

Influences on infant feeding method among South African mothers living with HIV in the Option B+ era

Yende, N¹, West, N², Schwartz, S.R.², Gadarowski, M¹, Schwartz, S.J.³, **Mutunga, L¹**, Hanrahan, C², Steingo, J¹, Bassett, J¹, Van Rie, A^{3,4}

¹Witkoppen Health and Welfare Centre, Johannesburg, South Africa

²Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

³ University of North Carolina School of Public Health, Chapel Hill, NC, USA

⁴University of Antwerp, Antwerp, Belgium



Background – Option B+ and Current Breastfeeding Guidelines in South Africa

- Guidelines for breastfeeding for HIV positive mothers and their infants have changed in the past years
 - 2001
 - 2011
- Current South African National guidelines for HIV positive mothers
 - Option B+ implemented: lifelong ART for all pregnant women
 - Exclusive breastfeeding for 6 months
 - Continued breastfeeding up to 12 months with complementary foods
- These changes also result in changes in messages, which may be confusing for both mothers and health care workers
- It is unclear to what degree the existing infant feeding guidelines are understood and implemented for HIV positive mothers, and which factors and beliefs determine uptake
- Programmatic data from Witkoppen Health and Welfare Centre shows only 66% of HIV positive mothers on ART reported exclusive breastfeeding at first PNC appointment, compared to 93% of HIV negative mothers

Primary Study Objective and study design

To assess influences on infant feeding method choices through patient and healthcare provider experiences

Between July and August 2015, we performed 34 in-depth interviews

- 22 HIV-positive women on ART
 - 12 breastfeeding
 - 10 formula feeding
- 12 Healthcare providers engaged in care of women living with HIV

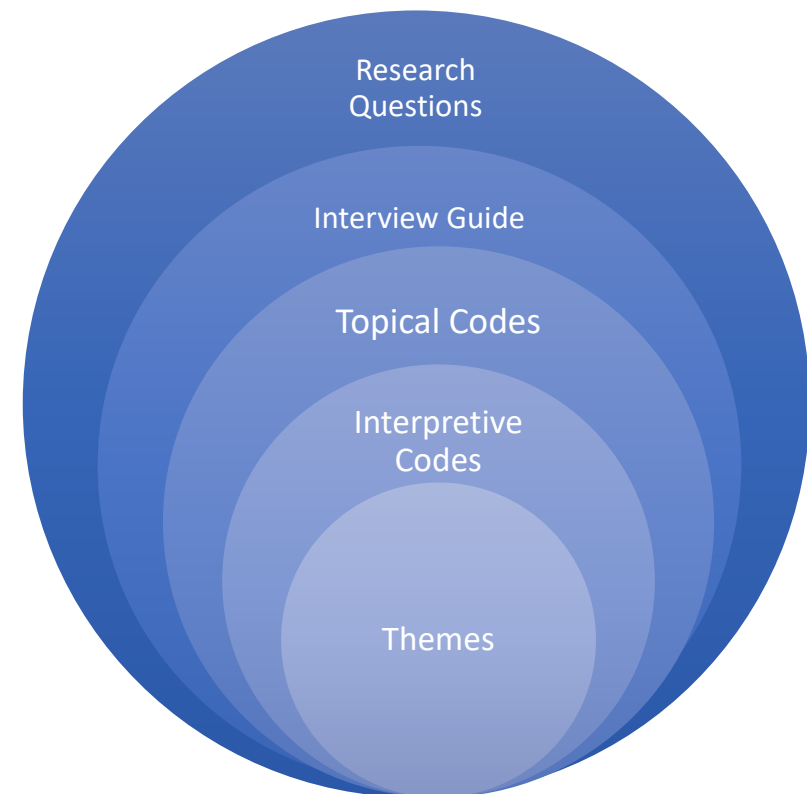
Study Setting

- Witkoppen Health and Welfare Centre
- High-volume primary care clinic in northern Johannesburg, South Africa
- Serves neighboring communities and informal settlements



Topics Explored & Analysis

- Influences on feeding method choices
- Understanding of and experiences with feeding decision-making for HIV-positive mothers
- Consistency of clinic-based messaging about feeding options for HIV-positive women
- Understanding of current breastfeeding guidelines for HIV-positive mothers



Fear of vertical transmission of HIV

"I didn't want any chance for the baby to get HIV. I felt that they (healthcare providers) said if you are positive and take your medication properly then you can have a negative baby. I decided that I don't want any chance"

Woman living with HIV, age 37,
formula feeding

"I decided to bottle feed my baby because I was scared of breastfeeding, I know there is this ARV thing but I was scared for any chance, I don't want to take any chances with my baby."

Woman living with HIV, age 25,
formula feeding

Social Pressure

“She was very angry why I was not breastfeeding the baby, and I said ‘no the breast doesn’t pump’ because I didn’t want to tell her. I don’t have a good relationship with my mother, so disclosing to her she’ll be very angry. So I said to her my milk doesn’t come and the baby is already here at home, so there is nothing I can do; I have to bottle feed the baby. And then after 4 to 5 days when I woke up she saw my breasts full with milk and she said ‘but you said there is no milk’ and I said maybe it started today.”

Woman living with HIV, age 27,
formula feeding

“Especially my sister, she always tell me that ‘you must breastfeed your baby’ because with my first born I wasn’t HIV positive, and I did breastfeed him.”

Woman living with HIV, age 35,
breastfeeding

Financial Constraints

“I decided to breastfeed because I don’t work and I don’t have money to buy formula.”

Woman living with HIV, age 32,
breastfeeding

“I decided to breastfeed because I am not working and the father is also not having a good job, I was afraid that along the way he would run out of formula and suffer like his sister because she stopped formula when she was 6 months and never had it again, until now and she is 6 years.”

Woman living with HIV, age 34,
breastfeeding

Work

“After I have delivered my baby they (healthcare providers) told me to breastfeed and I didn’t take that advice because I knew I was going to work very soon. They told me that I could pump my breasts and freeze the milk, but it wasn’t ok because I knew my baby was going to crèche and they might give him water when he cries or food.”

Woman living with HIV, age 24,
formula feeding

Influence of mixed feeding concerns

“The disadvantages and the advantages of infant feeding, which is if the mother wants to breastfeed, it will be exclusive breastfeeding, no mixed feeding. Mixed feeding, no, solid food, no. Because they are going to put their babies are risk if they are mixed feeding.”

Healthcare provider, Counsellor

“Yeah, cause it’s like ah, they tell us that you only breastfeed for 6 months, no more than that...then after 6 months then you start feeding the child other, you start giving the child food, formula, stuff like that. After 6 months.”

Woman living with HIV, age 35,
breastfeeding

Uncertainty around feeding choice

“As you know your status you would want to breastfeed but sometimes you would think that if your baby would end up being like that, if he becomes positive I will always blame myself. You will do whatever you can but you will not be happy, you will just breastfeed.”

Woman living with HIV, age 32,
breastfeeding

“So sometimes it makes me sad that I couldn't (breastfeed)...., but sometimes I think I could have breastfed.”

Woman living with HIV, age 24,
formula feeding

Healthcare provider messaging

“So, with nurses or with clerks or with staff, I don’t know what other people are saying. So it’s at the end of the day, if maybe we could sing the same song and all that, then people will be having the same information about that (infant feeding).”

Healthcare provider, Professional Nurse

“I think breastfeeding is like falling pregnant, there are health care workers who would encourage an HIV positive woman to fall pregnant and there are those who won’t encourage HIV mother to breastfeed because they are afraid that they will infect their babies.”

Healthcare provider, Professional Nurse

Conclusions

- Formula feeding and cessation of breastfeeding at 6 month driven by fear of vertical HIV transmission
- Decision-making around feeding heavily influenced by work, financial constraints and social pressure
- Lack of clarity on when to stop breastfeeding and introduce solids across patients and providers
- Women who formula-fed expressed uncertainty around the decision

Implications for service delivery

- Additional training for healthcare providers to strengthen consistency of messaging
- Review and standardization of counselling strategies around feeding choice may help with patient decision-making and comfort with feeding choice
- Clear and consistent messaging about the transition period from exclusive breastfeeding to introduction of solids at 6 months is necessary

Acknowledgements

We thank the participants from Witkoppen Health and Welfare Centre.

Funding Source

USAID Innovations Grant AID-674-A-12-00033

The contents of this presentation are the sole responsibility of Witkoppen Health and Welfare Centre and do not necessarily reflect the views of USAID or the United States Government.

