

**Are Women and Children Expendable? -
The Untold Dangers of HIV and Breastmilk ©1993**

By

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We have been inundated in recent years - and rightly so - with information about the dangers of HIV-transmission through body fluids -- blood, semen, and vaginal discharge. The educational outreach to people at risk of contracting AIDS through unsafe sexual practices or through any blood-to-blood procedure, medical or otherwise, continually emphasizes the importance of shielding one's self from concentrations of the virus contained in these substances.

And yet there is another route of transmission which endangers the most helpless and vulnerable "risk group" of all, rarely mentioned when the litany of unsafe behaviors and practices is repeated and in fact actively covered up for years by no less a body than the World Health Organization! The culprit in this case is breastmilk and the risk group are newborn infants, the children of HIV/AIDS-infected mothers who pass on HIV as they breastfeed. In yet another of the cruel ironies that accompanies this most insidious of diseases, the act that should epitomize the sustaining of life within the primary bond between mother and child, instead becomes an act with potentially deadly consequences.

How has this situation come to exist? Surely, as the AIDS epidemic has spread and widened over the last dozen years, the fact of transmission from mother to infant through breastfeeding must have come to light. Why has there not been sounded a more general alarm that would warn mothers that they should be tested for HIV before deciding to nurse their babies? Why have nurses in Obstetric wards and Neonatal Intensive Care Units, most of them women, not been taught to treat expressed milk with the same caution that they now must treat blood samples or other patient excretions? And why does there continue to be a veritable blackout of information about the subject which, though decidedly a smaller risk -- in statistical terms -- than other means of HIV transmission, yet constitutes a very real danger that a growing body of evidence suggests affects a growing number of children?

To understand the troubling answer to these disturbing questions, one must go back to the early days of the epidemic when all of the research studies being done on HIV-transmission among heterosexual people was taking place in Africa where large numbers of women were among the infected. Because AIDS in the developed world of Europe and North America first showed up in the gay communities among homosexual men, concerns there were not focused at all on dangers to women or their children. And in Africa, where infant mortality rates soar for all sorts of reasons unrelated to AIDS, public health workers, particularly those associated with the World Health Organization (WHO), saw the problem of HIV transmission through the filter of other concerns.

Routinely, when asked about screening mothers for HIV before encouraging them to breastfeed, WHO briefing leaders, as a matter of policy, have told audiences of international gynecologists and obstetricians that the practice would be counterproductive because no alternative sources of nourishment exist in the desperately-poor, drought-plagued, Third World environments of Africa. The fear, clearly a legitimate one in that environment, is that untold numbers of newborns would starve to death if mother's milk were to be denied them; therefore, the potential risk of breastfeeding is to be downplayed. As the epidemic has widened, the policy has been adopted as well by the Pan American Health Organization (PAHO) that is dealing with the AIDS problem in Latin and South America.

The dilemma with this approach of course is that, while it may make sense not to cut off the only food supply for millions of children in starving Africa or Brazil despite the risk to some of them, in the industrialized World -- where ample resources exist to provide infants with formulas -- it makes no sense at all. In fact, here and in Europe, the "downplaying" of the evidence of HIV-transmission via breastfeeding amounts to a cover-up which some might call criminal negligence. It highlights the greater problem arising from the lack of a truly global strategy to deal with the AIDS epidemic that would take into account different conditions in different parts of the world, and then sets policy accordingly.

So much for origins. The question now is, at a time when attempts to monitor and protect the blood supply are being extended, what is being done to alert women to the risks associated with breastfeeding?

The answer, frightening as it may be, is that little or nothing is being done, despite the increasing evidence and the highly-publicized personal tragedies of some highly visible women. A case in point is that of Elizabeth Glaser, the founder of the Pediatric AIDS Foundation, who contracted the virus as the result of a blood transfusion at the time of delivery and then passed the infection of her uninfected newborn daughter through her milk. Despite the fact of the Foundation and of having been a speaker at the Democratic Convention in New York that nominated Bill Clinton for the Presidency. Mrs. Glaser's story has not created an awareness of the need for more education or for more precautionary procedures that would apply routinely to all pregnant women and nursing mothers.

Just how easy is it for an infant to contract HIV/AIDS through its mother's milk? Breastmilk is highly susceptible even to subtle shifts in the biochemistry of the mother; recent studies at Indiana University in Bloomington indicate that babies are significantly more fussy about accepting milk expressed after their mothers exercised because the increased lactic acid content affects the taste! More to the point, many cases have been documented that are similar to that of Elisabeth Glaser in which it can be demonstrated that the mother was infected after delivery. One such case involves a French mother from Limoges, a woman with no risk factors for HIV who, because of blood loss during the birth of her second child, received two units of transfused blood. (This was at a time

previous to the screening of blood donors.) Twenty-seven months later, she was readmitted to the hospital with *pneumocystis* pneumonia and diagnosed with AIDS; her daughter was also HIV positive, though her husband and older child were not. A sample of her blood from the fourth month of pregnancy was tested retrospectively and was found to be without any trace of the virus. Records existed that enabled officials to trace the blood donors, one of whom did test positive. Obviously, even during the primary stages of infection in the breastfeeding mother, HIV can be transmitted to her infant.

As early as 1988, numerous studies presented at the Fourth International Conference on AIDS in Stockholm clearly demonstrated the transmissibility of HIV via breastmilk. These studies have been confirmed over and over again at subsequent conferences, though they have failed to attract much attention and have remained outside the media spotlight reserved for sensationalistic reports about high-profile celebrities with AIDS and the like. Risk of transmission seems especially high during the colostrum period and up to two weeks after delivery. Colostrum is the liquid secreted for a few days after birth that is characterized by high protein and immune body content; in normal circumstances, it is a kind of booster for the immune system that gives the infant the benefit of greatly enhanced immune capability. Unfortunately, this highly condensed substance also appears to contain high concentrations of HIV in an infected mother and thus represents enhanced risk.

One of the most puzzling aspects of this dilemma concerns the seeming unconcern of experts and organizations that normally advocate for women and children. Dr. Benjamin Spock, the noted baby expert, appeared in September, 1992 at a press conference for the Physicians Committee for Responsible Medicine, an animal rights organization that is against the human consumption of cow's milk, and advocated the use of breastmilk during the child's first year making no mention of potential risk. Tipper Gore, the wife of the new Vice-president, has been a strong advocate of lactation. Even La Leache League, the group that has as its mission the resurgence of breastfeeding among western women -- which one might think would be in the forefront of any effort to insure the safety of the activity that they so passionately advocate -- has so far remained, at best, silent; at worst, actively resistant to a clear assessment of genuine risk, as if so used to having to defend its pro-breastfeeding position that it has blinded itself to the dangers brought on by the worldwide AIDS epidemic.

Recently, during my research for this article, I contacted chapters of La Leache in many states throughout the country, in order to find out what information is being presented to prospective mothers. These included chapters in Iowa, Florida, Ohio, Oklahoma, Louisiana, Texas, Minnesota, Alabama, Tennessee, Georgia, Missouri, California, Michigan, Illinois, Kentucky, Wisconsin, and Pennsylvania. Not one encourages screening of prospective mothers for HIV. Not one mentioned HIV as a risk to the infant. And not one was able to give me any further information, even after I specifically asked about the risk of such transmission. This is the rough equivalent of a fertility clinic that advocates artificial insemination not screening potential sperm donors or mentioning the risk to potential recipients. To my mind, at this point in our knowledge of the facts about AIDS, such an omission is evidence of negligence in the extreme.

A further concern relative to the potential danger of infection involves those health professionals who must deal daily with breastmilk -- the nurses who work with mothers and newborns on hospital units around the country. OSHA, the Occupational Safety and Health Association responsible for establishing safe standards for workers in their work environments, has a series of guidelines and procedures that cover HIV-related risks called the *OSHA Bloodborne Pathogens Final Standard*. Breastmilk is not included on the list though theoretically it is just as dangerous to express HIV-infected milk as to come into contact with HIV-infected blood. To my knowledge, no nurses to date have been shown to have been infected by contaminated breastmilk. The possibility, however, exists and should be taken into consideration by hospitals, obstetricians -- and OSHA.

What, then, is to be done? In addition to the inclusion of breastmilk in the OSHA guideline, it seems to me that all women who become pregnant or are considering pregnancy should be tested for the HIV virus, much as couples wishing to engage in unprotected sexual contact. Women who wish to breastfeed should be tested both at the beginning of the pregnancy and at delivery, as the first test could result in a false-negative result in infection occurred close to the time of the test, before the antibodies measured by the standard ELISA test for infection could be produced. It goes without saying that -- from the time of the first test to the second -- the woman should not engage in any unsafe sexual practices or in procedures that involve the exchange of blood or blood products. In this way, the second test will be a more trustworthy indicator of health; and the activity of breastfeeding can be what nature intended -- an act of deep nurturance that develops in the child a sense of primal trust in the world and in the mother a profound sense of her ability to care for and protect the new life that she has brought into it.

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