

Community Perspectives from Uganda and South Africa: Breastfeeding in People Living with HIV



IMPAACT

International Maternal Pediatric Adolescent
AIDS Clinical Trials Network

ANNUAL MEETING

2024

Introduction

- Breast milk provides a baby with ideal nutrition and supports growth and development.



Background

- While breastfeeding improves survival and prevents infections, vertical transmission of HIV during breastfeeding remains a significant concern, particularly where the mother has a high viral load or is not taking antiretroviral therapy(ART).



Background Cont'd

- In resource-limited settings like Uganda, most mothers do not have the option to formula-feed. Breastmilk remains the only option for infants born to women living with HIV.
- With the advancement in antiretroviral therapy, widespread access to effective ART regimens has led to reduced HIV Viral loads, making transmission through breast milk less likely.



Background Cont'd

- The World Health Organization(WHO) recommends that PLHIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or beyond while being fully supported for ART adherence.
- In resource-limited settings, exclusive breastfeeding with ART for six (6) months is recommended.



Community perspectives on breastfeeding

- Women living with HIV in Uganda are encouraged to breastfeed for up to 12 months, and the implementation of the test and treat policy reduces the risk of transmission to the infant if the treatment is adhered to.
- I engaged 12 women from different parts of the country in the community. 8 out of these 12 did not believe in the idea of exclusive breastfeeding or breastfeeding among mothers living with HIV because of the several challenges.

Challenges identified

- Stigma and disclosure concerns.
- Limited access to health care and support.
- Breastfeeding difficulties, e.g. perceived low milk production, the actual condition of low milk and returning to work, among others.
- Medication and treatment complexities.



Challenges Identified cont'd

- Perception of conflicting infant feeding recommendations. For example, one mother mentioned that she was well-counseled at the hospital and had decided to breastfeed her baby.
- However, when she reached home, the family members, who play a significant role in the mother's support system, told her that she would infect the baby, so she decided not to breastfeed at all.

When a parent living with HIV chooses to breast/chestfeed, support is fundamental!

Providers

Mental health professionals

Lactation experts

Peers

Family members

"All I wanted to do was feed my baby. I was not seeking approval, I just needed support."
— Breastfeeding mother living with HIV

BUILDING EQUITY, ETHICS, AND EDUCATION ON BREASTFEEDING AND HIV (BEEBAK)

thewellproject www.thewellproject.org

Challenges Identified cont'd

- The fear of prolonged infant HIV exposure through breastfeeding. The fear of the risk of infecting their babies are not just emotions, but significant influencers on the mothers' decision-making process.

Community concerns and fears

- Transmission: Real versus Perceived.
- Stigma and discrimination.
- Access to health care and support services.
- Anxiety.
- Fear of prolonged infant HIV exposure through breastfeeding.
- We need more research to understand the perspectives of women living with HIV and breastfeeding.

References

- Pictures were from google

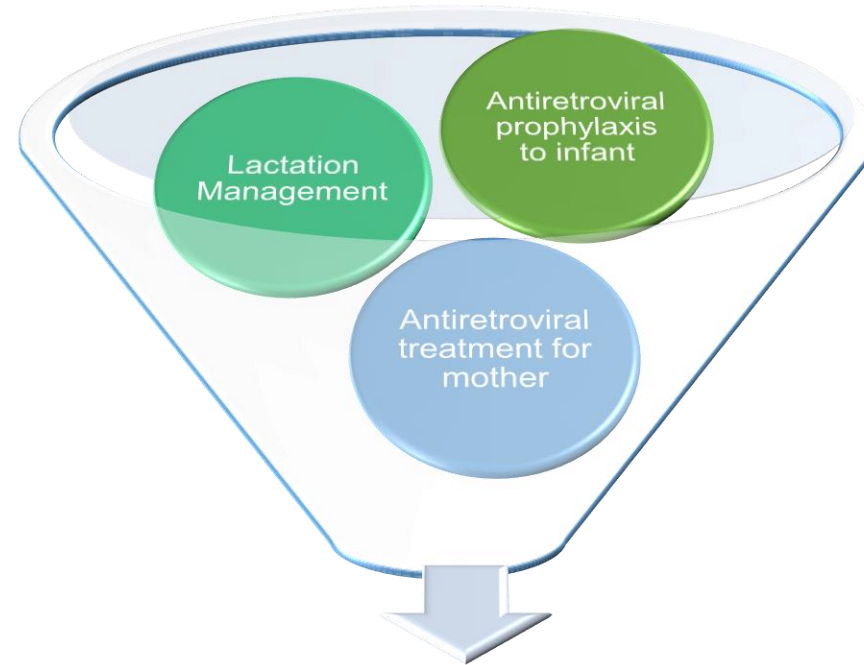
Community concerns and fears in South Africa

- Choosing an HIV prevention feeding method need to be a discussion between the mother her partner including also the supportive family structure- Challenges, however, occur where issues of HIV status disclosure makes it impossible for mothers to explain why they want a specific feeding method for their baby without involuntarily disclosing their HIV status
- Most young mothers, especially students and employed ones, have to leave the child before they are six months old due to employment maternity leave policies- This presents a major challenge as the childminders may not adhere to the mother's instruction for the child's feeding
- Culture versus Modern Medicine- Often, young mothers are taken care of and advised by older women in their family and clashes in feeding methods are a common occurrence.
- Non- Adherence to ART post- partum- Socio- economic challenges and treatment fatigue particularly in young mothers born HIV positive presents a huge challenge and bigger risk of vertical transmission of HIV if the mother continues to breastfeed her child

Community concerns and fears in South Africa

- Unprotected sex- Having unprotected sex, particularly with a partner with HIV (especially with detectable viral load) while breastfeeding increases the chances of vertical HIV transmission.
- Young mothers often depend on the father financially and this limits their power to refuse to have sex without a condom
- Family financial position- Young mothers from poor families often find that they get pressured to feed the baby what is available to the whole family as opposed to what they need to feed their child to reduce the chances of HIV infection

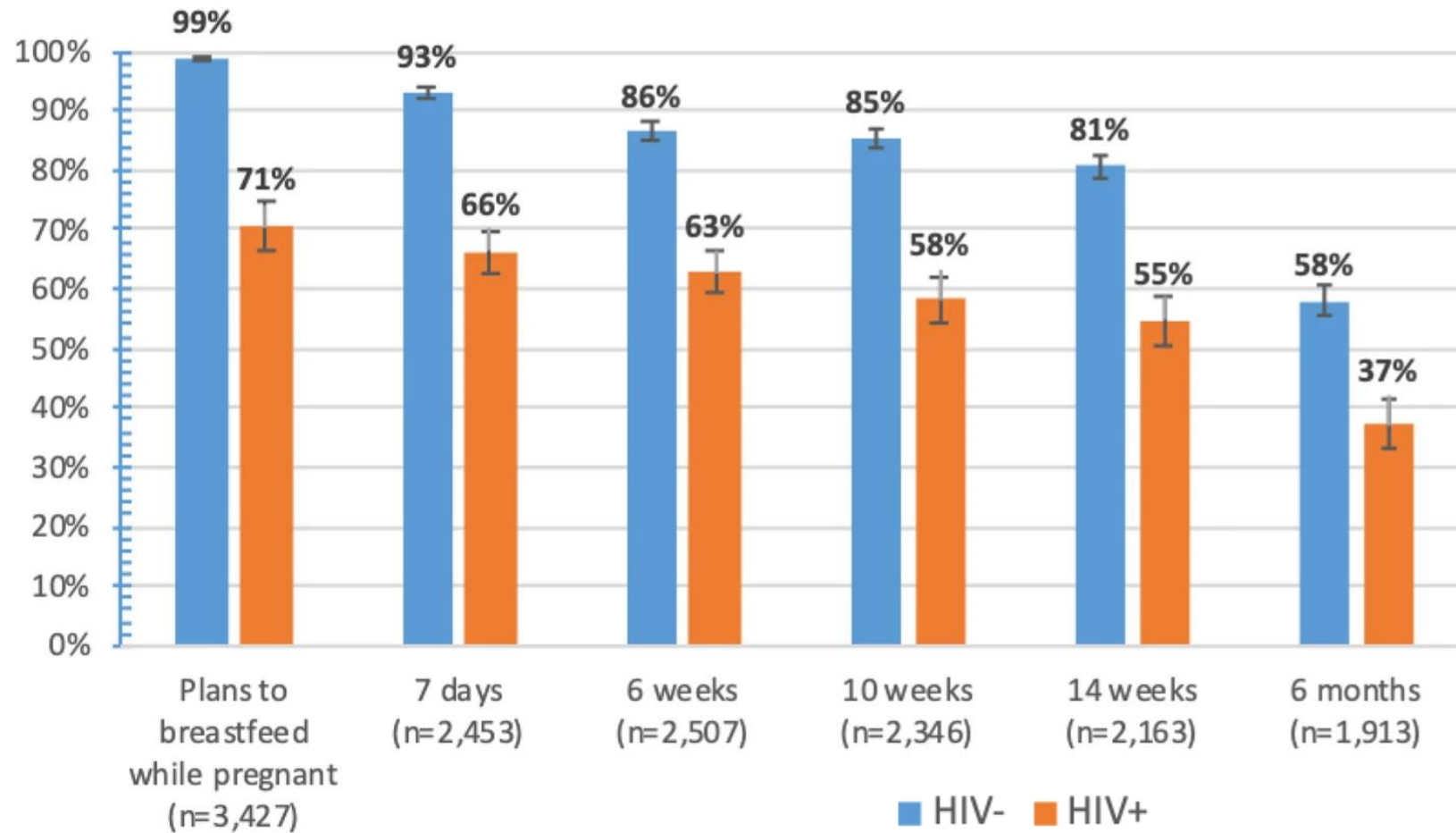
Model to Safe Breastfeeding



HIV FREE SURVIVAL

Source: <https://milkatters.org/breastfeeding-breastmilk/hiv-breastfeeding/>

Exclusive Breastfeeding by HIV Status in South Africa



Living with HIV and Breastfeeding



Relevant Extracts from Clinicians



"More Frequent HIV Viral Load Testing with Point-Of-Care Tests Detects Elevated Viral Load Earlier in Postpartum HIV-Positive Women in a Randomized Controlled Trial in Two Clinics in Johannesburg, South Africa

Prof. Lee Fairle et al.(2023)

"Journal of Acquired Immune Deficiency Syndromes 94(5:412-420.

Relevant Extracts from Clinicians



- Moyo, F., et al. (2021). "Maternal HIV viral load testing during pregnancy and postpartum care in Gauteng Province, South Africa." *S Afr Med J* **111**(5): 469-473.
- **BACKGROUND:** Pregnant and breastfeeding women living with HIV (WLHIV) are a target population for elimination of mother-to-child transmission of HIV (eMTCT). However, there are limited data on maternal virological responses during pregnancy and the postpartum period in South Africa (SA). **OBJECTIVES:** To review compliance of viral load (VL) testing with national guidelines and suppression rates during pregnancy and up to 9 months postpartum among WLHIV delivering in four tertiary hospitals in Gauteng Province, SA. **METHODS:** All women who had a point-of-care HIV VL test using Xpert HIV-1 VL (Cepheid, USA) at delivery in four tertiary obstetric units in Gauteng between June 2018 and February 2020 were included. HIV VL tests of eligible women performed up to 9 months before and after delivery were extracted from the National Health Laboratory Service's Corporate Data Warehouse.

Conclusion

- Breastfeeding poses a significant source of anxiety for mothers living with HIV, as they grapple with complex decisions surrounding infant nutrition, HIV transmission prevention, and stress management amid prolonged HIV exposure.
- Furthermore, they must also contend with the influence of social and structural factors that impact their infant feeding choices, adding another layer of complexity to an already challenging situation.
- Supporting breastfeeding in mothers living with HIV requires a comprehensive approach to achieve the tremendous results.



THANKS!

Any questions?

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Acknowledgements and thanks!

- ICAB members
- ILG
- Therapeutic Scientific Committee members
- WRHI Shandukani Research Centre Youth CAB, Treatment CAB, Prevention CAB
- City of Johannesburg Sub- District D Multi- Sectoral Forum
- Staff of Sedibeng Sa Bophelo Community Project- Soweto Johannesburg
- Overall support for the International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) was provided by the National Institute of Allergy and Infectious Diseases (NIAID) with co-funding from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and the National Institute of Mental Health (NIMH), all components of the National Institutes of Health (NIH), under Award Numbers UM1AI068632-15 (IMPAACT LOC), UM1AI068616-15 (IMPAACT SDMC) and UM1AI106716-09 (IMPAACT LC), and by NICHD contract number HHSN275201800001I. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH