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South Africa: Food for Breastfeeding Moms

Health-e (Cape Town)
2 April 2007

Posted to the web 2 April 2007

Kerry Cullinan

Powerful research on the benefits of breastfeeding changes government policy.

Food parcels are finally being offered to HIV positive mothers in KwaZulu-Natal who want to exclusively breastfeed their babies as part of a new government policy.

In the past, positive mothers were advised to either exclusively formula feed or, in cases where there was no supply of clean water, to exclusively breastfeed to protect their babies from getting HIV.

But while free formula milk was dished out, no practical support was offered to those who wanted to breastfeed.

The mothers, particularly those who were poor, tended to see the formula milk as an incentive. They then tended to opt to get the formula milk and feed their babies both breast and formula milk - the most risky feeding choice for passing on HIV.

An exuberant Professor Nigel Rollins, head of the Centre for Maternal and Child Health at the University of KwaZulu-Natal, said he was "delighted" that government had chosen to help HIV positive breastfeeding women meet their increased nutritional needs (of breastfeeding) by offering six months' worth of food parcels.

The food parcels help to level the playing field as counsellors can now offer HIV positive women either food packages if they choose to breastfeed or free formula for their baby if they have the resources at home to safely prepare and give formula.

"In the past, government policy was weighted in favour of formula feeding, yet research shows that babies of HIV positive mothers who are exclusively breastfed are at far lower risk of getting HIV than babies who are mix-fed both formula and breastmilk," said Rollins.

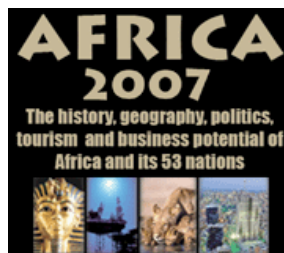
Rollins can well feel pleased, as it is largely thanks to him, Professors Jerry Coovadia Anna Coutsooudis and Dr Ruth Bland that government has changed its policy to support and encourage breastfeeding.

As breastmilk can transmit HIV, government has been reluctant in the past to promote it. However. Rollins. Coovadia. Coutsooudis and others have

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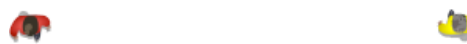
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to promote it further, Rollins, Rollins, Rollins and Rollins have tirelessly conducted a number of studies to show that exclusive breastfeeding posed a relatively small danger to babies of HIV positive mothers.

Their latest and most comprehensive study (see adjoining article) quantifies this risk at 4% by the time babies are six months old.

In contrast, the risk of HIV for babies who get formula and breastmilk is double this, while the risk for babies who get breastmilk and food is 11 times that of the exclusively breastfed babies.

"In the light of our research, we have been calling for government to review its policy and to offer more tangible support to breastfeeding HIV positive mothers," said Rollins.

The first indication that government had taken note of the research was found in the final draft of government's new national HIV/AIDS strategic plan, which was adopted at a consultative meeting two weeks' ago.

The plan announced that HIV positive moms choosing to breastfeed would be offered "nutritional support".

The KwaZulu-Natal health department has moved at lightning speed to implement this change in policy.

The food parcels being offered are substantial, consisting of mielie meal, enriched porridge, rice, beans, soya mince, milk, peanut butter, tinned fish, sunflower oil, sugar and salt.

Rollins said that breastfeeding was demanding on all women, but that HIV positive mothers had greater nutritional needs and tended to lose more fat than HIV negative mothers.

The health of babies being exclusively breastfed is inextricably tied to the health of their mothers, so the babies will benefit from the food parcels as their mothers will be healthier.

In addition, babies are most likely to get HIV when their mothers' levels of immunity (CD4 count) is low so the food parcels will help to keep mothers healthy and less prone to infections - particularly if boosted with antiretroviral treatment for their mothers.

"In the past, the formula milk was perceived by mothers from poor households as a way to gain financially," said Rollins. "But over a quarter of the mothers diluted the formula too much, and we found E.coli bacteria (which causes diarrhoea) in almost two-thirds of the bottles that mothers were giving to their babies right there in the clinic."

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Researchers also found that at least a quarter of the mothers sold the formula milk as they were desperate for money.

"The food parcels being offered are very substantial and a real asset for women choosing to exclusively breastfeed," said Rollins.

There is, of course, a strong likelihood that the food will be used to feed entire families not just the HIV positive mothers. But at least the benefit will be kept within the family, unlike the sold formula milk. And the breastfeeding mothers will certainly get some of the benefits.

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