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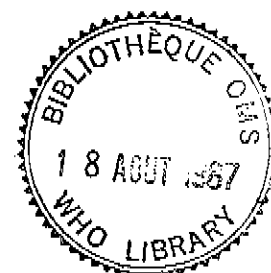
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SPECIAL PROGRAMME ON AIDS STATEMENT

BREAST-FEEDING/BREAST MILK
 AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)

In view of the importance of breast milk and breast-feeding for the health of infants and young children, and of the increasing prevalence of human immunodeficiency virus (HIV) infection in many parts of the world, a Consultation on Breast-feeding/Breast Milk and HIV Infection was organized by the Special Programme on AIDS and the Division of Family Health from 23-25 June 1987. Its purpose was to review currently available information on the possible relationship between breast-feeding/breast milk and HIV transmission, and to identify further research needs in this area. Twenty participants from 15 countries attended the consultation. The participants represented epidemiology, immunology, virology, pediatrics and nutrition. The conclusions of the consultation are summarized below.

Evidence concerning the transmission of HIV from infected mothers to their infants suggests that between 25 and 50% of all offspring will be infected. The risk of transmission may depend on a number of factors, including: the timing of the mother's HIV infection; the mother's immunologic and overall health status; her parity and intercurrent infections; and other possible factors.

Transmission of HIV from infected mothers to their infants may occur before, during, or shortly after birth. The possibility that HIV could be transmitted through breast-feeding/breast milk is supported by a report that HIV can be cultured from breast milk from mothers who are themselves infected. At present, the risk of HIV transmission from mothers to infants through breast-feeding has not been defined, but available information suggests that if such transmission occurs, the relative contribution of this route is probably small, as compared with in utero and intrapartum transmission. For example, a substantial number of infants born to infected mothers have been breast-fed without their having any evidence of acquiring HIV infection. On the other hand, there are a few reported cases where mothers became infected postpartum through blood transfusions, and where their infants, in turn, became infected, possibly through breast-feeding. This does not necessarily imply, however, that such transmission occurs among mothers who were infected with HIV before or during pregnancy.

The immunologic, nutritional, psychosocial and child-spacing benefits of breast milk/breast-feeding are well recognized. They have been reflected increasingly in national and international policies on child and maternal health.

Breast milk is also important in preventing intercurrent infections which could accelerate progression of HIV-related disease in already infected infants. The importance of breast milk and breast-feeding for the survival and development of infants and young children, as well as for child spacing and hence maternal health, should continue to be emphasized in all health and nutrition policies.

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Additional epidemiologic and laboratory research is needed on the risks of HIV transmission through breast milk and on the potential benefits of breast milk in situations where infants have been exposed to HIV or are already infected.

In the interim:

- (a) Breast-feeding should continue to be promoted, supported and protected in both developing and developed countries. The overall immunologic, nutritional, psychosocial and child-spacing benefits of breast-feeding to infants and their mothers continue to be important factors in determining the overall health of mother and child.
- (b) If, for whatever reason, the biological mother cannot breast-feed or her milk is not available, and the use of pooled human milk is considered, the report of isolation of HIV in breast milk should be taken into account. Pasteurization at 56°C for 30 minutes has been reported to inactivate the virus. Further research on the effectiveness of different methods of pasteurization, however, is needed. As an additional precaution, the possibility of screening donors (in accordance with WHO criteria on HIV screening) should be considered, especially in areas where the prevalence of HIV infection is known to be high. Similarly, if, for whatever reason, the biological mother cannot breast-feed, or her milk is not available, and where wet-nursing is the next obvious choice, care may need to be taken in selecting the wet-nurse, bearing in mind her possible HIV infection status and that of the infant who is to be fed.
- (c) In individual situations where the mother is considered to be HIV-infected, and recognizing the difficulties inherent in assessing the infection status of the newborn, the known and potential benefits of breast-feeding should be compared to the theoretical, but apparently small, incremental risk to the infant of becoming infected through breast-feeding. Consideration should be given to the socioeconomic and ecological environment of the mother-child pair and the extent to which alternatives can safely and effectively be used. In many circumstances and, particularly, where the safe and effective use of alternatives is not possible, breast-feeding by the biological mother should continue to be the feeding method of choice, irrespective of her HIV infection status.

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