

Should HIV-positive mothers use infant formula?

In January, the Government of South Africa decided to provide infant formula to pregnant women who were diagnosed as HIV-positive. George Kent told the Minister of Health he was wrong. Why?

How should infants of mothers diagnosed as HIV-positive feed their infants? Many people take the view that if they cannot provide replacement foods such as commercial formula under appropriate sanitary conditions, they should exclusively breastfeed their infants. If they can safely provide formula, however, they should do that. This view is illustrated by the *South African Breastfeeding Guidelines for Health Workers*, published in January 2000:

'In an ideal world where voluntary testing and counselling and, where adequate information and education on HIV is provided, where safe and adequate formula feeding is possible and where ongoing support for the mother and monitoring of the infant is available, then formula feeding is the principal recommended method of feeding.'

On the basis of this view, and on the basis of offers of reduced-cost formula from some of the major formula companies, in January 2001 the Government of South

Africa decided to provide infant formula to pregnant women who were diagnosed as HIV-positive.

Why? South Africa will not be able to assure consistently that suitably sanitary conditions are established everywhere for using formula. Even more importantly, it is not clear that using formula would be advantageous even under ideal conditions.

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I wrote to the Minister of Health of South Africa:

'It may be that HIV infection is very dangerous. And it may be that breastfeeding increases the likelihood of HIV infection. It does not necessarily follow that it is wise to avoid breastfeeding.'

'There is abundant data documenting the fact that HIV can be transmitted through breastmilk. I have been unable to find any data that supports the idea that infants of HIV-positive mothers will in fact have better health outcomes if they are not breastfed.'

'The major danger of AIDS comes from opportunistic infections that come about as a result of a compromised immune system. The protective factors in breastmilk provide excellent protection against these opportunistic infections. Studies that focus solely on the risk of transmission of the virus ignore the protective effects of breastfeeding.'

'It is not virus transmission but health outcomes that ought to concern us. Breastfeeding by HIV mothers does two things at once. It exposes the infant to increased risk of HIV infection and, at the same time, it provides protection from a wide range of diseases, including the diseases that might result from HIV infection. There is no clear evidence as to which of these is likely to be the stronger effect. Thus, there is no good empirical evidence that formula is best for infants of HIV-positive mothers.'

The real risks

Why should formula feeding be 'the principal recommended method of feeding' by mothers diagnosed as HIV-positive? I have been unable to find published studies indicating that formula-fed infants are likely to have better health outcomes than exclusively breastfed infants under *any* conditions.

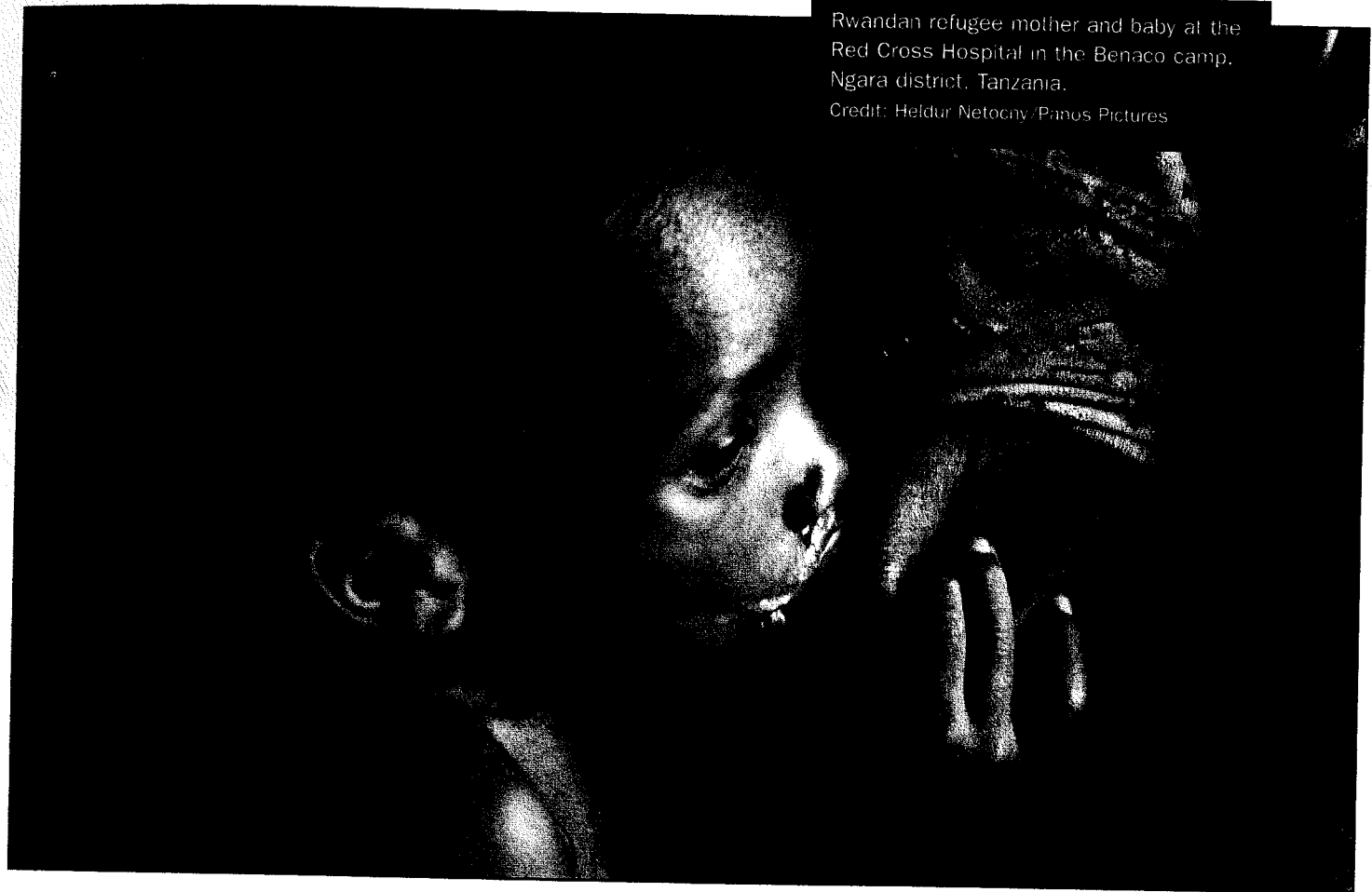
Currently, the dominant view is that—except under unsanitary conditions—the risk of an infant's dying from AIDS is so great that it is wiser for mothers diagnosed as HIV-positive to use formula. People tend to assume that HIV infection would be a virtual death sentence for an infant. If that is the case, there is no sense in taking the risk of breastfeeding.

Are these views warranted? As I said to the minister, it may be that HIV infection is very dangerous. And it may be that breastfeeding increases the likelihood of HIV infection. It does not necessarily follow that it is wise to avoid breastfeeding.

Outside the HIV/AIDS context, the risk of the infant's falling ill or dying is consistently higher with formula feeding than with breastfeeding. The risks associated with formula feeding are greater in developing countries, but the pattern

Rwandan refugee mother and baby at the Red Cross Hospital in the Benaco camp, Ngara district, Tanzania.

Credit: Heldur Netochy/Panos Pictures



prevails everywhere. Whether in rich countries or poor countries, formula-fed infants tend to have worse health than breastfed infants.

What about the HIV/AIDS context?

AIDS is a collection of diseases to which people become susceptible as a result of compromised immune systems. The major danger comes from opportunistic infections of various kinds. The protective factors in breastmilk provide excellent protection against many of these opportunistic infections. A mother diagnosed as HIV-positive should be especially concerned with providing her infant with that sort of protective medicine.

How do the risks and the benefits of breastfeeding by mothers diagnosed as HIV-positive balance out? Little solid research has been done on the impact of feeding methods on health outcomes for infants of mothers diagnosed as HIV-positive. What we do know is that in almost every situation outside the HIV/AIDS context, breastfeeding, especially exclusive breastfeeding, is best.

Past studies on mother-to-child transmission of HIV have consistently focused on the likelihood of transmission of the virus, and the likelihood of the child's surviving without HIV infection. They

assume HIV infection correlates strongly with negative health outcomes, particularly death, but they have not plainly demonstrated that association. The risk of virus transmission is not necessarily the same as the risk of a bad health outcome. Thus, I concluded my letter to South Africa's Minister of Health by saying:

'The risk of virus transmission is not necessarily the same as the risk of a bad health outcome'

'The planned programme for providing free formula to HIV-positive mothers in South Africa has been described by its critics as an unwarranted human experiment. However, in an experiment, there is systematic collection of data designed to assess the impact of an intervention. To my knowledge, there is no planned collection of data on outcomes for this programme. If your government is determined to proceed with providing formula to mothers diagnosed as HIV-positive, I urge that you support the necessary research so

that it can be determined whether the anticipated benefits are in fact obtained.'

Let's at least find out whether the advocates of infant formula are correct, whether in South Africa or any other setting. Can it be demonstrated that, at least under favourable circumstances, infants of mothers diagnosed as HIV-positive are likely to have better health outcomes with formula feeding than with exclusive breastfeeding? Until it can be demonstrated, it seems to me that on the basis of our current knowledge, it is exclusive breastfeeding that should be promoted, not formula feeding.

George Kent is professor in the Department of Political Science at the University of Hawai'i. He works on human rights, international relations, peace, development, and environmental issues, with a special focus on nutrition and children. He is Co-ordinator of the Task Force on Children's Nutrition Rights, which serves both the World Alliance for Nutrition and Human Rights and the World Alliance for Breastfeeding Action. E-mail: kent@hawaii.edu

Nutrition Rights: The Human Right to Adequate Food and Nutrition can be accessed at <http://www2.hawaii.edu/~kent/tutorial2000/titlepage.htm>. The tutorial is used as the basis for his on-line course on nutrition rights.