

# HIV and Infant Feeding

Experience from the Mulago Hospital  
Kampala, Uganda CTA site

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# Infant Feeding Counseling

- Infant feeding counseling to all women
- HIV positive women-ongoing counseling process by trained HIV counselors, assisted by midwives
- Multiple counseling visits at antenatal clinic, labour ward, postnatal ward, postnatal clinic
- Provide education, discussion of feeding options, support for woman's decision
- Infant formula checklist, demonstration of correct formula preparation for women choosing formula

# Infant Formula Checklist

- If a woman chooses IF, counselor reviews checklist to assist woman in deciding whether she can safely and successfully use IF
- Checklist includes following topics:
  - Sociocultural-family, neighbor, community acceptance
  - Economic-cost of preparation, supplies, replacement after free supplies ends
  - Logistic-fuel, supplies, time, night feeds
  - Hygienic-water source, clean utensils, storage

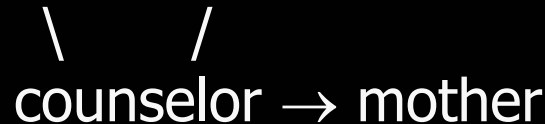
# Logistics

- Formula-generic, packaged in cardboard box with 2 scoops (water, formula); produced in France, supplied by UNICEF

- MOH → store → counselor



Dispensing logs at every station



- Currently use ~ 52 cases (x 20 boxes)/month
- Problems: lack of storage space, difficulty carrying cases, formula expiration, contamination, stealing, supply interruptions

# Experience with Free Infant Formula

- 870 HIV+ women delivered
  - 495 exclusive breast feeding (BF)
  - 375 infant formula (IF) [43%]
    - 279 free generic IF at delivery
    - 4 commercial IF at delivery
    - 92 BF at delivery, changed to IF postnatally
- Infant Formula at delivery-follow up
  - 57 not yet due
  - 78 never returned after delivery [35%]
  - 49 completed 6 months of formula [22%]
  - 48 < 6 mos, but up to date [22%]
  - 47 initially returned but defaulted [21%]
- Infant Formula postnatally
  - 5 @ < 6 wks, 21 @ 6-10 wks, 66 after infant results
  - 3 defaulters

# Problems/Challenges

- Lack of knowledge about infant formula-staff, women
- Lack of IEC materials on infant feeding
- Low acceptance of infant formula-women, community, health care workers
- Increased opportunity for mixed feeding
- Poor follow-up with passive monitoring
- Transmission rate same in IF and BF groups