

RECOMMENDATIONS REGARDING BREASTFEEDING AND POSTPARTUM MANAGEMENT OF THE MOTHER

Breastfeeding women with indications for HAART for their own health should receive and continue HAART during and after lactation. Thus, if the mother was already on HAART at the time she became pregnant, or if she initiated HAART during pregnancy for her own health needs, then HAART should be continued.

If she initiated HAART during pregnancy solely for the purposes of PMTCT, her need for continued HAART following delivery should be carefully assessed and discontinuation of HAART should be considered if she does not require therapy for her own health. If an antiretroviral PMTCT regimen was administered during her pregnancy consisting of just one or two ARVs, these agents should be discontinued after delivery, as the risk of development of resistance is higher with use of non-suppressive mono- or dual-therapy regimens. If single-dose NVP has been given alone or in combination with AZT, administering a one week 'tail' of AZT+3TC to the mother after delivery to reduce this risk can be considered (*see Appendix C for details*).

The safety and efficacy of HAART administered during the postpartum period solely to reduce breastmilk HIV transmission is not known. Passage of antiretroviral drugs into breast milk in humans has been evaluated for only a few antiretroviral drugs (i.e., AZT, 3TC, nevirapine); the drugs can be found in milk but at varying levels (AZT and 3TC appear in higher levels in milk than in plasma, while nevirapine is present at lower levels than in plasma). If a drug is found in low levels in the breast compartment, it could promote the development of drug resistance in virus in that compartment. The toxicity of chronic antiretroviral exposure of the infant via breast milk is unknown. Finally, while HAART has been found to decrease HIV RNA levels in milk, it does not appear to decrease cell-associated virus. For women who require HAART for treatment of HIV infection, the benefit to their own health of continuing HAART during lactation outweighs these potential risks. However, in women who do not require HAART for their own health, use of HAART solely to prevent breastmilk transmission needs to include considerations of potential harm and lack of proven efficacy. Several studies are ongoing to address the efficacy and safety of this approach in prevention of postnatal MTCT.

Where feasible and acceptable alternatives exist, efforts should be made to discourage HIV-infected mothers from breastfeeding in order to interrupt this potential route of HIV transmission to the infant. However, for many women in resource-limited countries, breastmilk alternatives are not acceptable, feasible, affordable, sustainable, or safe. If an infant is breastfed, exclusive breastfeeding is recommended, with weaning as soon as it is safe and feasible for the infant to do so (e.g. at age six months). With early weaning, it is critical to provide the mother with instructions as to how to meet the nutritional needs of the infant (including food supplementation, if needed and available) and to avoid provision of unsafe fluids (e.g., contaminated water). Exclusive breastfeeding means giving the infant *only* breastmilk and no water, other liquids, or solid foods except prescribed medicines. While the use of expressed and heat-treated breastmilk has been suggested, data are limited on the efficacy of heat treatment in reducing HIV in breastmilk as well as on the effect of such heat treatment on constituents of breastmilk (including immune components) that are important for the infant's health. Therefore, the use of heat-treated breastmilk cannot be generally recommended at this time, although further research on this approach is warranted.

CONTINUITY OF CARE FOR THE HIV-INFECTED MOTHER AND HER FAMILY

Many women are first diagnosed with HIV infection through routine prenatal screening. Appropriate referral and follow-up care for the mother, her infant, and other members of the family who may be HIV-infected must be ensured. Avenues of communication may need to be strengthened between adult, paediatric, and obstetrical programs in order to facilitate continued care and treatment of the HIV-infected mother and her family.