You

can only make good

choices and well-informed

choices if you are given the

right non-judgmental

information in the first place. In

most cases women aren't

getting this.

Mentor Mother

Some healthcare

professionals have

difficulty supporting HIV

positive women who breast

feed because they are

fearful of the risk of

transmission.

Women Know Best, Work with Us

Decision-making about Infant Feeding while living with HIV

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Having now
supported more than 20
mothers living with HIV to breast
feed and spending much more time
discussing this option with others, I
would say that I have found that by being
more supportive to women when they are
making a decision about infant feeding I
have found a stronger bond with my
patients who are then more likely to be
comfortable being open with me and
to continue to look after
themselves"

HIV consultant

ALIV[H]E Framework: some factors that can influence a woman's choices around breastfeeding, before HIV is introduced into the mix Objectives

UK HIV pregnancy guidelines recommend formula feeding as preferable, but women wishing to breastfeed should be supported. We explore infant feeding decision-making with (i) women living with HIV (4M Mentor Mothers UK-based Network, 4MNet); and (ii) HIV clinicians.

Methods

Qualitative study using peer-led participatory action approach. Six case studies conducted July-August 2020 by phone and email (four Mentor Mothers, two clinicians). Data analysed thematically by women living with HIV, with respondent validation from Mentor Mothers; emergent findings discussed with 4MNet Advisory Group.

supporting a woman
who has just had her first
child she has now felt ready to
breast feed for the first time and it is
so special for her to feel fulfilled as a
woman to have this experience also it
has been a real journey for her and
because she's getting the right
support from her multidisciplinary
team she is now able to do this
4M Mentor Mother

Individual

Results

Participants described infant-feeding decisions as fraught with difficulties and others' judgements, made within a complex physiological, psycho-social and emotional matrix. High levels of routine blood tests of mothers and babies can be disincentives to choose breastfeeding, with women feeling judged and blamed.

Decisions were influenced by multilevel factors in the following domains:

- individual (resources)
- interpersonal (family relationships)
- community (sociocultural attitudes towards infant feeding) and
- societal (policies, laws, financial resources)

The complexity was amplified by apparently conflicting guidance in different countries. Healthcare professionals in high-income countries can have difficulty supporting breastfeeding; some appear reluctant through fears about vertical transmission. Support from peers facilitated positive experiences of infant feeding.

Q1 Individual

Internalized attitudes, values, practices

Access to and control over publics & private resources

Partner/s

Formal

Q2

Informal

Socio-cultural norms, beliefs, practices

Peers Iral efs, Community

Laws, policies, resource allocations

Society

Q4

Conclusions

- Women living with HIV have agency and can make informed choices about infant feeding.
- Value-free, up-to-date, comprehensive information aids decision-making.
- Respect and non-judgmental support for however a woman chooses to feed her baby is central in building trusted collaborative relationships with professionals, enables infant-feeding experiences to be positive and life-enriching, and upholds women's sexual and reproductive health and rights.

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References

4M Mentor Mothers Network CIC & Salamander Trust, 2020, Position Paper on Infant Feeding for women living with HIV https://4mmm.org/wp-content/uploads/2020/12/4M_Breastfeeding_PaperAugust

4M Mentor Mothers Network CIC website
www.4mmm.org; Twitter @4MProject
Salamander Trust et al ALIV[H]E Framework (UNAIDS, 2017)

https://www.unaids.org/en/resources/documents/2017/ALIVHE_Framework

Q3

Society

Network

My health, My choice, My child, My life

