraged to exclusively breastfeed her infant for the first 6 months and continue breastfeeding during the introduction of other foods for the first 2 years of the child’s life.

- Exclusive breastfeeding means that a child only receives breastmilk during the first 6 months of life – no other foods, drinks or even water is required. Breastmilk is perfectly designed to meet all of the nutritional needs of the child.

- It is important to begin breastfeeding immediately—give your baby skin to skin contact by putting him/her on the breast right after they are born.

- The colostrum, or the first milk that is produced by the breast, is rich in nutrients and provides protection for your baby against diseases or illness.

- Early and frequent feeding will produce enough milk to meet the needs of your baby and help prevent your breasts from becoming swollen or engorged.

- Breastfeeding reduces the risk of illness in your child (asthma, allergies) and for you (reduces risk of ovarian and breast cancers).

For Exclusive Replacement Feeding – Infant Formula

- Though replacement feeding through use of formula or animal milk can reduce the transmission of HIV, your baby can become sick or malnourished if he/she does not drink enough formula or if you do not prepare it correctly (using safe water or cleaning the cup with soap/water).

- Prepare the formula only a short time before giving it to your baby (use within one hour of preparation).

- Only prepare enough formula for one feed at a time, formula that is kept for a number of hours may spoil and cause your baby to become sick.

- Some mothers will carry boiled water and the dry milk powder to mix for the next feeding if they are away from home or for during the night.

- Use the instructions on the tin to prepare the formula.

For Exclusive Replacement Feeding – Modified Animal Milk

- Animal milk is not fit for a baby less than 6 month’s of age unless it is modified; you need to add sugar and water to the milk and boil it to that the baby can digest it. If you do not do this, the baby can have diarrhea and become sick.

- Modified animal milk does not have all the nutrients that your baby requires. For this reason, you baby should take a micronutrient supplement that is specifically made for young children.

- Make enough modified animal milk for one feed at a time.

- You should not use sweetened condensed, skimmed or partially skimmed milk to feed your baby.
If you are HIV positive

Is replacement feeding a safe option for you and your baby?

Access to safe water
Clean home environment
Good sanitation
Sufficient income
Safe storage for milk
Enough cooking fuel
Able to prepare night feeds
Good family support
Access to healthcare
Assessing the mother’s situation

**USE WITH:** All HIV-positive women who are being counselled for the first time or who are thinking of changing their feeding option.

**ASK:** the questions in the left-hand column while pointing to the drawing that corresponds to each question. Her combined replies to these questions can help the woman to choose the most suitable method for her situation, after she has learned the advantages and disadvantages of each method.

**FOR REPLACEMENT FEEDING TO BE A Viable OPTION:** mothers should have all of the options in the final column unless those from the unclear column have a way forward.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>BREASTFEEDING</th>
<th>REPLACEMENT FEEDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do you get your drinking water?</td>
<td>River, stream, pond, or well</td>
<td>Piped water at home or can buy clean water</td>
</tr>
<tr>
<td>What kind of toilet do you have?</td>
<td>None or pit latrine</td>
<td>Waterborne latrine or flush toilet</td>
</tr>
<tr>
<td>How much money could you afford for formula each month?*</td>
<td>Less than** available for formula each month</td>
<td>*** available for replacement food each month</td>
</tr>
<tr>
<td>Do you have money for transportation to get formula when you run out?</td>
<td>No</td>
<td>Always (unless expressing and heat-treating breast milk)</td>
</tr>
<tr>
<td>Do you have a refrigerator with reliable power?</td>
<td>No, or irregular power supply</td>
<td>Yes, can continuously make replacement foods</td>
</tr>
<tr>
<td>Can you prepare each feed with boiled water and clean utensils?</td>
<td>No</td>
<td>Yes, can continuously make replacement foods</td>
</tr>
<tr>
<td>How would you arrange night feeds?</td>
<td>Preparation of milk feeds at night difficult</td>
<td>Yes, continuous preparation of milk feeds at night possible</td>
</tr>
<tr>
<td>Does your family know you are HIV-positive?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Is your family supportive of milk feeding and are they willing to help?</td>
<td>Family not supportive and not willing to help, or don’t know – can’t discuss</td>
<td>Family supportive and are willing to help</td>
</tr>
</tbody>
</table>

* You will need to know the monthly cost of formula in your community.
Breastfeed your baby immediately after birth to save lives
Breastfeed your baby immediately after birth to save lives

• Immediate initiation of breastfeeding saves lives

• Immediate skin to skin contact provides warmth and promotes bonding

• Breastfeeding your baby within the first half to one hour of life provides the best start for your baby

• Colostrum or the first milk is very rich in nutrients and helps protect your baby from illness

• Even though your baby feeds for short periods of time, this small amount of milk is enough

• During these early hours, feed your baby often (every 1 1/2 to 2 hours) for short feeding times. Frequent feeding will help your milk supply to be fully established over the next few days..

• If you are having trouble with putting the baby to the breast, seek help from a health care provider or the support of women who have breastfed their own children
How to Position and Attach Your Baby
How to Position and Attach Your Baby

• When you first begin to breastfeed, you may need to help the baby attach well to the breast to avoid hurting your nipples.

• Your baby’s tummy should be facing your tummy. Support the baby’s entire body, not just the head. Touch the baby’s lips with your nipple. When the baby’s mouth opens wide, move the baby quickly onto the breast, aiming the lower lip slightly below the nipple.

• The baby should take most of the dark skin (areola) into his or her mouth. The baby’s tongue should be over the bottom gums. If the baby is in a poor position, or if you feel any pain, then gently take the baby off the breast and start again.

• Check that your baby is feeding well by seeing that the baby’s
  — chin is touching the breast
  — mouth is wide open
  — lower lip is turned outward
  — more areola visible above than below the mouth

• Your baby should take slow deep sucks while breastfeeding, sometimes pausing. You may also hear the baby swallowing.

• Let your baby empty one breast first and come off the breast on his or her own. This will ensure that your baby gets the most nutritious and satisfying milk. Then give your baby the other breast.
There are many ways to position your baby

- Cradle position
- Cross cradle for small infants
- Cross position for twins
- Lying down
- Under arm position
- Under arm position for twins

How you position and attach your baby is important for success.
There are many ways to position your baby

- The cradle position is often used for infants
- The underarm position is ideal for twins or if the mother has had a caesarian delivery
- The lying position should be used with caution – to prevent a child from falling off the bed or suffocating by having a pillow close to the baby’s face.
During the first 6 months, your baby ONLY needs your breast milk.

Do not give water, glucose water, nor any other foods or drinks.
During the first 6 months, your baby only needs your breastmilk

- Breastfeeding provides the best source of nutrition for your child during the first 6 months of life.
- Breastmilk will fully meet the nutritional needs of your child and also is perfectly suited to maximize their growth and development.
- This means that they may have periods where they need to feed more often to help increase your milk supply as they grow.
- If you respond to this by feeding your baby frequently and on demand, there are no additional types of foods or fluids that your child needs during the first 6 months of life.
- This means that you may need to be prepared to say ‘no’ to things that are being offered to you to feed your child with (such as water, porridge or any type of traditional foods or herbs, excepted prescription medications). Some of these things may cause diarrhea and prevent your child from proper growth and development.
How to Hand Express Breast Milk
How to Hand Express Breast Milk

Make sure your hands and the utensils are clean. Sit in a quiet place. It is sometimes helpful to massage your breasts. A warm cloth may help stimulate the flow of milk.

You can use any hand for either breast. Put your thumb on the breast above the dark area around the nipple. Place your first finger below the nipple and the dark area. Support your breast with your remaining fingers.

Continue to compress the breast while moving your hand away from the chest wall. This should not hurt. If it does, then you are not doing it right.

Press the same way on each side of the dark area around the nipple in order to empty all parts of the breast. Do not squeeze the nipple itself or rub your fingers over the skin.

Express one breast for 3 to 5 minutes until the flow slows down and then switch to the other breast. Then do each breast again. Change your hands when the one hand gets tired.

You can use either hand. It usually takes 20 to 30 minutes to express all of the milk.

Store your expressed breast milk in a clean covered container until you are ready to feed your baby. Expressed milk can be stored for up to 8 hours in a cool place.

Always feed the baby using a clean open cup. Even a newborn baby learns quickly how to drink from a cup. Avoid using bottles and teats. They are difficult to clean and can cause your baby to become sick.
How to Safely Heat Treat Breast Milk

1. Collect breast milk into a clean container.
2. Place the container on a heat source, ensuring it is not too hot.
3. Once heated, remove from heat source and cool before feeding.
4. Feed the baby the warmed milk.

How to Safely Heat Treat Breast Milk

• Flash heating is a way to destroy the HIV in breast milk while retaining the important nutrients and protective agents in the breast milk. This allows an HIV-positive mother to continue providing breast milk to her baby.

• Always wash all utensils that you will use to express and heat treat your breast milk with clean water and soap.

• Express your milk according to the instructions in the How to Hand Express Breast Milk brochure. Be sure to empty both breasts.

• Put all the milk you have expressed in a heat resistant glass (not plastic) jar. The amount of milk should be between 50 ml and 150 ml. If you have more milk, you may divide it into 2 jars.

• Place the jar of milk in a small pan of water. Make sure the water is about two fingers above the level of milk so that all the milk will be heated well.

• Heat the water on a very hot fire or on the highest level of your stove until it reaches a rolling boil (when the water has large bubbles).

• Remove the jar of milk from the boiling water immediately after the water comes to a boil. Leaving the water to boil too long will damage some of the nutrients in the milk. Place the jar in a container of cool water, or let it stand alone to cool until it reaches room temperature.

• Protect the milk as it cools and during storage by placing a clean lid or small plate on it.

• You can safely feed your baby this heated milk within 6 hours.

• Always feed the baby using a clean open cup. Even a newborn baby learns quickly how to drink from a cup. Avoid using bottles and nipples. They are difficult to clean and may make your baby sick.
Signs Requiring Special Attention

- Difficulty breathing
- Refusal to feed
- Vomiting
- Fever
- Malnutrition
- Diarrhea

Health Center
Signs Requiring Special Attention

• Young infants can become ill suddenly and may need to be seen and treated urgently by a health provider.

• If your child is not feeding well, has fever, diarrhea, vomiting, is losing weight/becoming thin, has difficulty breathing or has other signs that you are concerned about, you should have them assessed at the nearest health centre or hospital.

• You should also take your child for routine immunizations, vitamin A supplementation twice yearly and continued growth monitoring until they are 5 years of age.

• If you are HIV positive, your child can be tested at 6 weeks of age so that you can know if they are infected with HIV and they can begin to receive treatment and care.