

Case 28

Breastfeeding and mother-to-child HIV transmission

This case is based on research that took place in the 1990s and is not based on recent knowledge. It is included here because the ethical questions remain valid.¹

A research group based at a medical research institute in a central African country is studying the risk for HIV infection in children who are breastfed by HIV-infected mothers. Should breastfeeding by a HIV-positive mother prove to significantly increase the risk of infection in her infant, existing ministry of health recommendation that mothers should breastfeed regardless of their HIV status would have to change. Findings from a previous study suggested that breastfeeding might be associated with an increase in HIV transmission. However, that study had some design flaws so the investigators at the medical research institute believe that the study needs to be repeated.

The research is being undertaken at the city's general hospital over a 1-year period. With the belief that pregnant women and their partners should jointly make the decision to participate in the study, the researchers seek informed consent from both partners. The consent forms are clear, seemingly comprehensive, and include a clause stating that the participants can opt out of the trial at any time without compromising the health care at the clinic for either mother or child. The researchers offer no inducements to encourage participants to join the study although they are very aware both that antiretroviral drugs are not readily available to most of those who need them in the country and that there is no preventive mother-to-child-transmission programme in the hospital.

At the third trimester prenatal visit for an in-hospital delivery, every participant has blood drawn to determine their HIV status. Before delivery, the women learn of their HIV status. Those who are found to be seropositive receive counselling and are advised not to breastfeed their infants. The counsellors assure them that all the infant formula they need will be provided to them free of charge. Nevertheless, some of the women choose to breastfeed, thereby providing two non-randomly selected groups: the HIV-positive women

who choose not to breastfeed are the study group and the HIV-positive women who choose to breastfeed comprise the control group. The HIV status of every child, whether they receive breast milk or infant formula, is assessed at birth and every 6 months up to 18 months; the mother's status is reassessed at 18 months. All children in the study are seen at least every 2 weeks in a special clinic where drugs for common childhood illnesses, as well as for HIV-associated opportunistic infections, are available free of charge.

One of the women seen in the prenatal clinic at week 24 of pregnancy, who had tested positive for HIV, is a healthy 32-year-old married woman with two healthy children (2 and 5 years of age). Her medical history shows that she received a blood transfusion after a postpartum haemorrhage during her last delivery. According to protocol, she is informed of the general benefits of breastfeeding and the countervailing risks of HIV transmission. Her physician advises her to consider alternative options for infant feeding. A week before her expected date of delivery, after several difficult discussions with a health care worker and her husband, she decides that she will breastfeed her child and will continue to participate in the study. Her husband strongly objects and decides to approach the investigator to try to change his wife's decision. He states that he has equal rights to decide whether the child will be breastfed or not and given his understanding that breastfeeding will probably be a danger to his child, he will seek an order from the court to prevent his wife from breastfeeding. He wants his family to remain in the study as it is the only way that they will have access to sufficient quantities of infant formula as an alternative to breast milk.

¹ WHO recommends (2006) that HIV-infected women should use exclusive breastfeeding for the first 6 months of a child's life unless replacement feeding is acceptable, feasible, affordable, sustainable, and safe for them and their infants. If those criteria are met, avoidance of all breastfeeding by HIV-infected women is recommended. WHO HIV and Infant Feeding Technical Consultation. Consensus Statement. Geneva, Switzerland: Inter-agency Task Team (IATT) on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants, 2006.