

APPENDIX B: EFFICACY OF PMTCT INTERVENTIONS - SUMMARY OF THE EVIDENCE

Table 2 summarises in tabular form the clinical trials that have established the efficacy of ART in reducing the risk of MTCT. Data from these studies suggest that several options exist for the pregnant HIV-infected mother.

Clinical trials have been performed in both breastfeeding and non-breastfeeding populations. The risk of breast milk transmission is higher in women with symptomatic HIV disease or those who become newly infected with HIV while breastfeeding, and may vary by pattern (exclusive versus mixed) and duration of breastfeeding. Some data suggest the risk of breast milk transmission may be highest during the first month of life, but the risk of transmission continues for the duration of breastfeeding.

It is recognised that avoidance of all breastfeeding is the most reliable way to prevent postnatal transmission of HIV. Therefore, when replacement feeding is acceptable, feasible, affordable, sustainable, and safe, avoidance of all breastfeeding by HIV-infected women is recommended. In all other settings, exclusive breastfeeding is recommended during the first months of life, because observational data from several studies in South Africa, Zimbabwe, and Cote d'Ivoire suggest that exclusive breastfeeding is associated with a lower risk of HIV transmission than mixed feeding. Additionally, the full protective effect of breastmilk against other pathogens (such as diarrhoeal or respiratory pathogens) as well as infant mortality is greatest with exclusive breastfeeding, and less with mixed feeding.

The efficacy and safety of maternal or infant ART in preventing postnatal breast milk HIV transmission is not yet known. Several international clinical trials are evaluating a variety of approaches to preventing breast milk transmission, including administration of one or more ARVs to the infant and/or HAART to the mother during the breastfeeding period. Approaches have included the administration of ARVs (NVP, 3TC, or AZT) to the infant for six weeks to six months while breastfeeding, or administration of HAART to the mother during lactation; however, the efficacy and safety of such approaches have not yet been defined and therefore they cannot yet be recommended.