

HANDOUT 12.2. NUTRITION PROBLEMS OF HIV-POSITIVE INFANTS AND CHILDREN

Low birth weight	<ul style="list-style-type: none"> • Start care as soon as the mother is identified as HIV positive in the antenatal clinic. • Most children born to HIV-positive women have low birth weight.
Poor growth or growth faltering	<ul style="list-style-type: none"> • Weigh the child regularly to assess growth. • Counsel caregivers to give HIV-positive children at least one additional meal or snack every day (HIV-positive children need more energy than uninfected children of the same age and sex). <p>Dan was weighed only during immunizations and when he was sick and undernourished, but not regularly afterward.</p>
Feeding difficulties	<ul style="list-style-type: none"> • Assess child feeding on every contact. • Refer the caregiver to medical treatment for any health issue (e.g. difficulty chewing, swallowing or suckling, dental problems, loss of appetite or vomiting) that may affect the child's eating. • Counsel the caregiver to modify food as needed for sick children, who are picky about what they eat. • Counsel the caregiver to use more patience and encouragement to feed a sick child. <p>Dan's feeding was not assessed on every contact.</p>
Frequent opportunistic infections	<ul style="list-style-type: none"> • Sick children easily get infections such as diarrhoea from poor sanitation and hygiene. • Sick children who take medications may suffer side effects such as loss of appetite and altered taste. • Refer children with oral thrush or mouth sores, pneumonia or tuberculosis (TB) to a health worker. • Counsel caregivers to use responsive feeding to make sure sick children continue eating and feed them more often. • Counsel caregivers to make sure sick children continue to take their medicines, with clean, safe water. <p>Dan suffered from frequent opportunistic infections. He got severe diarrhoea when he was weaned to cow milk prepared with poor sanitation.</p>
Moderate or severe under-nutrition	<ul style="list-style-type: none"> • Severely undernourished HIV-positive children need clinical rehabilitation with special food. • Severely undernourished HIV-positive children take longer to rehabilitate than uninfected severely undernourished children. • HIV-positive children need energy-dense foods fortified with micronutrients after they are rehabilitated. • HIV-positive children with severe or moderate undernutrition should be followed up at least every 2 weeks for the first 2 months and then every month for at least 1 year. <p>Dan was not followed up long enough.</p>

<p>Sick mother and child without good care or food security</p>	<ul style="list-style-type: none"> • A sick mother may wean her infant early if she has mastitis or other illnesses or is pregnant with another child. • A sick mother may not be able to take her HIV-positive child to the clinic or growth monitoring. • A sick mother with little energy may not have the patience to feed her child properly. • A sick child is more demanding.
<p>Poor feeding because the child's HIV-positive status is not known</p>	<ul style="list-style-type: none"> • If people do not know the child is HIV positive, continuity of care is not guaranteed. <p>When Dan's mother died, his aunt may not have known that Dan was HIV positive and so did not give him the care needed.</p>