Feeding HIV exposed and Infected infants within the Prevention of Mother to Child Transmission (PMTCT) Program Community clinic perspective.

Presented by: Nutrition co-ordinator, City of Cape Town : Carmen Beukes
Clinic Manager Hout Bay: Ester Carolus
**OBJECTIVES**

- Implementing National Infant feeding Policy at community level.
- Counselling issues
- Feeding issues
- Responsibility for counselling and ongoing Caregiver education
- Challenges and problems at community level.
Summary of Infant and Young Child Feeding Policy

Interventions at different levels
Key child survival Programmes and Strategies

- Increase Rate of Exclusive Breastfeeding (EBF)
- Support women with feeding choice decisions
- Decrease mixed feeding <6 months
- Awareness of child survival strategies and decrease malnutrition related Morbidity and Mortality
- Bring into effect International Code Of Marketing of BM Substitutes
- Baby Friendly Hospital Initiative (BFHI) @ all Maternity services
- Standardise messages about IYCF Feeding
- Create supportive environment conducive to optimal IYCF
## WHO Infant feeding guidelines

<table>
<thead>
<tr>
<th>2006</th>
<th>2006</th>
<th>2010</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother takes ARV's from 28th week of pregnancy until 1 week after labour, or for an indefinite amount of time if the mothers is taking ARV's for her own health</td>
<td></td>
<td>Mother takes ARV's from the 14th week of pregnancy until 1 week after labour, or for an indefinite amount of time if the mother is taking ARV's for her own health.</td>
<td></td>
</tr>
<tr>
<td><strong>Short ARV Regime during breastfeeding period for either mother and / or infant</strong></td>
<td><strong>Long ARV regime during breastfeeding period for either the mother and / or infant</strong></td>
<td><strong>Exclusive breastfeeding for 6 months</strong></td>
<td><strong>Exclusive breastfeeding for 6 months</strong></td>
</tr>
<tr>
<td><strong>Exclusive breastfeeding for 6 months</strong></td>
<td><strong>Exclusive breastfeeding for 6 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapidly wean from breastmilk</td>
<td>Gradually wean from breastmilk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No mixed feeding</td>
<td>Complementary feeding after six months</td>
<td>Recommended to breastfeed till 12 months and complementary feeding in conjunction with ARV's</td>
<td></td>
</tr>
<tr>
<td>Not recommended to breastfeed after 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Modes of HIV transmission from mother to child

If no interventions are in place to reduce MTCT, the rates of transmission are:

- During pregnancy 5 to 10 percent (Average 7%)
- Through breastfeeding if breastfeeding for 2 years 10 to 20 percent (Average 15%)
- Overall transmission without breastfeeding is about 5–25%
- Overall transmission with breastfeeding to six months is about 20–35%
- Overall transmission with breastfeeding to 18–24 months is about 30–45%
Implementing National Infant feeding Policy at community level

Main Objective – Increase the rates of exclusive breastfeeding for 6 months and continued breastfeeding up to 2 years of age and beyond.

1991 – 18 hour Training sessions
- 2006 - 20 Hour training sessions – Metro
- 2010\11 - combined PGWC and CoCT staff

Confusing messages –Breast versus Formula for PMTCT. –PMTCT Program mantra of Formula is best option.
- AFASS - versus free formula PMTCT- confusion
# Data re feeding choices on discharge from Birthing Units

<table>
<thead>
<tr>
<th>Birthing unit</th>
<th>Deliveries</th>
<th>Formula @ birth</th>
<th>Breastfed @ birth</th>
<th>Formula @1 month</th>
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<tbody>
<tr>
<td>Macassar MOU</td>
<td>53</td>
<td>34</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Michael M and Khayelitsha</td>
<td>372</td>
<td>265</td>
<td></td>
<td>12</td>
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<tr>
<td>Birthing unit totals</td>
<td>425</td>
<td>299</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>441</td>
</tr>
<tr>
<td>Guguletu MOU</td>
<td>188</td>
<td>50</td>
<td></td>
<td>87</td>
</tr>
<tr>
<td>Hanover Park MOU</td>
<td>54</td>
<td>26</td>
<td></td>
<td>25</td>
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<tr>
<td>Birthing unit totals</td>
<td>242</td>
<td>76</td>
<td></td>
<td>112</td>
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<tr>
<td></td>
<td></td>
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<td>240</td>
</tr>
<tr>
<td>Mitchells Plain Birthing unit totals</td>
<td>95</td>
<td>69</td>
<td></td>
<td>8</td>
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<tr>
<td></td>
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<td></td>
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<td>336</td>
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<tr>
<td>Kraaifontein Birthing unit</td>
<td>253</td>
<td>141</td>
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<td>60</td>
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<tr>
<td>Helderberg Hospital Sep only</td>
<td>33</td>
<td>30</td>
<td></td>
<td>3</td>
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<td></td>
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<td></td>
<td>340</td>
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<tr>
<td>Birthing unit totals</td>
<td>286</td>
<td>171</td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>Mowbray Birthing unit</td>
<td>435</td>
<td>319</td>
<td></td>
<td>105</td>
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<tr>
<td>False bay Birthing Unit</td>
<td>31</td>
<td>21</td>
<td></td>
<td>1</td>
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## SINJANI data Metro\PMTCT CoCT data Oct – Dec 2010

<table>
<thead>
<tr>
<th>Birthing unit</th>
<th>Deliveries</th>
<th>Formula</th>
<th>Breastfed</th>
<th>Formula @ 1 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retreat MOU</td>
<td>Dec Only = 12 ?</td>
<td>5</td>
<td>5</td>
<td></td>
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<tr>
<td>Birthing unit totals</td>
<td>466</td>
<td>345</td>
<td>111</td>
<td>224</td>
</tr>
<tr>
<td>Karl Bremer</td>
<td>156</td>
<td>112</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Tygerberg</td>
<td>185</td>
<td>166</td>
<td>16</td>
<td></td>
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<td>Birthing unit totals</td>
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<td>57</td>
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<tr>
<td>Karl Bremer</td>
<td>156</td>
<td>112</td>
<td>41</td>
<td>175</td>
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<tr>
<td>Westfleur</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td></td>
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<tr>
<td>New Somerset</td>
<td>95</td>
<td>72</td>
<td>23</td>
<td></td>
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<tr>
<td>Vangaurd</td>
<td>44</td>
<td>25</td>
<td>4</td>
<td></td>
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<tr>
<td>GSH</td>
<td>91</td>
<td>67</td>
<td>17</td>
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<tr>
<td>Birthing unit totals</td>
<td>240</td>
<td>172</td>
<td>46</td>
<td>381</td>
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<tr>
<td><strong>City TOTAL</strong></td>
<td><strong>2095</strong></td>
<td><strong>1410</strong></td>
<td><strong>428</strong></td>
<td><strong>2562</strong></td>
</tr>
</tbody>
</table>
Antenatal interventions

Mothers must know all the advantages and disadvantages of breast\formula feeding to be able to make an informed infant feeding choice.

Early booking – screening at 14 and 32\52 with appropriate intervention. ARV’s and NVP

Stress AFASS - part of the South African policy and guidelines PMTCT

Although HIV can be transmitted via breast milk, the risk of illness, malnutrition and death due to unsafe replacement feeding might be higher than the risk of HIV transmission to the child through breastfeeding.

Majority of Mothers still receiving Pelargon on discharge from birthing Units.
INTRAPARTUM AND POST NATAL

• Difficult to make decisions concerning feeding during labour – not sustainable on discharge.

• Principle of skin to skin encourages child to seek breast within first hour of life - decision should have been made on choice of feeding.
Making a choice

Because HIV can be transmitted through breast milk, a mother’s infant feeding choice has a strong influence on the wellbeing of her baby.

EXCLUSIVE BREASTFEEDING
EXCLUSIVE REPLACEMENT FEEDING
AFASS criteria

A – Acceptable
F – Feasible
A – Affordable
S - Safe
S - Sustainable
EXERCISE – CLOSE YOUR EYES.

- Informal settlement no electricity at 2h00
  Prepare a formula feed.
- Choose Primus stove or open fire.
## MAKING THE CHOICE

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Feasible</th>
<th>Affordable</th>
<th>Safe</th>
<th>Sustainable</th>
</tr>
</thead>
</table>

IF ANY OF THE RESPONSES ARE **NO**

## EXCLUSIVE BREASTFEEDING IS THE CORRECT CHOICE

**Limited resources:**
- Access to clean safe water
- Sanitation
- Health services
- Inconsistent supply of formula
- Financially insecure

Not breastfeeding increases the risk of disease and even death of the baby.
## MAKING THE CHOICE

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Feasible</th>
<th>Affordable</th>
<th>Safe</th>
<th>Sustainable</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

### EXCLUSIVE REPLACEMENT FEEDING

The few women who fully satisfy the AFASS criteria and for whom formula would be the best option are usually the very women who can afford to buy formula themselves.
**RESEARCH**

- **Survival in the first 6 months of life – SA, 2007**
  - 94 deaths amongst 1034 infants (EBF)
  - 73 were HIV infected
  - Risk of transmission was associated with low CD4 count (maternal) and LBW
  - Infants mixed fed or received solids were 11 times more likely to acquire HIV than EBF infants.
  - Mortality rate at 3 months: EBF = 6.1% & EFF = 15.1%

- **Rwanda, 2009**
  - Mothers EBF, advised to wean at 6 months (with some breastfeeding between 6-12 months) and infants tested at 1,6 and 12 months.
  - 532 live births were followed (227 breastfeeding & 305 formula feeding)
  - 7 infants infected (6 in utero + 1 due to poor adherence to drug regime)
  - At 9 months mortality for BF = 3.3% vs 5.7% for Formula Feeding
  - HIV free survival was 95% (BF) and 94% (FF)
Current Challenges

BREASTFEEDING
Cup Feeding

Flash pasteurisation

- Ready to remove when water reaches a rolling boil
- Cooled HTEBM is cup fed
- Flies\ contaminants
Current Challenges

FORMULA FEEDING

• Formula feeding

• Replacement feeding - demonstrations, stock control, cup feeding

• Mini Research March \ April 2011
Aim: Determine the number of PMTCT children who require NTP at 9 months

5 Clinics - 1 per sub-district
89 clients - every 3rd client entered on PMTCT register Jan-March 2010
44 Excluded – no data at 8-9 months
28 Gained weight
14 Growth faltering - Weight curve flattened 7 – 9\12
3 Not gaining weight - Weight curve flattened at 9\12.
8 of the 14 with growth faltering entered on NTP
Current Challenges

HUMAN RESOURCES

- Human Resources
- Organogram \ Clinic staff complement
- Workload
- Average time dedicated to feeding
- Staff Education
Current Challenges

• HR Capacity – constant introduction of new services\ Programs

• Nurses stretched to the limit - CoCT shift away from preventive to curative care

• Use of METRO and PGWC Nutrition staff - 15 dieticians, 15 Nutrition advisors( none in CoCT clinics) 11 hospital dieticians - entire METRO

• 1 Nutrition co-coordinator for CoCT- 93clinics + 19 satellite \mobile clinics.

• Nutrition not seen as Key \Important in Package of care
CLINIC STAFF COMPLEMENT
Staff on leave \ training

Management \ Clinical
Travel between the two.

Facility manager X 2 Clinics

Nursing staff
2 Curative PN’s
2 PN”s

Support staff
4 TB supporters – am
2 HIV counsellors
1 ENA (receptionist)
1 TB Assistant.

2 Senior workers.
# WORKLOAD

<table>
<thead>
<tr>
<th>Clinic One</th>
<th>Month</th>
<th>Headcount &lt;5yrs</th>
<th>Headcount &gt;5yrs</th>
<th>Total</th>
<th>PN 's</th>
<th>EN's 3\7</th>
<th>Ave patients per day</th>
<th>MO &amp; patients seen for month</th>
<th>Pharmacist</th>
<th>MO patients per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar-11</td>
<td>1532</td>
<td>3217</td>
<td>4759</td>
<td>4</td>
<td>1</td>
<td>43 per day</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb-11</td>
<td>1666</td>
<td>3413</td>
<td>5079</td>
<td>4</td>
<td>1</td>
<td>53 per day</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Two ARV Site</td>
<td>11-Mar</td>
<td>701</td>
<td>3569</td>
<td>4270</td>
<td>4</td>
<td>1</td>
<td>42 per day</td>
<td>(257) 1</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Clinic Two</td>
<td>11-Feb</td>
<td>673</td>
<td>3024</td>
<td>3697</td>
<td>4</td>
<td>1</td>
<td>36 per day</td>
<td>(291) 1</td>
<td>1</td>
<td>15</td>
</tr>
</tbody>
</table>
Current Challenges

- **Average time dedicated to feeding per visit**
  - PN – 10-15 MINUTES Feeding related issues – New Born
  - PN – 4-5 Minutes - follow up – 40 minutes over 6 month period

More often than not less time is spent on feeding related issues
Current Challenges

Staff Education

- September - 2 hour training before rollout of New PMTCT
- Guideline ?? Infant feeding not addressed.
- Piecemeal training - staff learn by default – by word of mouth.
- Deadlines between receiving materials from National and TOT too implementation to short .
- Training reduces numbers of staff left at facility to cope .
Current Challenges

- **FINANCIAL**
  - Mothers need to go back to work – mixed feeding
  - Maternity leave now 3 months
  - Early introduction of solids – (ongoing counselling)

- **SOCIAL WELFARE SUPPORT** - Transport, Finances, Food Security, Mixed feeding - Receiving attention.
Current Challenges

COMMUNICATION

- Communication
- Breastfeeding support
- Disclosure\Counseling
- Community Care workers

HIV NEGATIVE MOTHERS
Current Challenges

COMMUNICATION CHALLENGES

• **RtHB** Page 7 & 8 of not completed – No Retro status on page 21

• **Form 1** - PMTCT Daily NVP discharge Letter No Page 7 RtHB

• **Form 2** - Transfer of care (Mother)

• **Form 3** - GSH – Transfer of care (formula indicated) & Ref to ARV site form.

• NO Standardisation

• Availability of special products – central – collected by DT - Imperative that Hospitals issue required stock as agreed upon

• Telephone calls requiring immediate attention ??
Current Challenges

COUNSELLING

• HIV General care during pregnancy with limited focus on nutrition
• Limited post HCT Care (counselling and clinical care) 6 mths support. Nil thereafter - limited focus on nutrition
• Couple counselling seldom done
• Lack of peer educators for infant feeding
• Mothers to Mothers – selected facilities
• Counselors trained in IYCF – AFASS etc
• AFASS application ?
• Book at 14 weeks ??
Current Challenges

• **Disclosure** – Encourages mixed feeding

• **Couple counseling** seldom done

• **Responsibility for ongoing care giver education**
  - Service level agreement - whose responsibility is it
  - Multiple stakeholders
  - Work in CoCT clinics - Not line managed by CoCT
  - contracted by MDHS \ PGWC.
Current Challenges

HIV NEGATIVE mother and child

• No / Limited support
  NEGLECTED
POSITIVES

Guguletu – AED (Academy for Educational Development) – Intensive training and support for Lay counsellors

• Reduction in MTCT

• Marked increase in number of breastfeeding mothers on discharge from MOU
Recommendations

• Clear directive re Western Cape’s way forward re Pelargon issues

• Training\ updates incorporate infant feeding. Updates rolled out ASAP.

• Community care workers, counsellors and clinical staff be updated on Nutrition Related matters.

• Standardisation of discharge letters, forms channels of communication etc.

• Motivate Use of RtHB page 7 & 8- ? Reference to be made on page 21 retro status \Number of tins formula issued
Recommendations cont.

• Breastfeeding support groups (HIV neg. as well as +ve Moms)

• Encourage mothers to attend the nearest health facility for 3/7 check where breast checks as well as feeding advice can be obtained.

• Ante natal care \feeding choice and care of breast to be encouraged

• Ongoing counselling and support at follow up visits –stress introduction of solids at 6 months unless otherwise indicated by Medical personnel.
Recommendations cont.

- Sufficient stock of products especially special products (PRE NAN) be issued on discharge from hospital to last at least 3 – 5 days

- NAN Pelargon 2 tins to be issued and reflected in RtHB
ACKNOWLEDGEMENTS

Academy for Educational Development
Metropole Community Dietitians

Ms N Henney: Assistant Director Nutrition
PGWC

Ms E Carolus: Hout Bay Main Road Clinic

Ms Marina Ferreira: Wallacedene clinic

Ms F Tishana: Kuyasa Clinic

Ms Pheto: Langa Clinic

Ms Teyise: Nyganga Clinic
Thank you!
Conclusion:

Let us work together for a better city