Morbidity and mortality from malnutrition in HIV-exposed infants enrolled in the prevention of mother-to-child transmission of HIV programme (PMTCT) at a district hospital in Namibia: the role of infant feeding practices.

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Infant feeding practices are critical to the prevention-of-mother-to-child-transmission (PMTCT) of HIV programme.

Exclusive breastfeeding for at least six months coupled with anti-retroviral therapy (ART) for the mother and/or child, outweighs the risk of mother-to- child-transmission of HIV through breastmilk. Multiple, complex factors influence infant nutrition accentuating the need for appropriate interventions to address malnutrition, especially in these vulnerable populations.

This case-control study aimed to examine the association between infant feeding practices (birth to 24 months) and related socio- demographic, socio-economic and medical factors, and risk of morbidity and mortality from malnutrition in HIV-uninfected babies born to HIV-infected mothers. HIV-uninfected infants born to mothers enrolled in the PMTCT programme (January 2011 to January 2013) were randomly selected from maternity records at a district hospital in Nambia.

Of 97 identified mother-infant pairs, 82 (27 cases, 55 controls) could be located and consented to participate. Binary regression analysis showed that for every one year increase in mother`s age, the odds of being a case decreased by 36% (p=0.067; 95%CI 0.396 -1.031) and for every one unit increase in socio-economic status score, the odds of being a case reduced by 29% (p=0.062; 95%CI 0.499 - 1.017).

There was a six-fold increase inthe odds of being a case for every one additional infant born before the current infant (p=0.074; 95%CI 0.837 - 45.981). Every additional month of breastfeeding reduced the odds of being a case by 83% (p=0.014; 95%CI 0.043 - 0.697). PMTCT programmes should focus on breastfeeding education, family planning and maternal socio-economic circumstances.