

# HANDOUT 11.1. JOB AID 8: COUNSELLING HIV-POSITIVE PREGNANT AND LACTATING WOMEN

## NUTRITION CARE AND SUPPORT FOR HIV-POSITIVE PREGNANT AND LACTATING WOMEN

1. If possible, check the woman's weight and record/chart her weight on the mother's card, if available.
  - Pregnant women should gain at least 1 kg per month in the second and third trimesters of pregnancy.
2. Assess the woman's diet.
  - Find out how many meals she is able to eat a day. She needs extra food for adequate weight gain during pregnancy.
  - Counsel her to eat a variety of foods from each of the food groups. Use a list of locally available and affordable foods to show how much extra food she needs to eat and how to vary her diet.
  - Encourage her to use iodized salt in food preparation.
  - Encourage her to take a daily multivitamin if her weight gain is poor and her diet is inadequate.
  - Praise and reaffirm her good eating habits and behaviours.
3. Ask the woman whether she is experiencing any symptoms that affect eating.
  - HIV-related symptoms include nausea, vomiting, diarrhoea, constipation, mouth sores and heartburn.
  - Counsel her on managing the HIV-related symptoms and any other feeding and appetite problems during pregnancy.
  - Advise her to seek medical attention if symptoms get worse.
4. Find out whether the woman is aware of and practising good hygiene and food safety.
  - If the practices are good, praise and reinforce what she is doing right. If not, counsel her on good hygiene and food safety.
5. Advise the woman to seek prompt medical attention for any infections.
6. Ask whether she is taking any medications, including multivitamin supplements and ARVs.
  - Find out whether she is experiencing symptoms from the medications that make it difficult for her to eat.
  - Advise her to seek immediate medical attention if symptoms get worse.
  - If she is not taking ARVs, provide information on where to get them.
7. Check whether the woman is taking, has taken or has been given iron/folic acid tablets, antimalarials or antihelmintics for hookworm management.
  - Refer her to an antenatal care clinic or other health centre for iron/folic tablets (especially where anaemia is prevalent), antimalarials (especially in a malaria endemic area) or antihelmintics (especially in a hookworm endemic area).
  - Counsel her on adherence to any medications she is taking and on their safety and side effects.
8. Find out what the woman has heard about HIV transmission to her baby.
  - Provide correct advice and appropriate counselling.
  - Inform her about ARV prophylaxis during pregnancy and delivery to prevent transmission of HIV to her baby.
  - Make sure she knows how to negotiate safe sex to avoid HIV re-infection, which increases the risk of mother-to-child transmission.

- Provide information on the benefits and risks of both breastfeeding and replacement feeding (see the box below).
  - Encourage her to consider a feeding method for her child based on the information you have provided. Refer her to the ANC clinic for appropriate counselling for her choice of feeding.
9. Find out where the mother intends to deliver her baby.
    - Encourage her to deliver at an ANC clinic or hospital.
    - Talk to her about any fears she may have about hospital or ANC delivery.
  10. Refer the woman to a PMTCT clinic/centre if available.
  11. Advise her to try to get extra rest.
  12. Follow her up regularly throughout the pregnancy.

## Infant feeding options: Advantages and disadvantages

Advantages	Disadvantages
<b>Exclusive breastfeeding</b>	
<ul style="list-style-type: none"> <li>• Breastmilk is the perfect food for infants and protects them from many diseases, including diarrhoea and pneumonia, as well as the risk of dying from these diseases.</li> <li>• Breastmilk provides all the nutrition and water an infant needs.</li> <li>• Breastmilk is free, is always available and needs no special preparation.</li> <li>• Exclusive breastfeeding for the first few months may lower the risk of transmitting HIV to the infant, compared to mixed feeding.</li> <li>• Breastfeeding is common and expected in many cultures.</li> <li>• Exclusive breastfeeding helps the mother recover from childbirth and, if done regularly and continuously, protects her from getting pregnant again for a few months.</li> </ul>	<ul style="list-style-type: none"> <li>• If a mother is HIV positive, breastfeeding exposes her infant to HIV.</li> <li>• People may pressure mothers to give water, other liquids or foods to their infants while they are breastfeeding. Called “mixed feeding”, this may increase the risk of diarrhoea and other infections, including HIV.</li> <li>• Mothers need support to breastfeed exclusively until it is possible for them to use another feeding option.</li> <li>• Exclusive breastfeeding may be difficult for mothers who work outside the home and cannot take their infants with them.</li> <li>• Exclusive breastfeeding may be difficult if a mother gets very sick.</li> </ul>
<b>Exclusive replacement feeding</b>	
<ul style="list-style-type: none"> <li>• Feeding only formula carries no risk of transmitting HIV to the baby.</li> <li>• Most nutrients infants need are added to formula.</li> <li>• Other family members can help feed the infant, including if the mother is ill.</li> </ul>	<ul style="list-style-type: none"> <li>• The mother must stop breastfeeding completely, or the risk of transmitting HIV remains.</li> <li>• Unlike breastmilk, formula contains no antibodies to protect infants from infection.</li> <li>• Infants who are replacement fed are more likely to get diarrhoea, chest infections and undernutrition, especially if the formula is not prepared properly.</li> <li>• Mothers need fuel, clean water to prepare the formula, soap to wash the infant’s cup, and enough money to buy 40 500 gram tins of formula for 6 months.</li> <li>• Formula takes time to prepare and must be made fresh for each feed.</li> <li>• People may suspect that mothers who replacement feed are HIV positive.</li> </ul>

*Source:* UNICEF and WHO. 2005. HIV and Infant Feeding Counselling Tools: Counselling Cards. Geneva.