

Secretary of the Committee on Breastfeeding
House of Representatives
PO Box 6021
Parliament House
Canberra
ACT 2600
February 28, 2007

Dear Sir/Madam,

Thank you for the opportunity to make a submission to the Inquiry on Breastfeeding.

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response. We provide leadership, coordination and support to the national policy, advocacy and health promotion response to HIV/AIDS. Internationally we contribute to the development of effective policy and programmatic responses to HIV/AIDS at the regional and global levels.

AFAO's submission is intended to support the Commonwealth Government's commitment to improving the health of Australians through breastfeeding, while raising awareness of issues that affect a minority of Australians for whom breastfeeding is not appropriate.

To that end, AFAO is responding only to items a) and d) of the Terms of Reference that govern this inquiry.

a. The extent of the health benefits of breastfeeding

AFAO notes that other submissions have well described the health benefits of breastfeeding for infants. We wish to clarify however that these benefits are outweighed by the increased risk of HIV transmission for infants of women who are HIV positive.

HIV positive women who take antiviral medication to suppress viral load and who use breast milk substitutes have a less than 2% risk of transmitting HIV to their infants¹.



**AUSTRALIAN
FEDERATION
OF AIDS
ORGANISATIONS INC.**

**PO BOX 51
NEWTOWN
NSW 2042 AUSTRALIA**

**PH +61 2 9557 9399
FAX +61 2 9557 9867**

EMail: afao@afao.org.au

Internet:
<http://www.afao.org.au>

¹ National Institute of Allergy and Infectious Diseases, National Institutes of Health. Press statement. July 9, 2002.
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The risk of transmission to the infant is estimated to increase by up to 20% when breastfed with the risk increasing over time.²

For women who are HIV positive and who have safe access to breast milk substitutes, artificial feeding is the healthiest option for the infant due to the risk of HIV infection.

We note that while suppressive antiretroviral therapy reduces the risk of HIV infection in some contexts it is not clear whether it has an impact on transmission through breastfeeding³. Sub-clinical mastitis increases HIV viral load in the breast milk⁴, which is an unpredictable risk.

We also note that in resource-poor settings where there is no viable breast milk substitute, further research is needed to establish the safest way for mothers with HIV to breastfeed. Exclusive breastfeeding followed by abrupt weaning and the use of antiretroviral medication in mother, infant or both are being studied. This research is ongoing and is monitored by AFAO.

d. Initiatives to encourage breastfeeding

AFAO encourages systemic support of breastfeeding through increased access to individualised attention including qualified lactation consultants for new mothers both in hospital and in the community. Existing programs need to be expanded and the importance of prompt attention for women having difficulties and ongoing support needs to be recognised.

Workplace policy is also important for longer-term breastfeeding support, including flexible working conditions, secure part-time work, provision of breaks and of private and comfortable facilities for expressing milk of lactating mothers.

AFAO strongly discourages social marketing of breastfeeding (such as 'breast is best' campaigns) that place women who need to bottle feed their infants in a negative light by suggesting that they are lazy, ill informed or 'bad' mothers.

Women with HIV have described feeling of loss, guilt and shame surrounding the need to bottle feed. It is important that women with HIV are supported in their use of breast milk substitutes and are not subjected to stigma and discrimination, nor that bottle feeding should be read as a 'social marker' of HIV infection.

AFAO supports social marketing campaigns that encourage and support women to breastfeed in the community in the course of normal daily activities.

We hope that these comments may assist in the development of policy and infrastructure that supports breastfeeding practice in women for whom it is desirable, while avoiding further stigmatising women living with HIV.

Yours sincerely

Bridget Haire (On behalf of the policy team at AFAO)

² Nduati, R et al. JAMA 200 March 1; 283:1167-74.

World Health Organization. *HIV Transmission through Breastfeeding: A review of the available evidence*. 2004. P 1. These data look at peripartum antiretroviral monotherapy, where the rate of infection was 15-25% , thus the cumulative risk was 45%.

³ WHO, 2004. P 12

⁴ Willumsen JF et al. Breastmilk RNA viral load in HIV-infected South African women: effects of subclinical mastitis and infant feeding. *AIDS*, 2003, 17 (3), 407-414.