Summary of WHO Recommendations on Infant Feeding in the Context of HIV

- **Mothers who are HIV positive and whose infants are HIV negative or of unknown status** should breastfeed exclusively for the first 6 months, introduce appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Feeding other foods or liquids, including water, infant formula, or other breast milk substitutes, while breastfeeding ("mixed feeding") increases the risk of HIV transmission.
- If antiretroviral drugs (ARVs) are available, both mothers and infants should take them to reduce the risk of HIV transmission during breastfeeding.
- If ARVs are not available, breastfeeding may still be the safest option for infants of HIV-positive mothers. The risk of death from replacement feeding exceeds the risk of mother-to-child transmission of HIV through breast milk throughout the first 4 months of life.
- Breastfeeding should stop only when mothers can provide a nutritionally adequate and safe diet without breast milk. Breastfeeding should stop **gradually**, within 1 month (there are still questions about when HIV-positive women should stop breastfeeding because a "safe, nutritionally adequate diet" is difficult for many health care providers to assess properly and often difficult to achieve.)
- In special circumstances (e.g., mothers are too sick to breastfeed or infants are orphaned or abandoned), HIV-positive women should **exclusively** replacement feed their infants ONLY if:
  - They have access to safe water and sanitation.
  - They can get enough formula to support normal infant growth and development.
  - They can prepare formula correctly and often enough so that it is safe and carries a low risk of diarrhea and malnutrition.
  - They can feed formula exclusively for the first 6 months.
  - Their families support this practice.
  - They have access to comprehensive child health services.
- Pregnant women should take ARVs to treat HIV or prevent mother-to-child transmission of HIV. In 2015 WHO recommended lifelong triple antiretroviral therapy (ART) for all pregnant women with HIV, regardless of clinical or CD4 stage of disease, called Option B+.[1]

[1] WHO. 2015. *Guideline on When to Start Antiretrovial Therapy and on Pre-Exposure Prophylaxis for HIV.* Geneva: WHO.

Option B+	
Mother	**Infant**
Triple ARVs starting at diagnosis and continuing for life, regardless of CD4 count or clinical stage	Daily NVP /AZT from birth through 4–6 weeks regardless of infant feeding method

Supporters of this option note that it provides additional ART coverage and benefits to mothers' health, while others say that it raises questions about ethics, medical safety and benefits, feasibility, and cost.[2]

[2] Coutsoudis, A. et al. 2013. "Is Option B+ the Best Choice?" *The Lancet.* Vol. 381, No. 9863, pp. 269–271; UNICEF. 2012. *Options B and B+: Key Considerations for Countries to Implement an Equity-Focused Approach*. Draft for discussion.