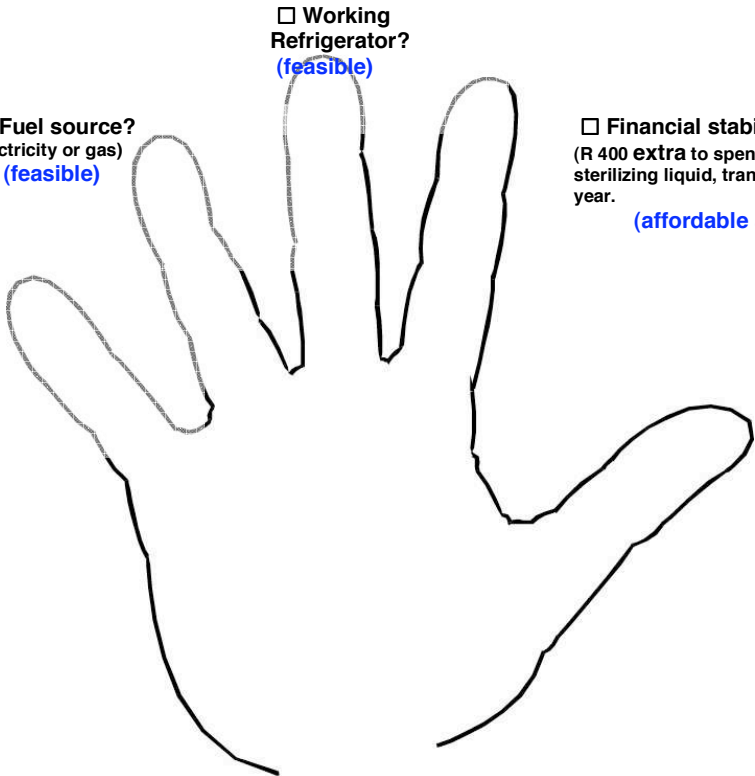


## Antenatal Infant Feeding Options Counseling



- ☐ Working Refrigerator?  
(feasible)
- ☐ Fuel source?  
(electricity or gas)  
(feasible)
- ☐ Financial stability?  
(R 400 extra to spend per month on formula, bottles, sterilizing liquid, transport to clinic etc. Needed for 1 year.)  
(affordable and sustainable)
- ☐ Disclosure of status to partner and household?  
(acceptable)
- ☐ Piped, running water in home?  
(safe)

If **ALL FIVE** of the boxes are **NOT ticked**, please *do not* recommend replacement feeding and *do* recommend **six months of exclusive breastfeeding** for this mother and her infant.

Feeding recommendation made to mother: \_\_\_\_\_

Maternal feeding choice: \_\_\_\_\_

☐ I have explained the risks and benefits of this feeding choice to my client

**Note: general safety point – where IMR is > 25/1000 formula feeding in the first 6 months is not safe.**

(From Anna Coutsoodis, Department of Paediatrics and Child Health, University of KwaZulu Natal, South Africa)

*“Please note that in the HIV/infant feeding guidelines we normally talk about non-breastfeeding as replacement feeding and this basically means anything other than breastmilk so it could be commercially prepared powdered formula milk or animal milk which has been diluted (and modified at home) to make it more suitable for infants.*

*In South Africa most women who will replacement feed will use formula milk as the difference in cost between formula milk and animal milk is not that large whereas in other parts of Africa the cost of formula milk is very high.”*