

# Key Objectives of Infant Feeding Counseling and Support in PMTCT Programs

	Previous practice	New, state-of-the-art practice <sup>1,2,3,4</sup>
<b>Pregnancy</b>	<ul style="list-style-type: none"> <li>Presenting two or more choices:               <ul style="list-style-type: none"> <li>Exclusive breastfeeding</li> <li>Replacement feeding with a commercial breast milk substitute, other milks, or modified animal milks</li> <li>Wet nursing</li> <li>Heat-treatment of breast-milk</li> </ul> </li> <li>Asking mother's choice</li> <li>Not insisting that choice cover the entire first 6 months of the infant's life</li> </ul>	<ul style="list-style-type: none"> <li>Offering two choices only:               <ul style="list-style-type: none"> <li>Exclusive breastfeeding</li> <li>Exclusive replacement feeding with a commercial breast-milk substitute</li> </ul> </li> <li>Helping mother make an informed choice to maximize infant HIV-free survival, based on her own circumstances</li> <li>Emphasizing responsibility on the part of the counselor to be an active participant in decision-making</li> <li>Ensuring informed choice takes into account AFASS (acceptable, feasible, affordable, sustainable, and safe) conditions during the entire first 6-month period</li> </ul>
<b>First 6 months</b>	<ul style="list-style-type: none"> <li>Stopping breastfeeding as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring exclusivity of chosen feeding method for entire 6-month period</li> <li>Supporting safe implementation of feeding method for entire 6-month period</li> <li>Discouraging changing feeding method during the first 6 months to avoid mixed feeding, unless there are exceptional circumstances (e.g., if replacement-fed infant is HIV-positive at 6 week PCR test, infant should change to breastfeeding)</li> <li>Ensuring child is growing well</li> </ul>
<b>6–24 months</b>	<ul style="list-style-type: none"> <li>Stopping breastfeeding as soon as possible</li> <li>Introducing complementary foods</li> </ul>	<ul style="list-style-type: none"> <li>Supporting safest feeding practices for infant of HIV-positive mother based on individual circumstances</li> <li>For infants who continue to breastfeed, supporting appropriate timing of breastfeeding cessation based on postnatal AFASS assessment starting at 6 months</li> <li>For infants who are no longer breastfeeding, supporting mothers/caregivers to ensure they meet increased health and nutritional needs of non-breastfed infants 6–24 months</li> <li>Supporting all mothers/caregivers to ensure effective complementary feeding (including introduction at 6 months, adequate quantity, consistency, quality [variety, energy density], frequency, hygienic preparation and feeding, and responsive feeding) through entire 6- to 24-month period</li> <li>Ensuring child is growing well</li> </ul>

Ensure follow up and clinical/supportive care for mothers and HIV-exposed babies, regardless of feeding choice through two years of life.

1. World Health Organization (WHO). *HIV and Infant Feeding Technical Consultation Held on behalf of the Inter-Agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers, and their Infants. Consensus Statement*. Geneva, Switzerland, 2006.

2. Mukuria, A. G., Kothari, M. T., and Abderrahim, N. *Infant and Young Child Feeding update*. Calverton, MD. USAID, September 2006.

3. PAHO/WHO. *Guiding Principles for Complementary Feeding of the Breastfed Child*. Washington, DC/Geneva, Switzerland: PAHO/WHO, 2003.

4. World Health Organization (WHO). *Guiding Principles for Non-breastfed Children 6-24 Months of Age*. Geneva: WHO, 2005.