

Breastfeeding and HIV Positive Mother

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Breastfeeding is play vital to the health of children, reducing the impact of many infectious diseases, and preventing some chronic diseases, promote and support breastfeeding as the best infant-feeding choice for all women in general, while giving special advice and support to HIV positive women. And most HIV-infected women do not transmit HIV to their infants. A mother can transmit HIV to her infant during pregnancy or delivery or through breastfeeding, but most babies of mothers with HIV are not infected.

Giving special advice and support to HIV positive women and their families so that they can make decisions about how best to feed infants in relation to HIV. Achieving this objective requires the services that: Recognize the need to protect child survival and development and Prevent HIV infection in women and their partners by providing information and promoting safer and responsible sexual behavior, provide of information about breastfeeding and complementary feeding and counseling.

Guidance of ongoing counseling and support to help them make their infant-feeding decisions and to carry them out.

Provide support to exclusively breastfeed for the first 6 months, with continued breastfeeding for up to 2 years and beyond, with adequate and appropriate complementary feeding from age 6 months prevent any 'spill over' effect of replacement feeding.

WHO recommends that all HIV infected mothers, practice exclusive breastfeeding here means no other liquids or food are given - in the first six months. After six months, the baby should start on complementary foods. And milk is essential during this period, after 6 months of age, breast milk should be an important component of the diet providing up to: 6 to 12 months.

Shorter duration of breastfeeding. The longer a child is breastfed by an HIV-positive mother the higher the risk of HIV infection. Breastfeeding for 6 months has about one third of the risk of breastfeeding for 2 years.

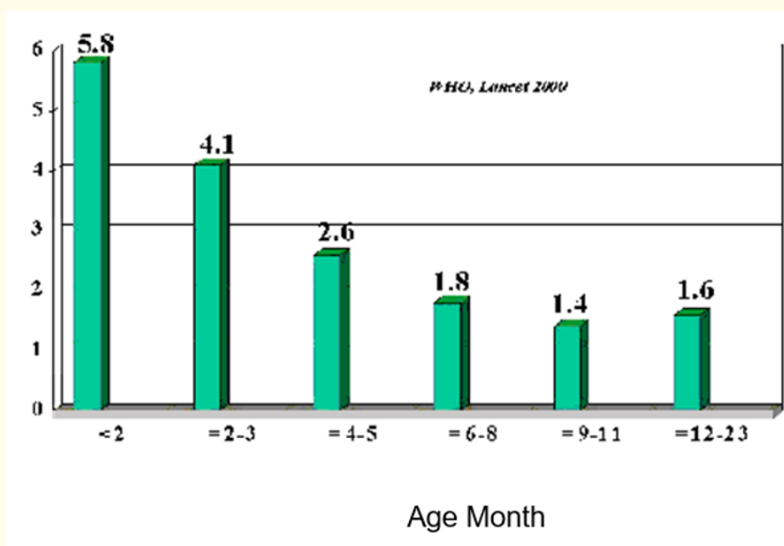
Here factor is that how we decrease the chance of transmitted HIV from mother to child with introduce exclusively breast feeding. Breastfeeding is the cornerstone of child health and survival and ideal food, easy, cost effective, prevent against fetal infections disease and play an important role in birth spacing with mother-child bonding. Breastfeeding is benefited, protective, also provides the necessary nutritional support particularly in the first months of child. Breastfeeding protect from diarrhea, respiratory and other life treating infections, and as well as the stimulation necessary for good psychosocial and neurological development. And if we are going to compare with the risk of morbidity and mortality of HIV infection increase due to not breastfeeding. The maternal load is higher short time period after an early stage of infection resulting in as developed risk of transmitted the infection from mother to child during breast feeding. So very essential prevention of HIV infection. Sores in the infant's mouth make it easier for the virus to enter the infant's body so in this case need to early treatment of thrush in the mouth of the infant.

HIV-infection is higher maternal viral load is shortly after a new infection resulting in an increased risk of infection of the infants, so need prevention during breastfeeding. We careful and treat Mastitis and cracked nipples and lesions with some cause of breast inflammation before start breast feeding because this Causes are associated with an increased risk of transmission HIV infection mother to child.

Immunological studies are finding that there are factors in human milk which is especially the milk of the HIV-infected mother that will directly combat the cells that contribute to the transmission of the HIV infection. Immunological studies are finding that there are factors in human milk. A study done in Durban, South Africa showed that exclusive breastfeeding during the first 3 months of life resulted in a lower risk of MTCT than mixed feeding like breastfeeding combined with other foods, juices or water.

Make plan of HIV positive mother for shorter time duration breastfeeding because longer time taking breastfeeding higher risk infection increase of infant. 6 months to 12 months with good care and prevention minimize one third of the risk of breastfeeding for 2 years.

World study shown that relative risk of HIV infection disease mortality among non-breastfeeding infant.



Especially in developing countries, they to breast feed or using substitute like modify cow’s milk and infant formula provided a dilemma for HIV positive mothers. Here breastfeeding increase the risk of HIV infected mother to the infant with up to 15% providing breast milk substitute replace of breast milk may develop the risk like diarrhea and respiratory or infection about 6 times during the 1st 2 months.

And cause of cost many mothers cannot afford breast milk substitute and lack access to clean water, which is necessary part of their safe preparation and use. In many culture there is a stigma against breastfeeding for HIV infected mothers and after the suffering HIV infection here HIV positive mothers faces many problem and they mostly living stressful life. Here they suffered them own health and survival, and this situation is danger that her child will be develop other health problem if she does not breastfeed. Particularly in the 1st months breastfeeding save from diarrhea respiratory and many more other infections.

And as well as the breastfeeding give essential nutritional ingredients and stimulation necessary for good psychosocial health and neurological development, and also contributes to birth spacing. Introduce Heat treating breast milk, because in this process kill HIV. Removing the milk from the breast manually or by pump and after heating it.

According to current scenario of WHO/UNAIDS/UNICEF breast feeding guideline protocol follows:

- All HIV infected mother followed by continued receive counseling, protect, promote with support exclusive breastfeeding for 6 months and also together with appropriate complementary feeding, up to 2 years of age or beyond.
- If replacement feeding is acceptable, feasible, affordable safe and sustainable, avoidance of breastfeeding by HIV-positive mothers is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life.
- Ensure use a good breastfeeding technique to prevent from mastitis, and nipple fissures, breast abscesses which should be promptly treated if they occur. Try to minimize HIV transmission risk, breastfeeding should be stopped as soon as possible.
- HIV positive woman's situation and the risks associated with replacement feeding, including infections other than HIV and malnutrition. So should be provided by specific guidance when ceasing breastfeeding to avoid harmful nutritional and psychological consequences and also maintain breast health, access to information and follow up clinical care with family planning service good nutrition support. Provided with specific guidance and support for at least the first 2 years of the infant's life to ensure adequate replacement feeding. Programmes should strive to improve conditions that will make replacement feeding safer for HIV-positive mothers and families.
- UNICEF's support governments with developing comprehensive in the area of HIV and infant feeding national infant and young child feeding policies, which include guidelines on HIV and infant feeding.

Need Observation, implement and monitor, fully covers the needs of, mothers who are HIV-positive.

Promote an enabling environment for women living with HIV by strengthening community support and by reducing stigma and discrimination [1-8].

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