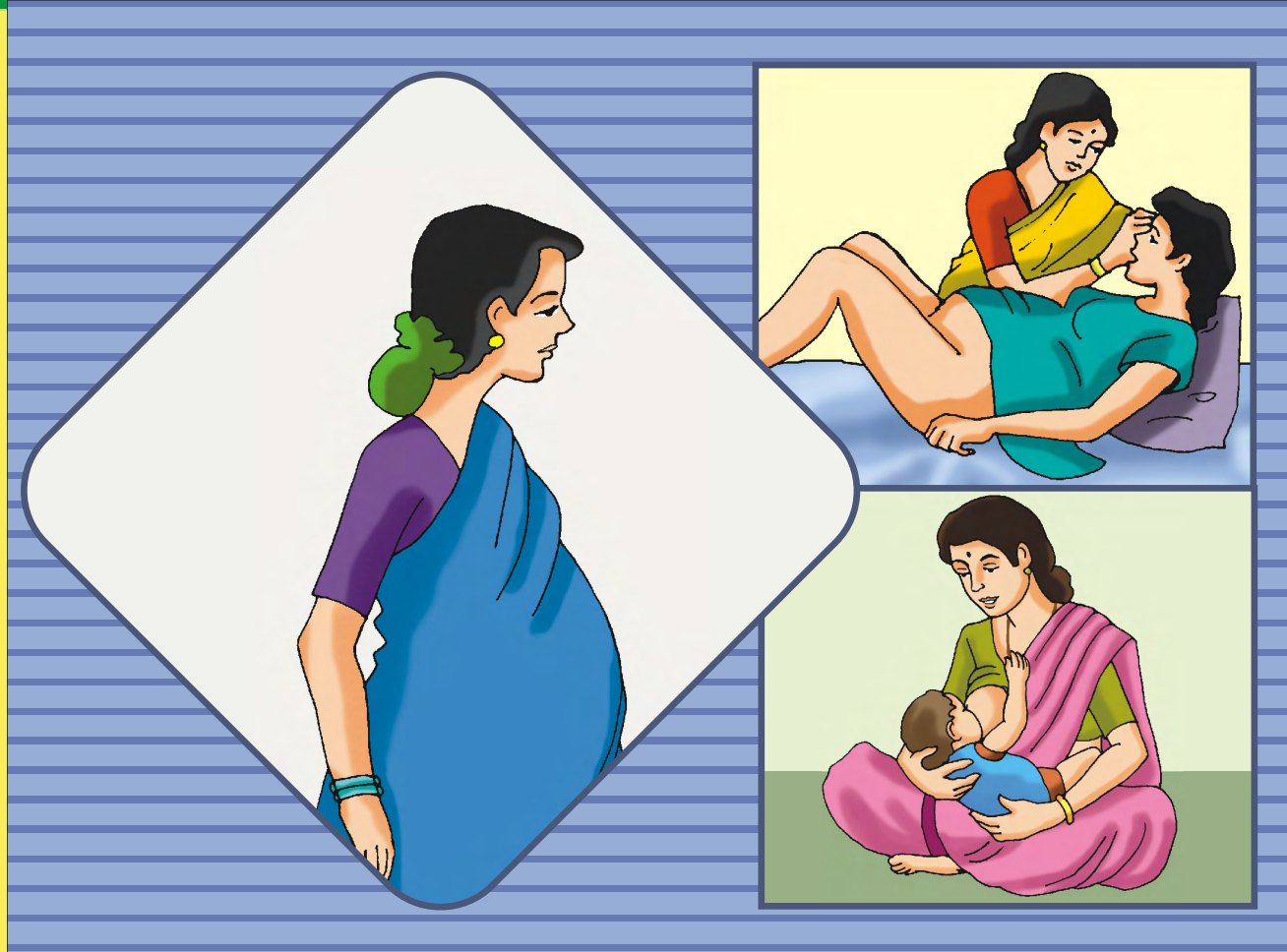


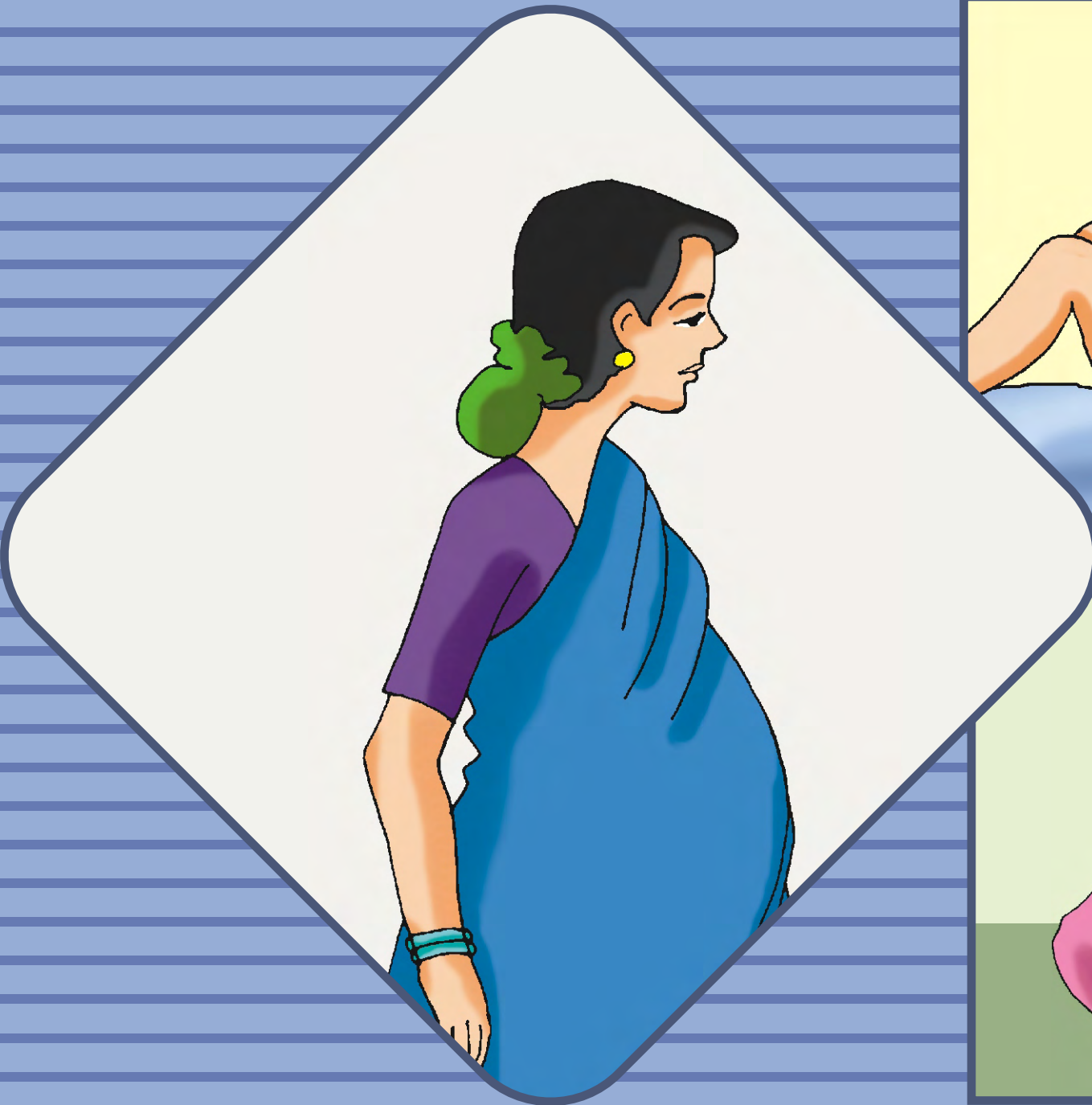
# Myths and Facts about HIV/AIDS

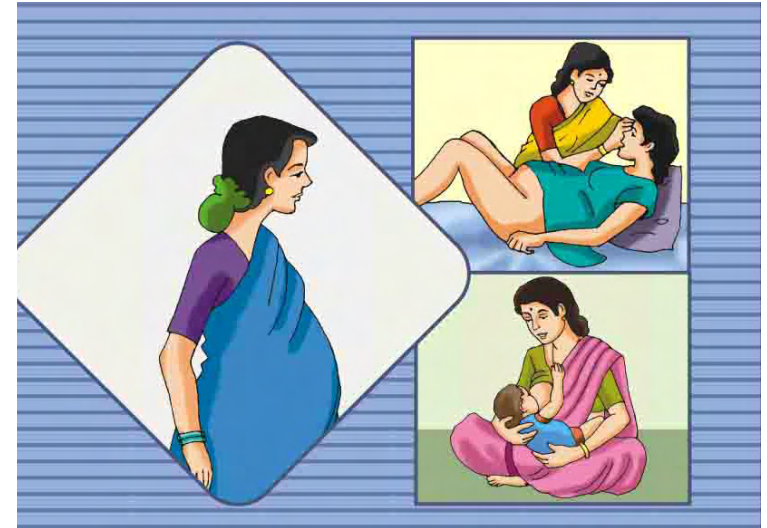
a practical guide to prevention, health & life



## PART III: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION



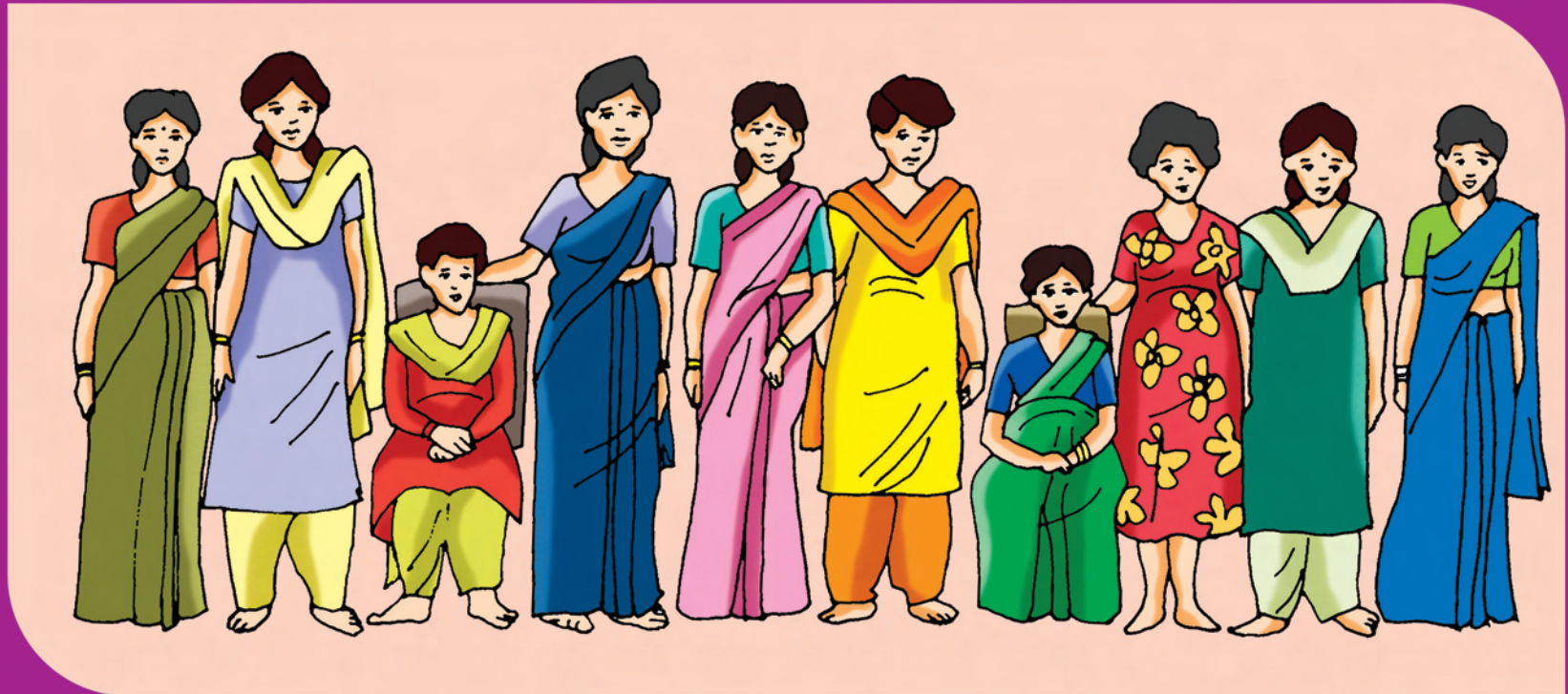
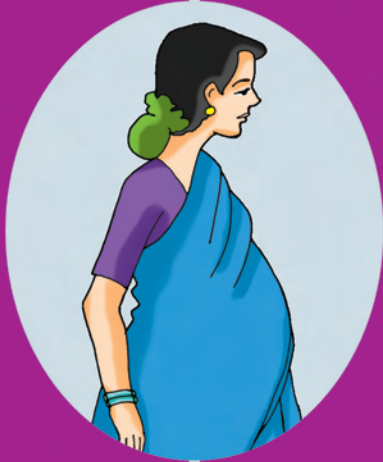




## Pregnancy and HIV infection of the baby

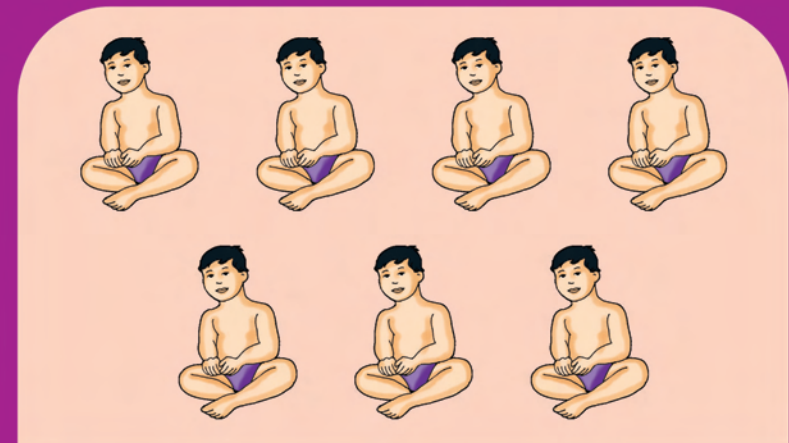
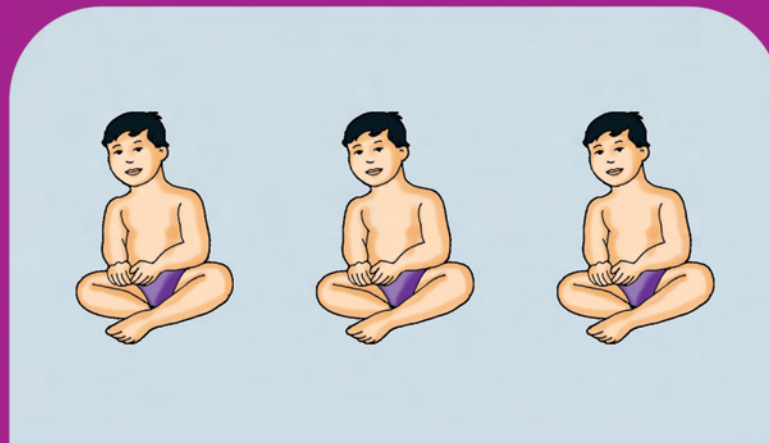
- Women and their husbands should seek medical advice before and during the pregnancy to prepare for a healthy pregnancy and child birth. This includes testing for infections such as HIV to reduce the chance that the child will also become infected.
- If a woman has HIV, then there is a chance the virus will also infect the baby. The baby can become infected.
  - \* during pregnancy (while in the mother's womb)
  - \* during delivery
  - \* during breast-feeding
- Adoption is also an alternative to pregnancy.





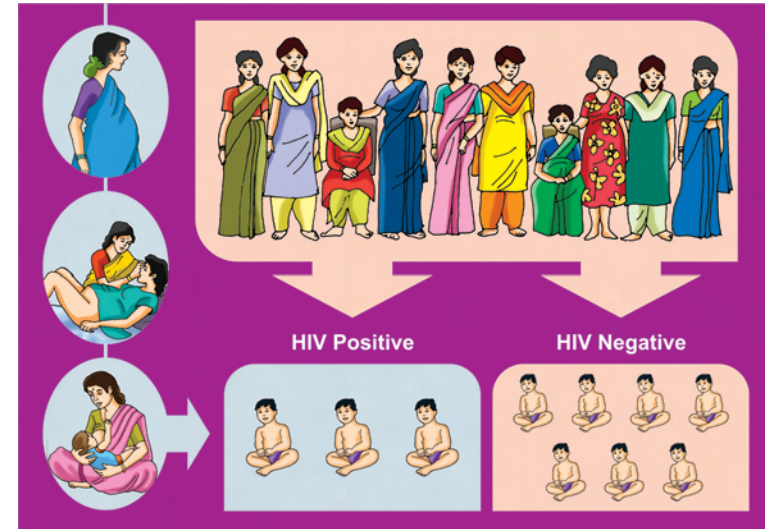
**HIV Positive**

**HIV Negative**





## The risk of HIV transmission to the baby



- Not every baby born to an HIV infected woman will be HIV infected. Only some babies will be infected.
- To explain the chances: if 10 pregnant women are all HIV-infected, only 3 babies are expected to become HIV infected (either during pregnancy, delivery or breast-feeding) while the other 7 babies would NOT be infected.
- There are interventions that you can do to lower the risk that the baby becomes infected.

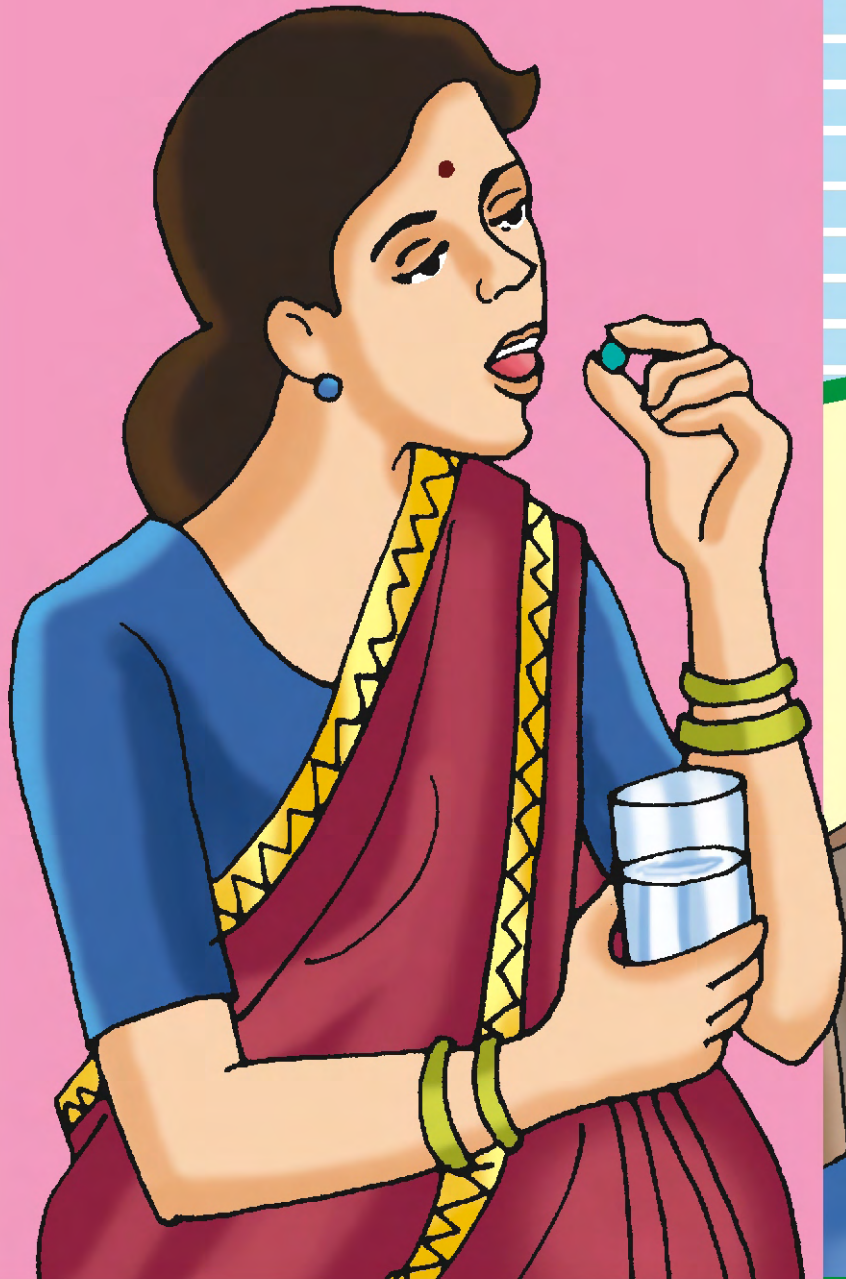


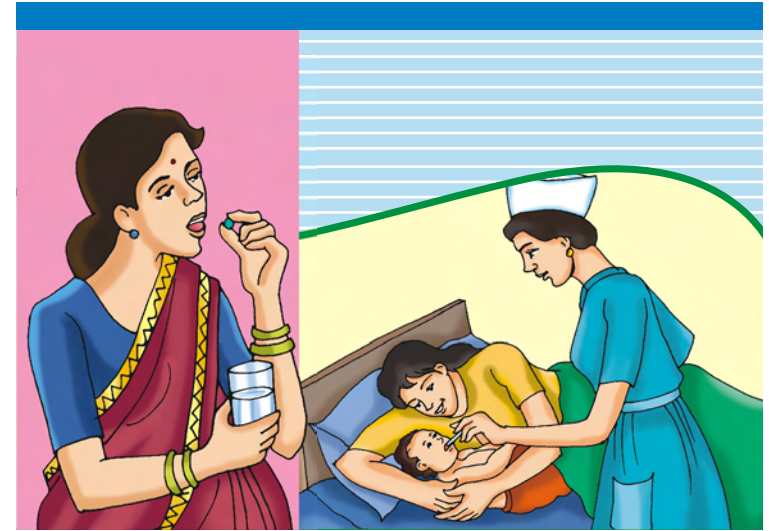
## The importance of seeking advice



- Go to a reliable clinic that has a counselor or doctor who has experience with HIV and pregnancy. Don't go to a local quack who may make false promises or may put your health in danger.
- Your counsellor or doctor can tell you about various ways to reduce the chance your baby will get infected.
- One of them is the use of a scheduled caesarean section (before the onset of delivery).
- Another method, which is easier and more affordable, is the use of medications.



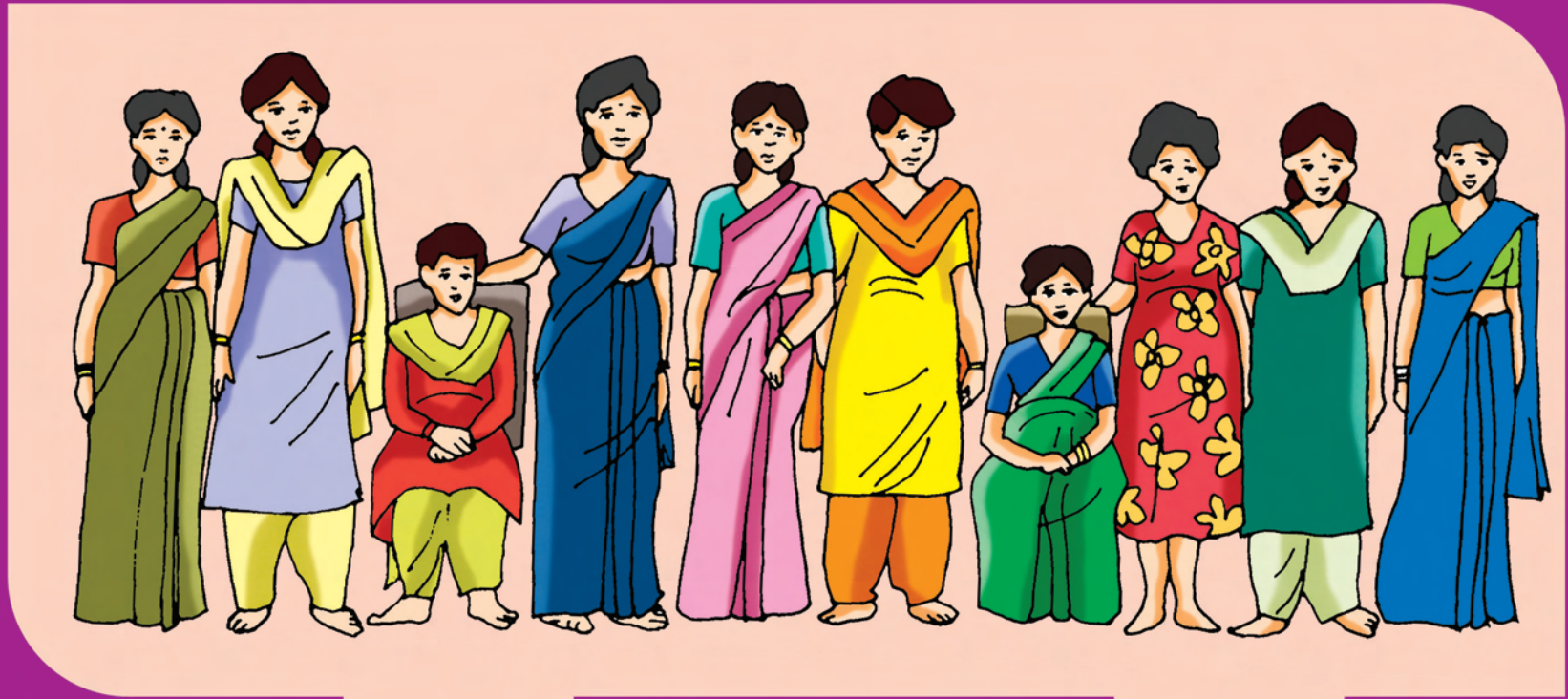
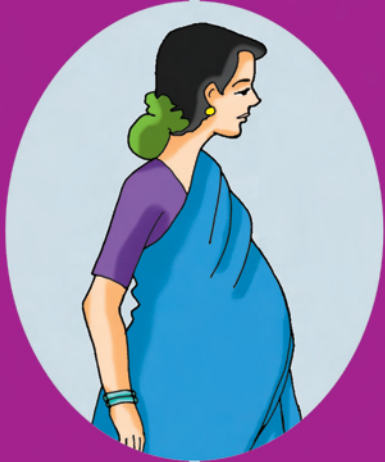




## Medicines to reduce the risk of HIV infection of your baby.

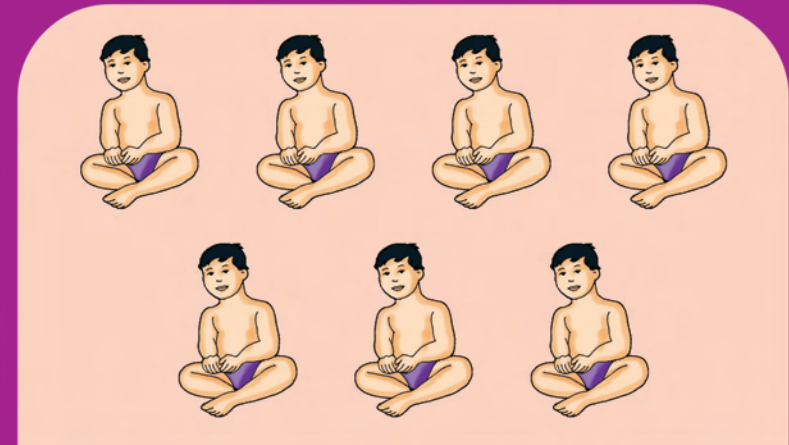
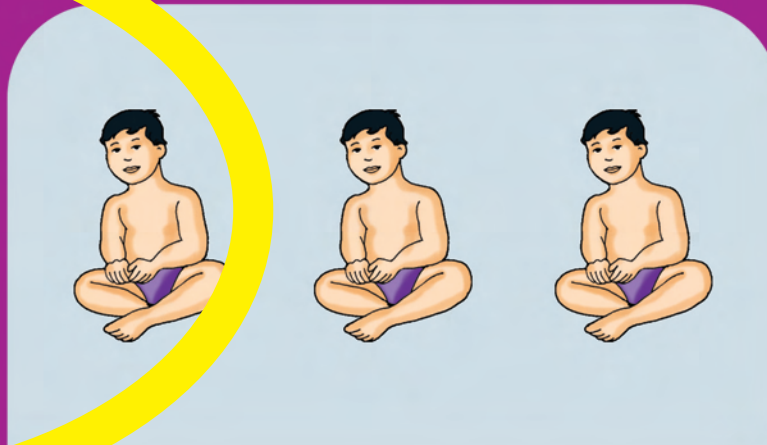
- If you are HIV infected, your doctor can give you a medication during pregnancy and at the onset of delivery that lowers the chance that your baby becomes infected in the womb and during the delivery. The baby receives also a few drops of the medication shortly after birth.
- The medication that is most commonly used is called “nevirapine”. Other medications (such as AZT) are also being used.
- Depending on your own health and the local availability of medications, the doctor may also prescribe you additional medications.
- It is VERY important to follow the instructions and take these medications at the indicated times.





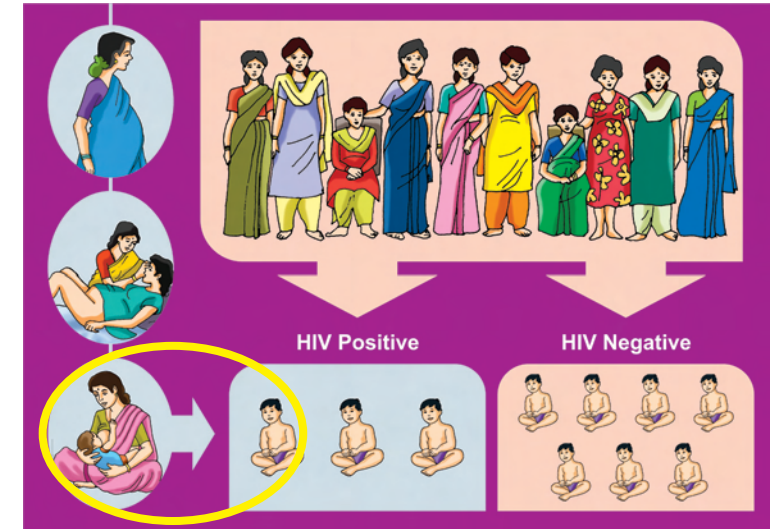
HIV Positive

HIV Negative

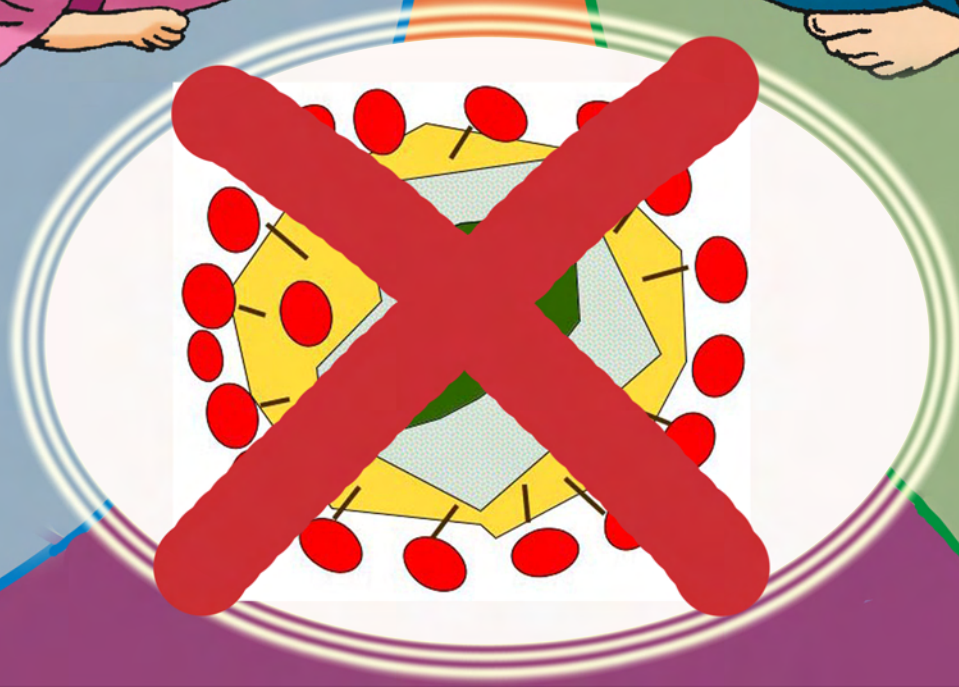




## HIV transmission through breast-feeding.



- Even if the baby is not infected when born, there is still a chance the baby can become infected after birth, through breast-feeding. This is because HIV is also present in the breast-milk of a HIV-infected woman.
- As explained before, this risk of infection is NOT 100%. Only some babies (approximately 1 in every 6 to 10 babies) are expected to become infected through breast-milk. Many other babies that are also breast-feeding from an HIV-infected mother do NOT become HIV-infected.



## HIV and breast-feeding.



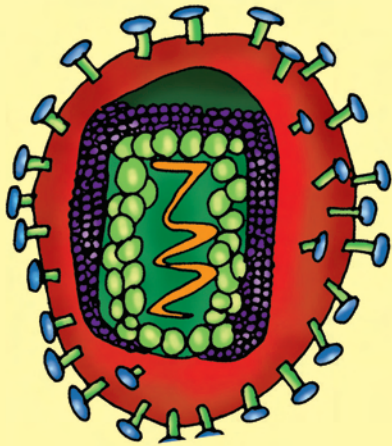
- In general, breast-milk is the BEST food for your baby, as it has all the good nutrients and protects against many other diseases.
- To reduce the chance of having your baby become HIV-infected through breast-feeding, there are 2 recommended choices:
  - \* Exclusive replacement feeding
  - \* Exclusive breast feeding
- Neither one of these 2 methods is ideal and simple. Each method has its advantages and disadvantages, so we will discuss this now in more detail so you can decide what is best in your situation!
- This information is somehow complicated....so if you don't understand something, don't hesitate to ask questions!



NO

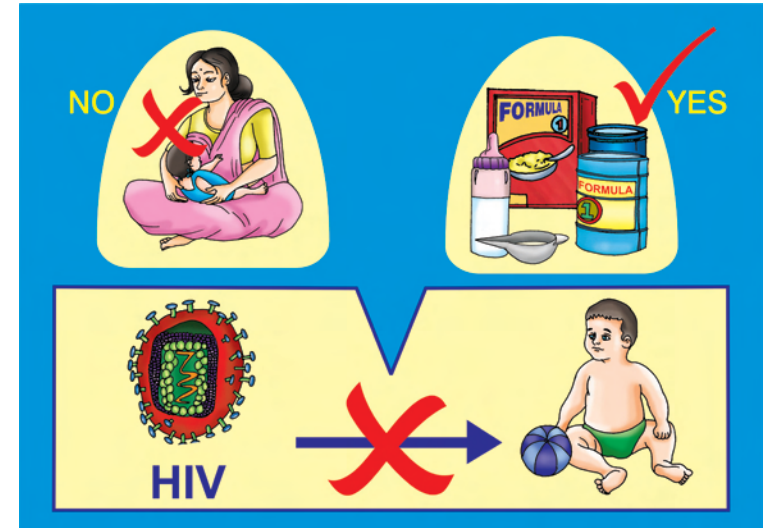


YES



HIV



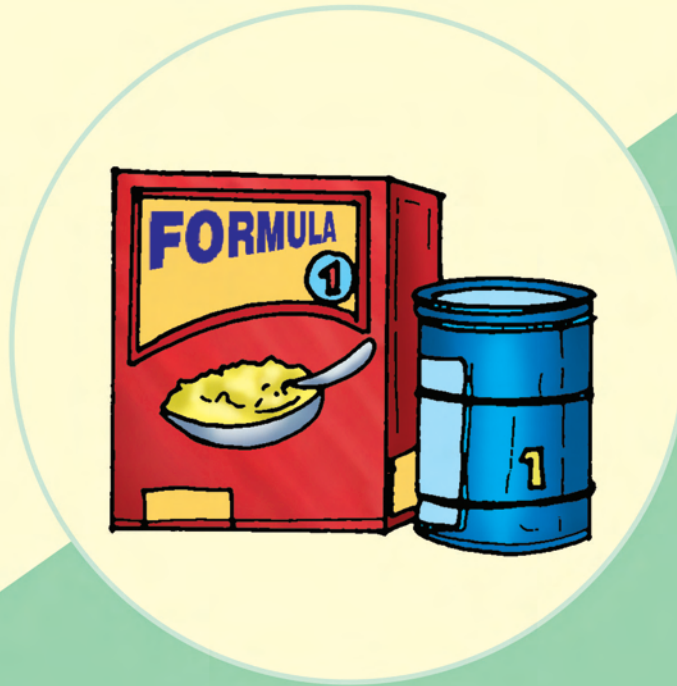


## Exclusive replacement feeding.

Exclusive replacement feeding means : **NO BREAST-FEEDING AT ALL !**  
**ONLY OTHER FOODS** foods are given. That's why it is called **EXCLUSIVE** replacement feeding.

There are several benefits:

- The baby will **NOT** get HIV from the breast milk.

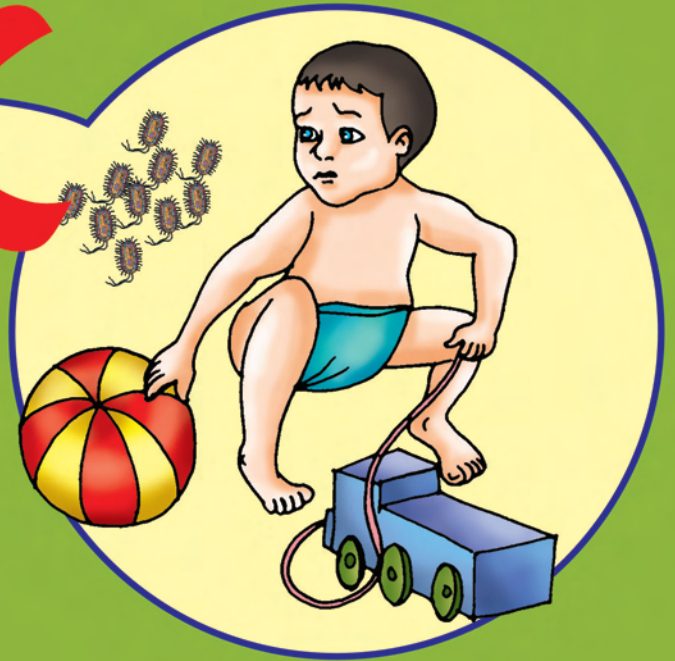
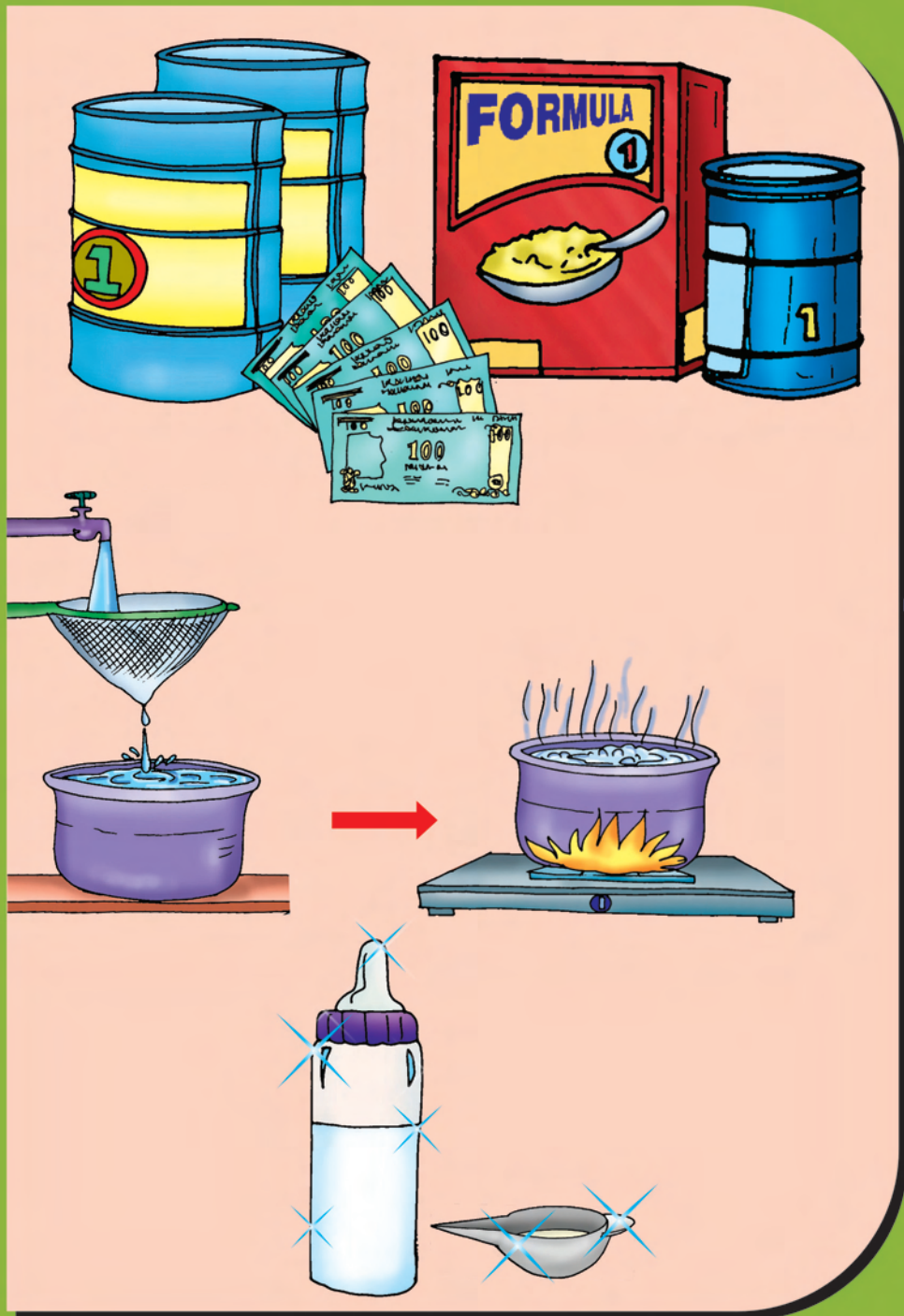






## Exclusive Replacement Feeding.

- Another benefit of exclusive replacement feeding is that the father and other relatives or friends can also feed the baby.



## The Risks of Exclusive Replacement Feeding.

Exclusive replacement feeding has also several RISKS:

1. You need to have the money to buy good-quality replacement food for at least 6 months.
2. You need access to clean water,
3. You need to be able to clean the bottle or cup properly.

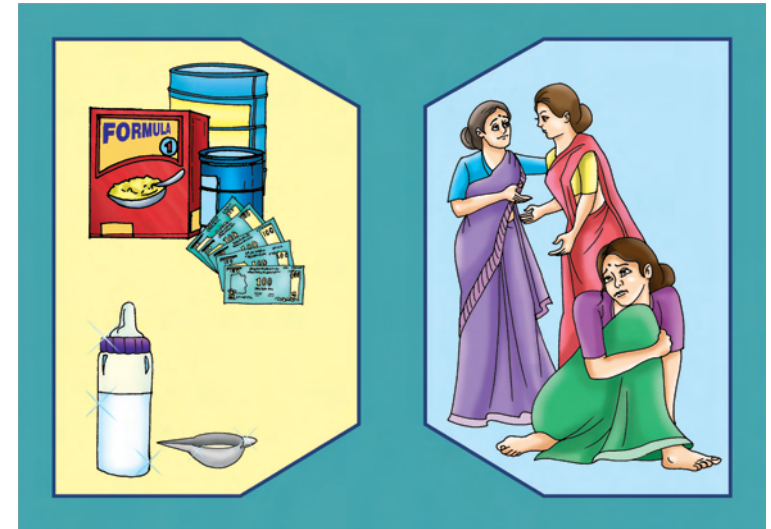
Only if you have ALL these things, the baby can be healthy and grow fast.

But if you do NOT have all these things, then there is a risk for the baby's health: the baby is then more likely to develop diarrhea and may not grow well, and may even die.







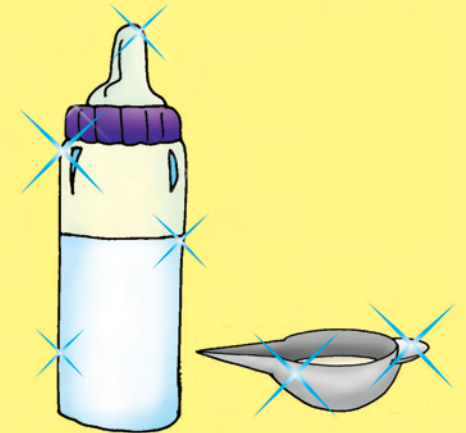
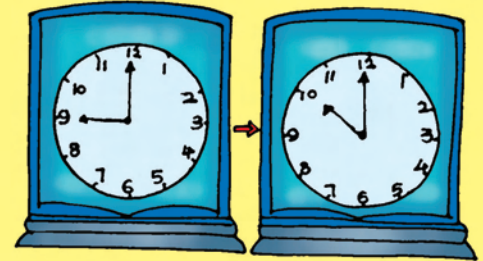
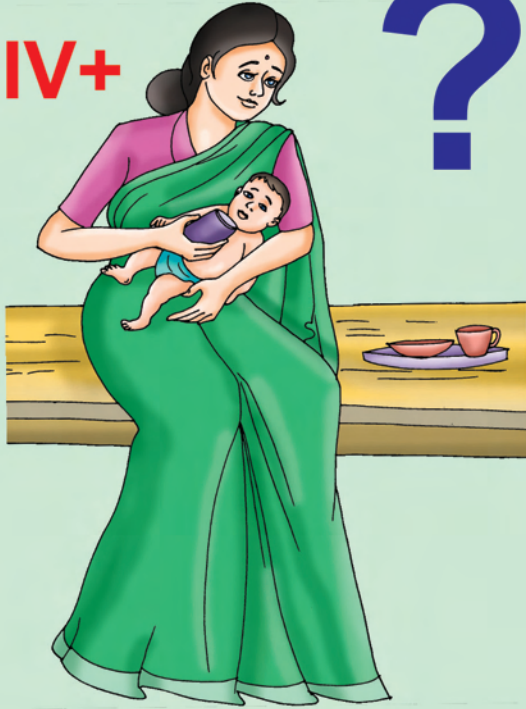


## The Risks of Exclusive Replacement Feeding.

Even if you have the money to buy good-quality replacement foods and are able to prepare it in a clean way, there is the risk of **STIGMA** for the mother:

- Your relatives may get upset if you don't breast-feed your baby.
- Others may think you have HIV or another disease because they don't see you breast-feeding your baby.

HIV+





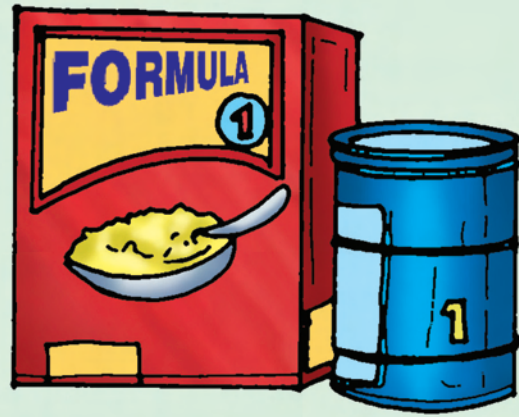
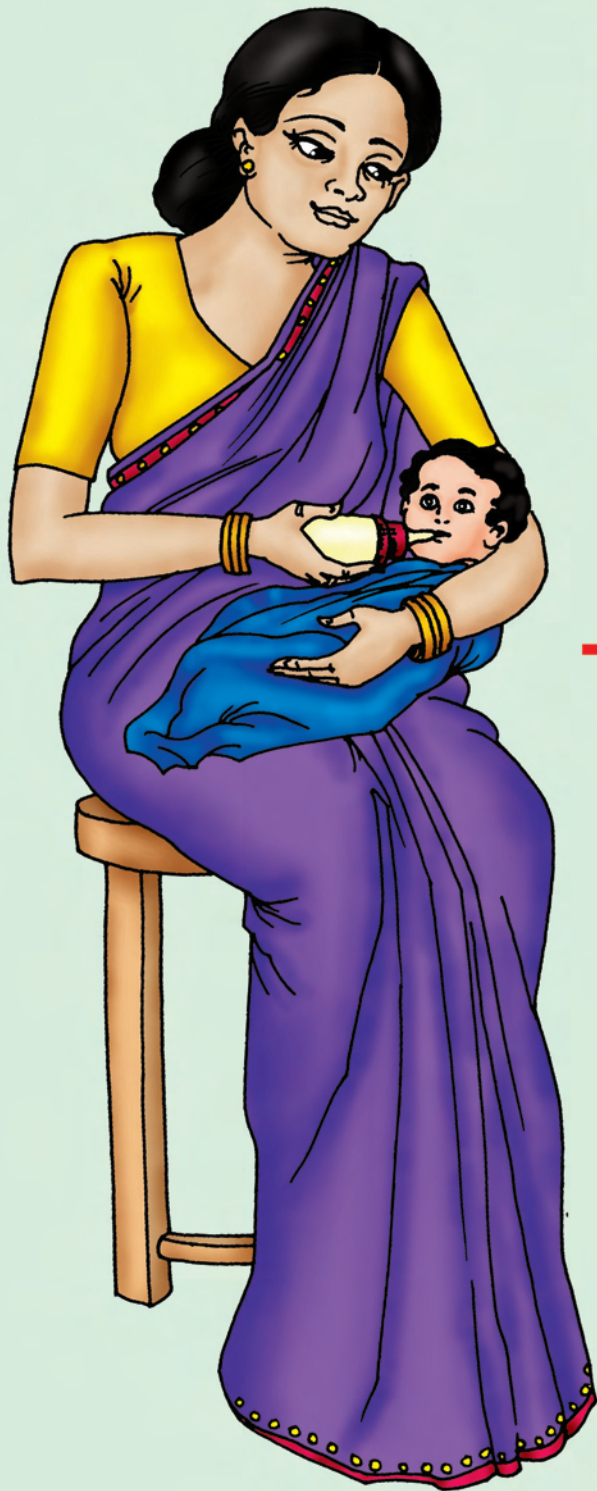
**I am HIV-infected, should I replacement-feed my baby?**



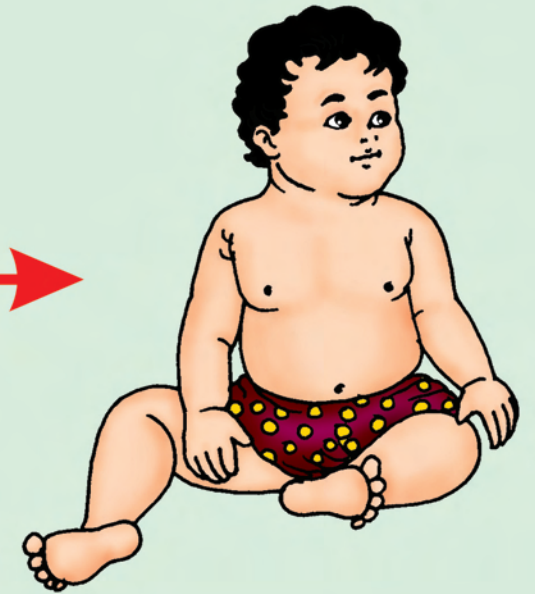
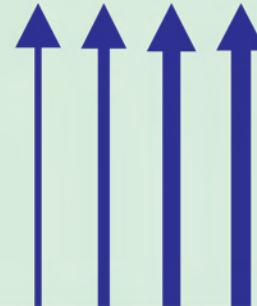
**Ask yourself ALL these questions:**

- Can I afford to buy enough formula and other good-quality foods? Remember that you have to buy these items for at least 6 months, so the total costs can be high.
- Do I have access to clean water; can I boil water?
- Can I prepare the formula safely with clean water and utensils?
- If I don't have a fridge for storage, do I have the time to prepare the replacement food many times per day?
- Can I do this every day for many months ?
- Will my relatives and friends accept and allow me to replacement-feed my baby?

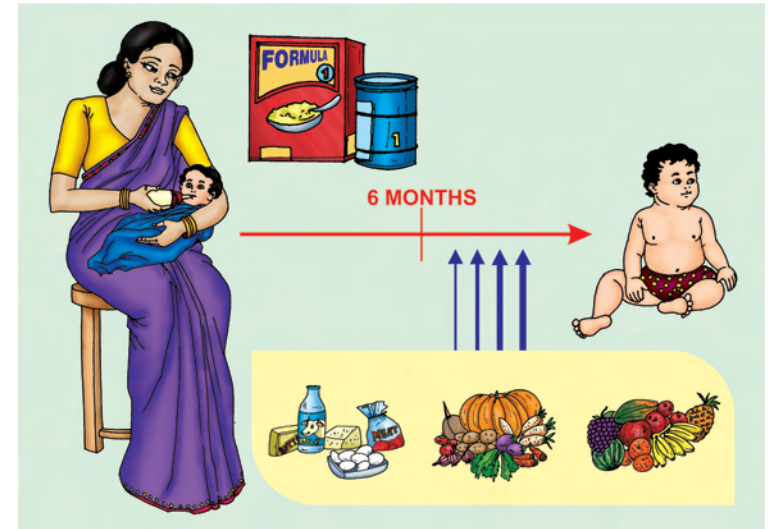
**If the answer to ANY of these questions is NO, then your child may be at risk of getting very sick from diarrhea or malnutrition (and may even die). So replacement feeding may NOT be the best choice for you. If you're in doubt, discuss this further with your doctor or counselor.**



6 MONTHS



## Exclusive Replacement Feeding.



**I am HIV-positive and I want to replacement-feed my baby: what do I use?**

**1). For the first 6 months, give suitable breast-milk substitutes.**

(give this information also as a take-home pamphlet):

**SUITABLE BREAST-MILK SUBSTITUTES:**

Commercial formula (based on cow-milk or soya)

Whole animal milk (diluted and modified with sugar/multivitamins!)

**UNSUITABLE BREAST-MILK SUBSTITUTES:**

Skim milk (fresh or powdered)

Fermented milk (kurd, yoghurt)

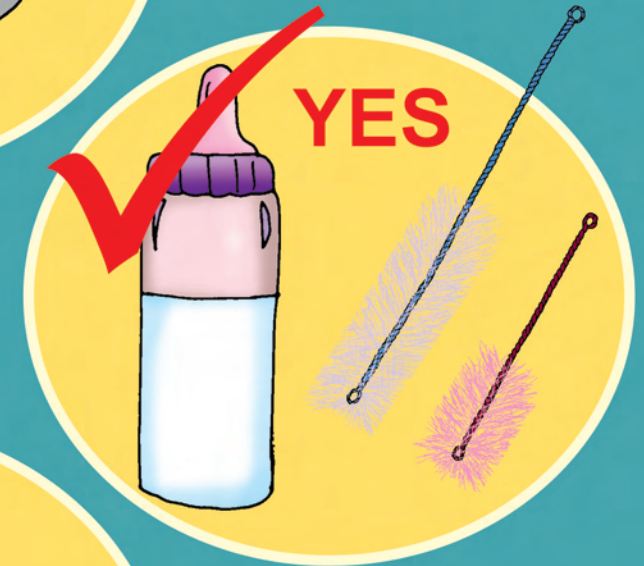
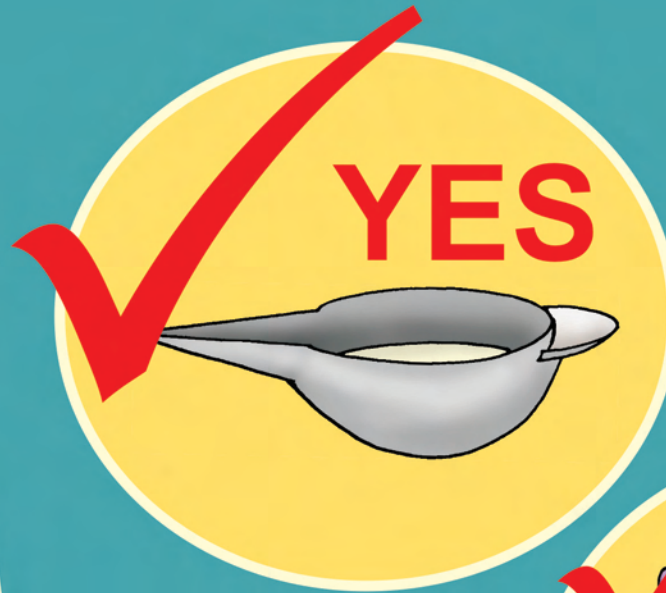
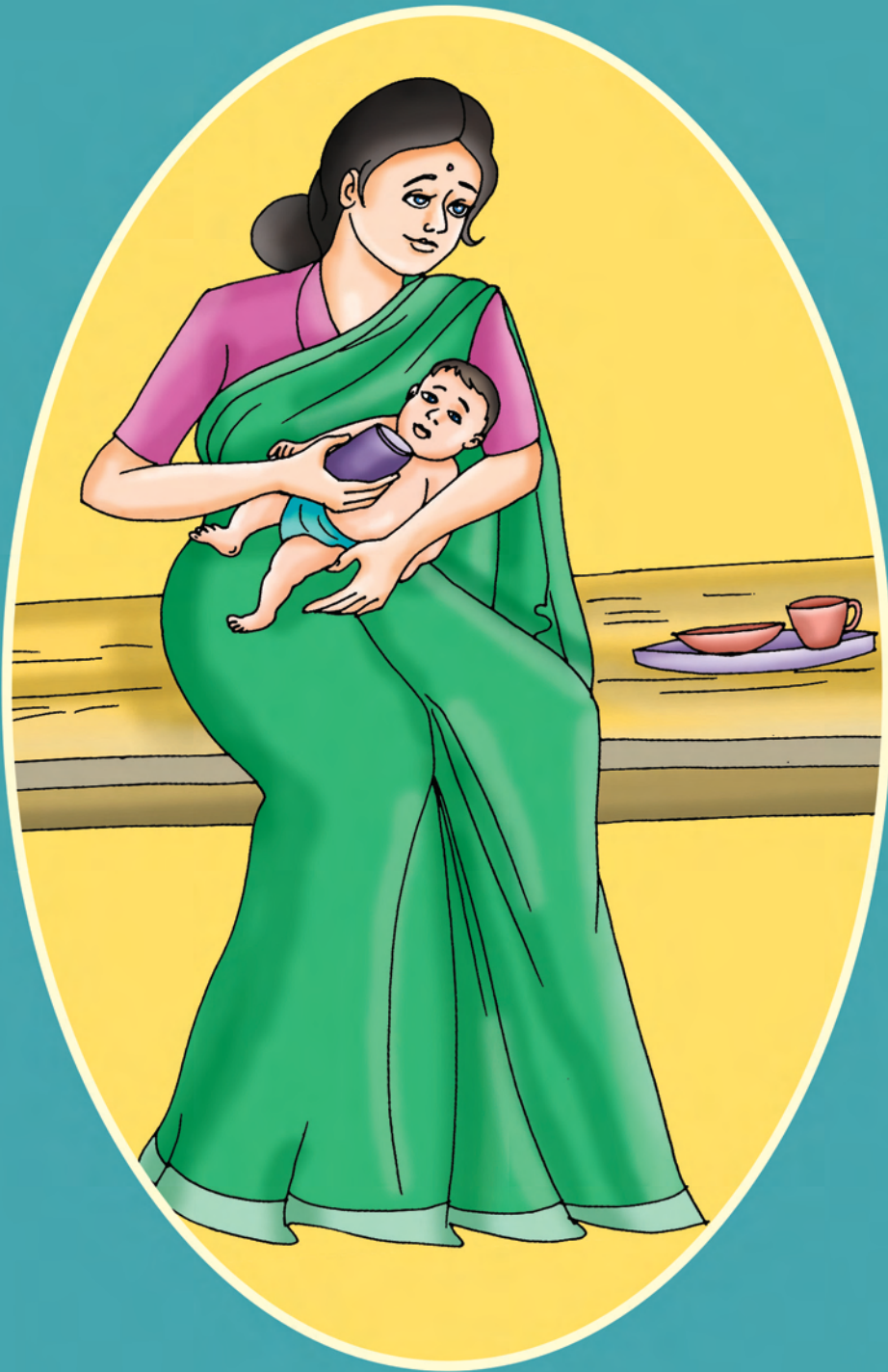
Coconut milk

Juices, tea, coffee

Cereals

**2). Starting at approximately 6 months, other nutritious foods can be added gradually to the baby's diet (such as undiluted animal milk, milk products, meat, eggs, fruits, vegetables), and can take over more of the diet. But make sure that they are nutritious and prepared in a clean way.**





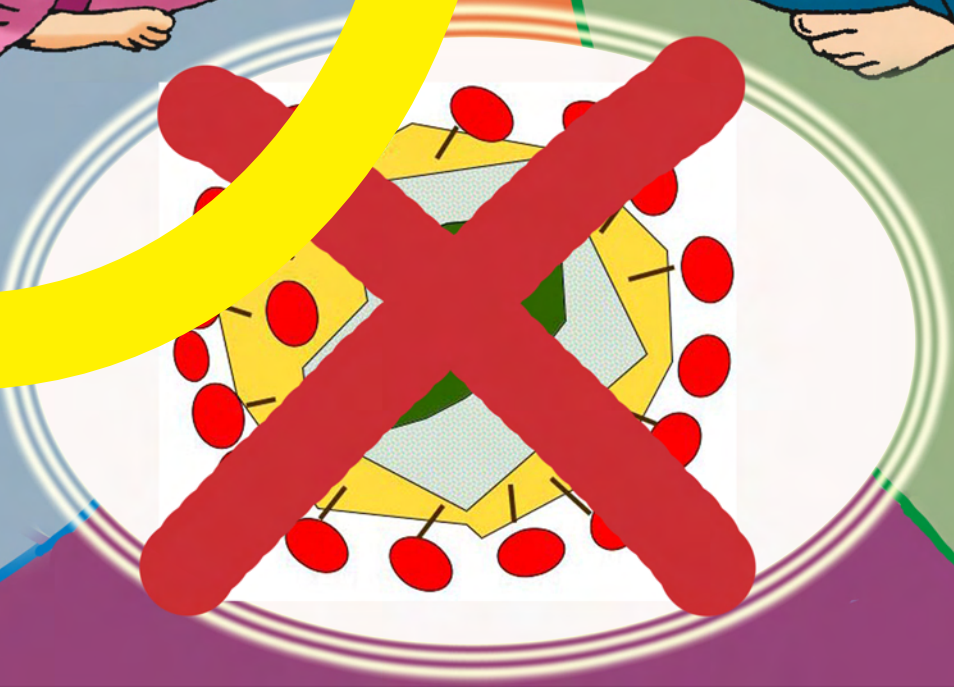


## Techniques for replacement feeding.

- Bottles or covered cups with spouts are difficult to clean and sterilize completely, and bacteria can make the baby sick.
- Therefore it is generally safer to use an open cup to feed the baby because they are easy to clean. The cups with a spout are recommended.
- If you decide to use a bottle, then make really sure to clean it extra well, by using special brushes to clean both the bottle AND the nipple.
- Do NOT use a spoon, because spoon-feeding is too slow so you risk that the baby doesn't get enough food and will not grow well.

### How to use a cup:

1. Hold the baby upright or almost upright on your lap.
2. Hold the cup with milk to the baby's lips, and rest the cup lightly on the baby's lower lip.

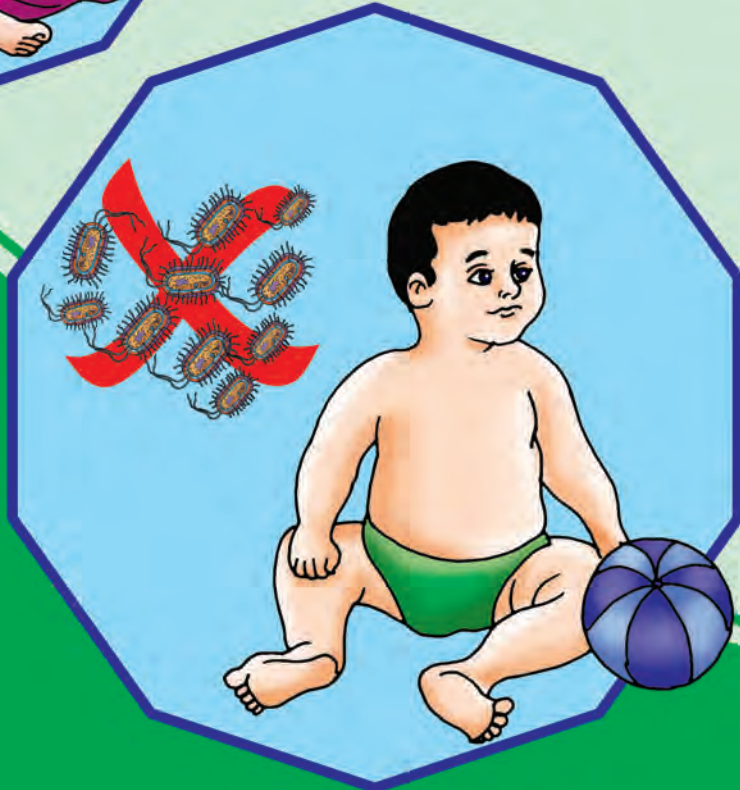




## HIV transmission through breast-feeding.



- We have just discussed exclusive REPLACEMENT FEEDING.
- Now we will talk in more detail more about the other option to lower the chance that your baby becomes HIV infected: EXCLUSIVE BREAST-FEEDING.





## Exclusive breast-feeding.

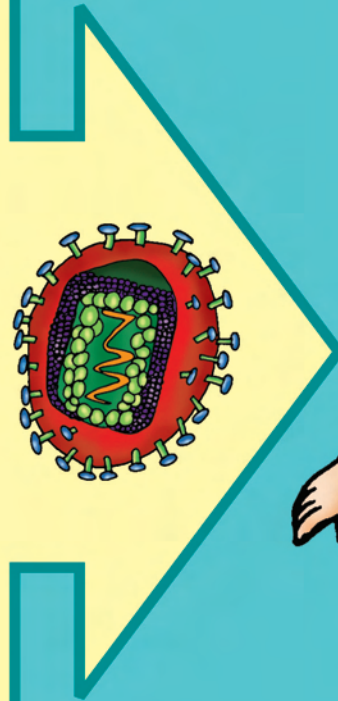
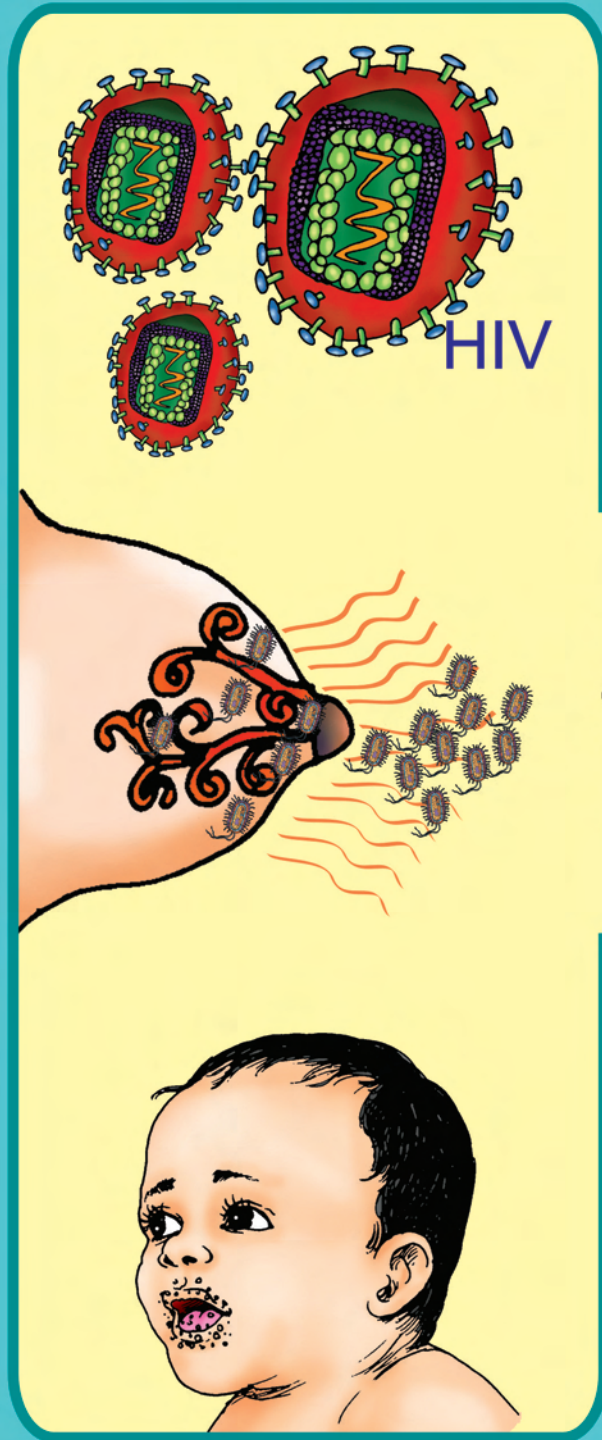
Exclusive breastfeeding means that you give your baby **ONLY** breast milk for the first 6 months. This means, do **NOT** give any other foods or drinks, such as water, juice, tea or animal milk to your baby.

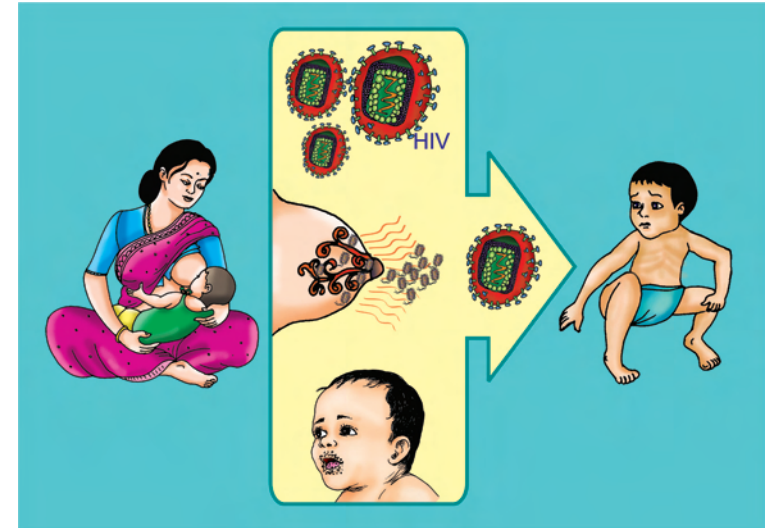
Exclusive breastfeeding has **BENEFITS** and **DISADVANTAGES**.

The **BENEFITS** are:

- Breast-milk has substances that prevent many other diseases (diarrhea and chest infection).
- Breast-milk is very nutritious for your baby.







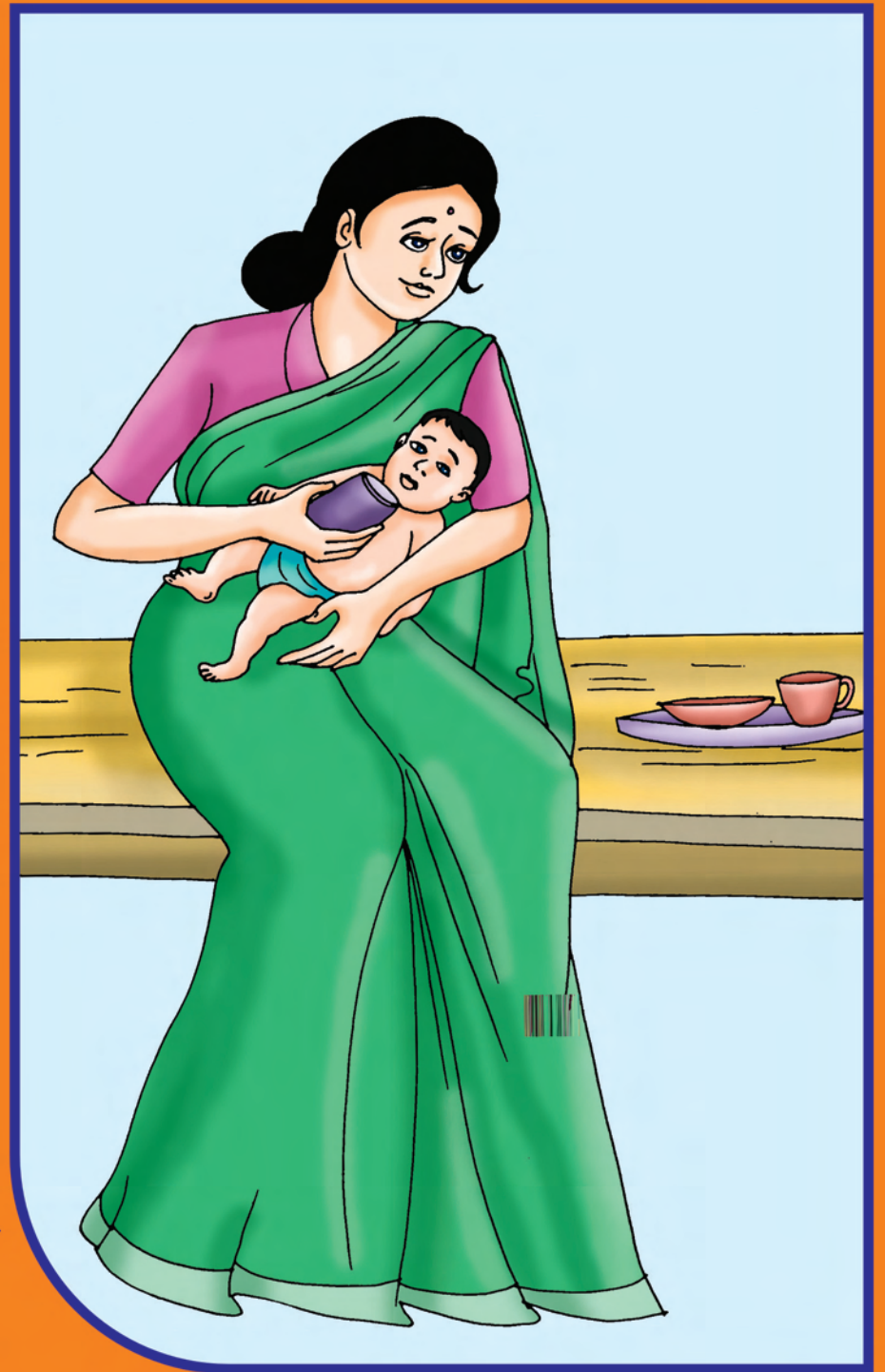
## Exclusive breast-feeding.

If you are HIV infected and you practice **EXCLUSIVE** breast-feeding, then there is still **SOME RISK** that you could transmit HIV to your baby.

This risk increases when :

- You are already sick with **AIDS**, because then there is more HIV in the breast-milk.
- You have cracked or bleeding nipples.
- You have a breast infection.
- The baby has mouth sores.

Therefore, if you have **AIDS**, if you have sores, lumps or pain in your breast, or if your baby has mouth sores: go to your doctor for advice and treatment.





## Exclusive breast-feeding:



## The possibility of milk expression and heat treatment

- It is possible to express the breast-milk and destroy the HIV virus by heat-treatment.
- This means that you boil it (in a secondary container that is placed in the pot with boiling water), and then you cool it immediately. If you do not have a refrigerator, then use it within 1 hour. This method is, however, time-consuming and requires the resources and support to express and heat-treat the breast-milk.
- Breast-feeding mothers with cracked or bleeding nipples, mastitis, breast abscesses or Candida infection can heat-treat their milk for a short-term while they are receiving treatment for their breast-condition, and then when it has healed, they can resume direct breast-feeding to their baby.





## Exclusive breast-feeding is hard work!

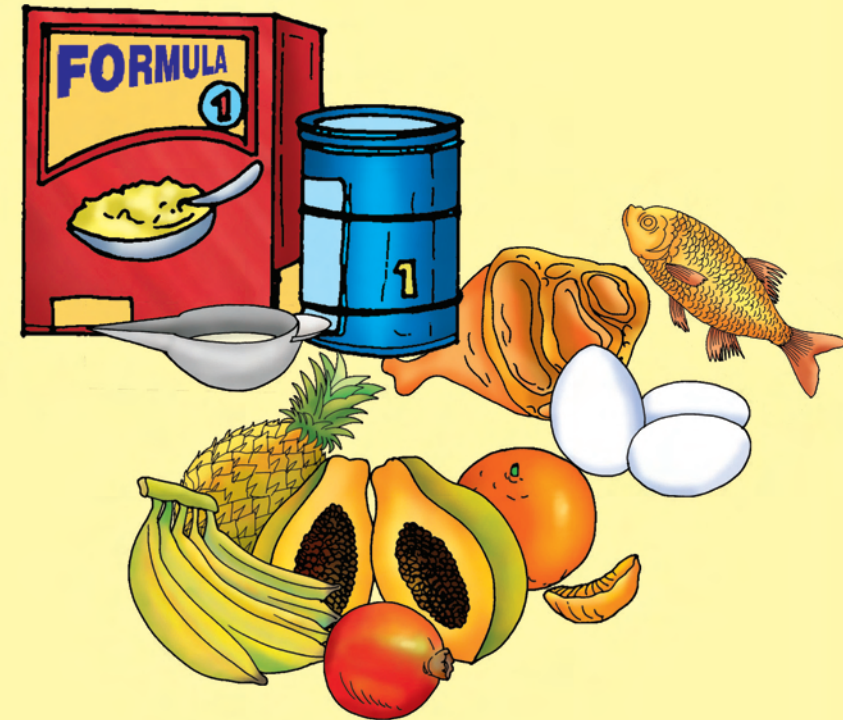
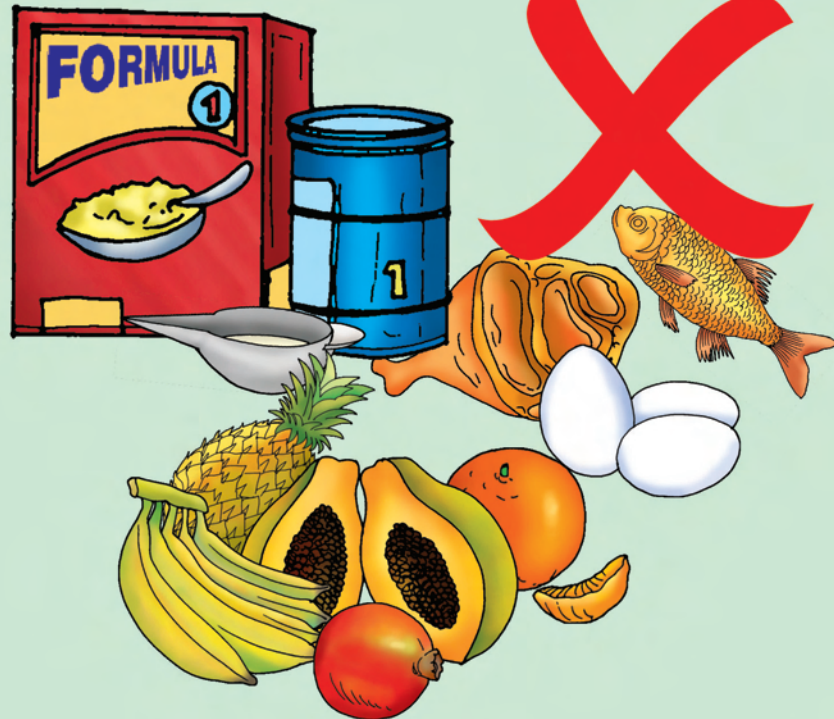
- Producing breast-milk requires a lot of energy from the woman's body. It is therefore important that you eat sufficient nutritious food (refer to other set of flipcharts, part 2: Care and support).
- It is also important that you get enough time to rest.
- Take good care of yourself! If you start feeling weak or are losing much weight, go to a doctor or counselor for assistance, so you can become strong again!



Before 5-6 Months

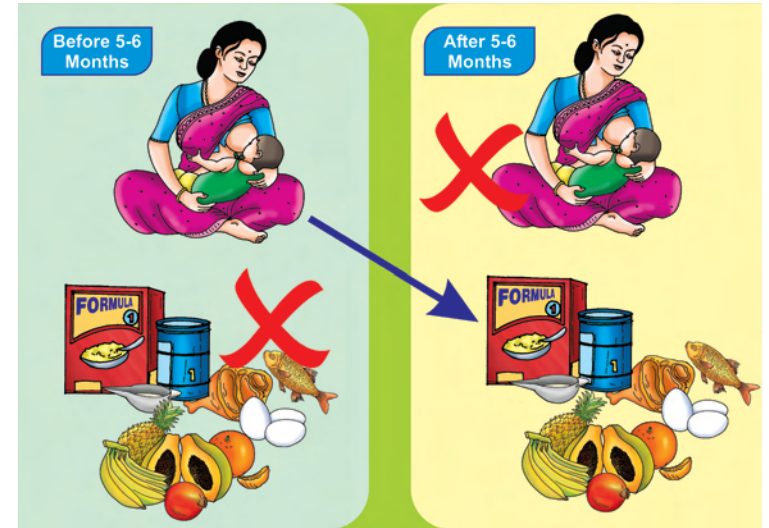


After 5-6 Months



## Exclusive breast-feeding:

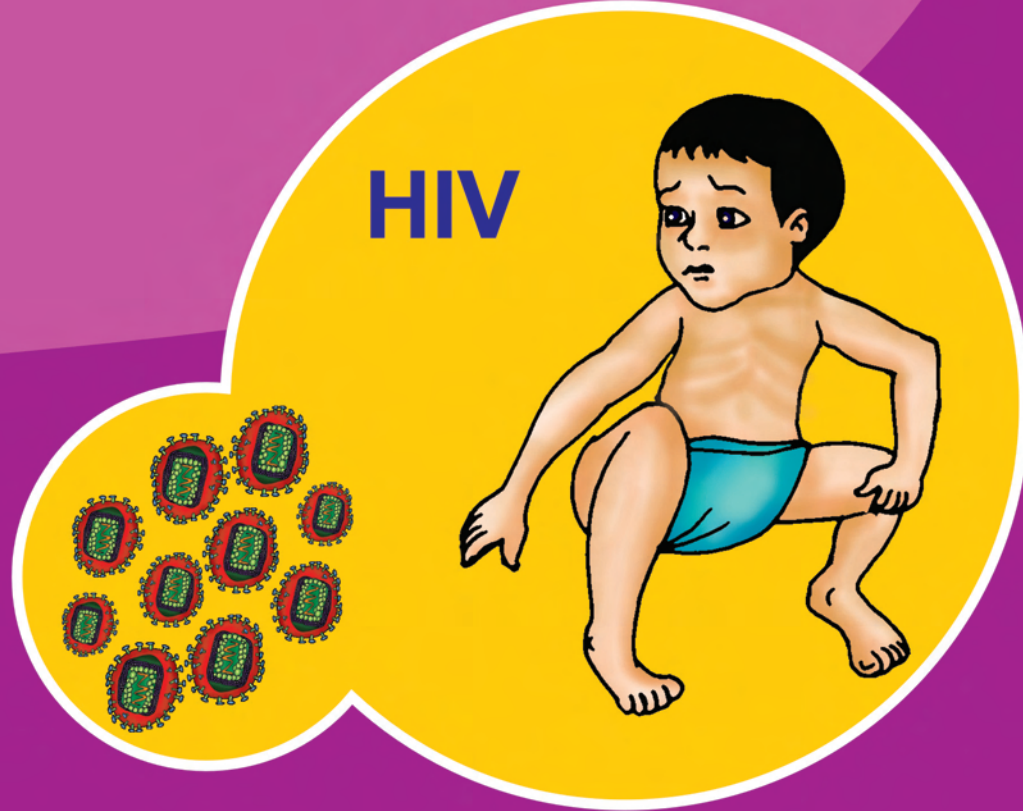
The switch at approximately 5 to 6 months of age



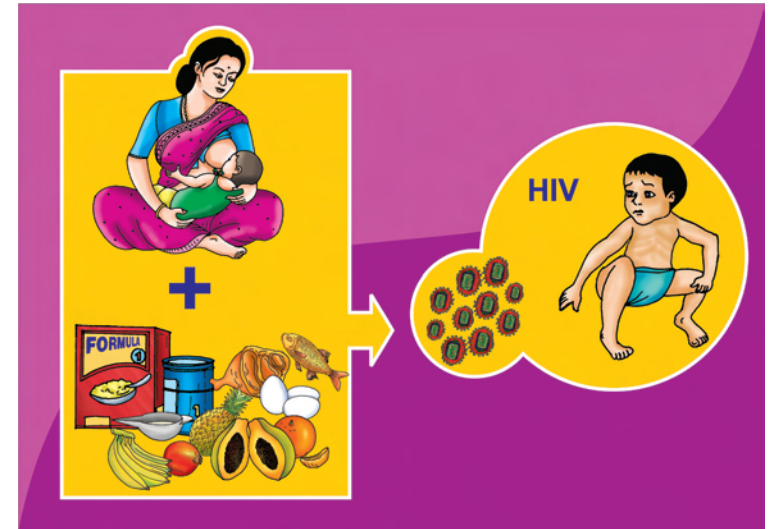
If you are HIV-infected and you chose to breast-feed:

- Give your baby **ONLY** breast-milk for the first 6 months. This is called **EXCLUSIVE** breast-feeding. This means, do **NOT** give any other foods or drinks, such as water, juice, tea or animal milk to your baby. This way, your baby will benefit from the many nutritious components that are present in breast-milk during the time that your baby is most vulnerable to other infections.
- When your baby is about 5 to 6 months of age, replace breast-feeding by other nutritious foods in a **SHORT** transition time; in other words: do it quite abruptly. These items include things like undiluted animal milk, milk products, meat, fish, eggs, or specially formulated fortified foods, with daily portions of fruits and green leafy vegetables.
- The reasons for this switch is because at the age of about 6 months, an infant is better able to tolerate these other foods (with less risk for diarrhea or other infections), and the options for replacement-feeding are safer, less difficult and less expensive than replacement feeding before 6 months. But even with this switch, it is **VERY** important to still practice good hygiene and give very nutritious foods.
- If at 6 months, you are not sure if you have access to good foods and clean water, then you still risk that the baby gets diarrhea or won't grow well, so then it may be best that at 6 months you continue breast-feeding and stop it as soon as you can provide nutritionally adequate and safe replacement feeding.







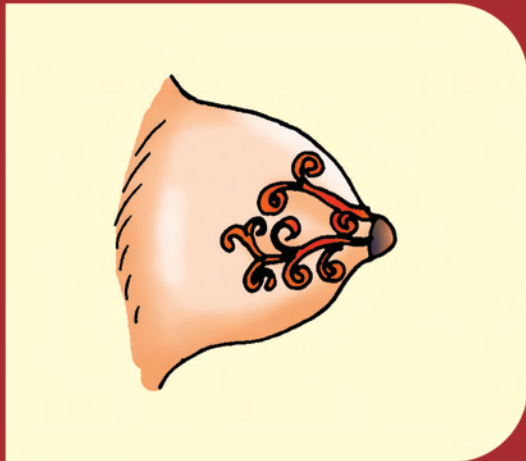
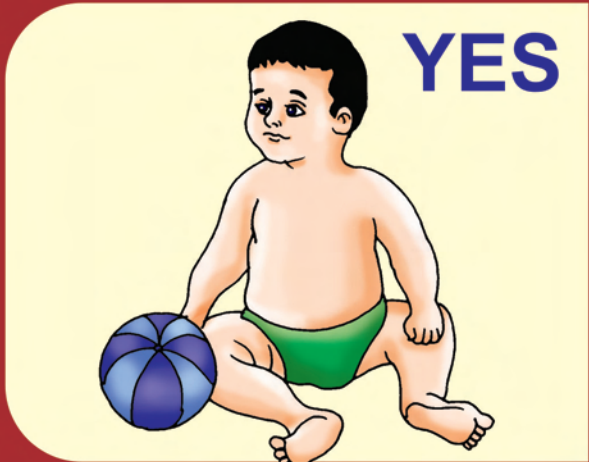


The risk of MIXED feeding on HIV infection of the baby.

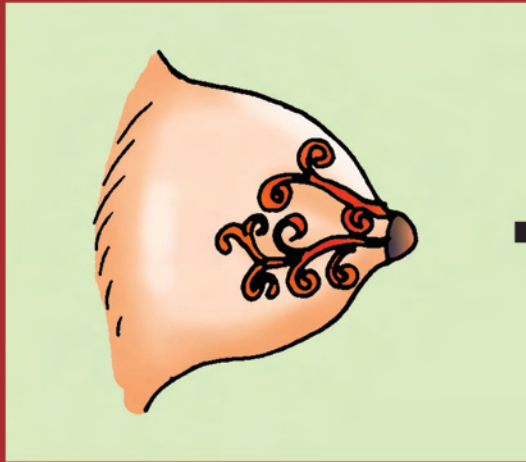
- If you breast-feed and also give your baby other foods AT THE SAME TIME, then this is called MIXED feeding.
- With mixed feeding there is more chance that your baby will become HIV-infected. This is perhaps because mixed foods may irritate the linings of the mouth and stomach, making it easier for HIV to enter the baby's system.
- So it is recommended that you do NOT use mixed feeding!



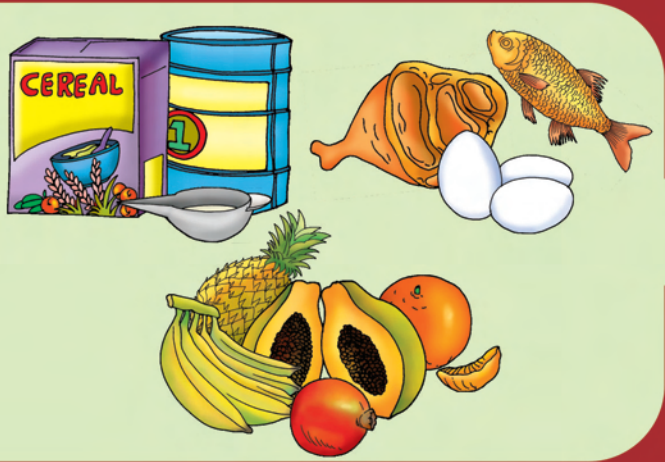
5-6 Months



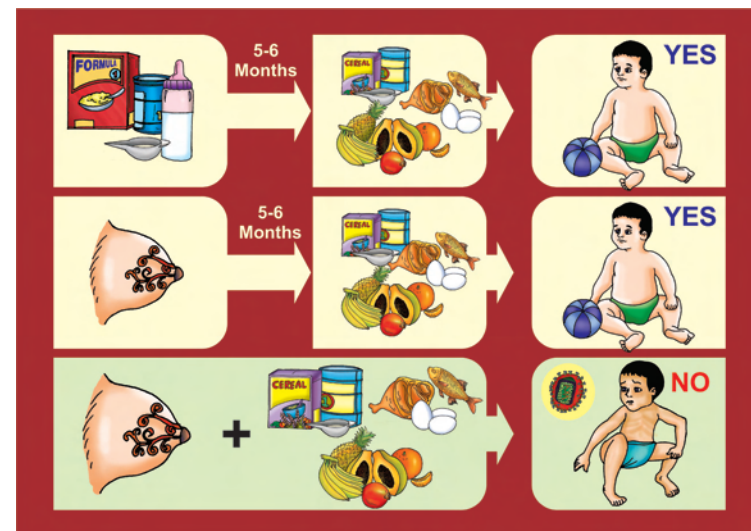
5-6 Months



+



## SUMMARY



If you are HIV-infected and have a baby\*:

- 1. EXCLUSIVE REPLACEMENT FEEDING.** This is first giving quality milk substitutes, and then at 5-6 months add gradually also other food items. Please remember that this is **ONLY** good if many conditions are met. Otherwise your baby may get ill from other diseases, have malnutrition and not grow well.
- 2. EXCLUSIVE BREAST-FEEDING** and then switch over abruptly to other foods at 5 to 6 months (or whenever you have access to nutritious foods with good hygienic practices) is the best option for the majority of women in resource-poor areas.
- 3. MIXED feeding, which means breast-feeding and other foods at the same time, carries the highest risk for HIV transmission. AVOID MIXED FEEDING!**

\* Important note to counselor: these guidelines apply to babies of HIV-negative or unknown status that we hope to protect against infection. If the infant or child is already diagnosed as HIV-infected, then prolonged breast-feeding (with gradual addition of other nutritious and clean foods) is generally the best recommendation.





**Don't be afraid to ask questions**



**So there are several ways to reduce the chance that your baby will be infected with HIV.**

**We know that much of this information is not easy to understand or remember. And based on ongoing research, guidelines can change.**

**So if you have any doubts or like to discuss your options in more detail, please don't hesitate to ask questions. We will be happy to explain this again, so that based on your own situations, you can decide what is best for you and your baby.**







## Making healthy decisions

By talking with your relatives and friends, and following these guidelines, you have a much better chance to keep yourself and everyone healthy!

Remember, the more you talk about HIV and AIDS, the more you will understand its nature and can help to save lives.



# IMPORTANT NOTICE

**"MYTHS AND FACTS ABOUT HIV/AIDS - PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV "** was developed as a practical guide to prevention, health and life. We welcome the comments of health-care workers, PLHIV, community leaders and other individuals.

This current set of cartoons is intended for an audience who has already gone through Parts I and II of the "Myths and facts about HIV/AIDS" (downloadable from [www.sahaya.org/cartoons.html](http://www.sahaya.org/cartoons.html)). It is okay to combine specific pages from these previous issues with pages of this set to create an independent set that is used for example to counsel women in perinatal clinics.

Most cartoons were made by Portrait Advertising, Chennai ([www.portraitindia.com](http://www.portraitindia.com)). Technical assistance and financial support for the development of the "Myths and Facts about HIV/AIDS" series was from Sahaya International ([www.sahaya.org](http://www.sahaya.org); USA), Rural Education and Action Development (READ, Andimadam, Tamil Nadu, India), International Training & Education Center on HIV ([www.go2itech.com](http://www.go2itech.com); University of Washington, USA), and Global Strategies for HIV Prevention ([www.globalstrategies.org](http://www.globalstrategies.org)).

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