

GLACLP Article Review: “Mother-to-child transmission of HIV through breastfeeding improving awareness and education: A short narrative review”

Article Review by Sara Hall

The transmission of HIV from a mother to their child, specifically through the process of breastfeeding, results in almost half of the pediatric infections recorded annually throughout the world. This review provides detailed information on how HIV is transmitted as well as factors and misconceptions that may contribute to infection within various circumstances. The authors highlight the importance of breastfeeding, especially in low resource settings, and share current interventions being made to prevent transmission while still providing infants and young children with crucial nourishment. They further explain the challenges that arise in such interventions and pose additional strategies with the potential for a more successful outcome.

The main causes of mother-to-child transmission (MTCT) include mothers who are unknowingly HIV positive, mothers who become infected during pregnancy and breastfeeding, the interruption of antiretroviral therapy (ART) during pregnancy and breastfeeding and transmission from mothers under ART but who are virally unsuppressed (Esther & Nlend, 2022, pp.697-698). Reasoning for such transmissions is attributed to a lack of HIV testing in both women and their partners, the limited participation in care by breastfeeding mothers and particularly the inadequate viral load tracking for pregnant and lactating women. While outreach efforts have been successful in providing access to ART regimens, the most problematic population for the prevention of MTCT remains to be lactating mothers.

Esther and Nlend (2022) reference the updated World Health Organization (WHO) guidelines in regard to exclusive breastfeeding for the first six months and underline the many benefits for all children but especially those in low- and middle-income countries. In the case of HIV exposed infants, changes have been made to the duration of breastfeeding stating that “mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer while being fully supported for ART adherence” (2022, as cited by Fawzy et al., 2011). Interventions for pregnant and lactating mothers who are HIV positive include providing education that dispels MTCT misconceptions, continual monitoring of their viral load and counseling focused on safe breastfeeding practices.

The authors posit further tactics to overcome the key challenge of retaining pregnant and lactating mothers in care. It is imperative to increase their awareness of MTCT, stress the importance of detection and explain the benefits of protecting themselves and their children through pre-exposure prophylaxis (PREP). Offering support services led by women and mothers within their communities could serve as an innovative and effective approach to garnering improved participation and ultimately reducing rates of transmission.

Esther, A., & Nlend, N. (2022). Mother-to-child transmission of HIV through breastfeeding improving awareness and education: A short narrative review. *International Journal of Women's Health*, 14, 697-703. doi: 10.2147/IJWH.S330715