

“I don’t have a choice...but what can I do, it’s part of life”:

Exploring the boundaries and contradictions of breastfeeding for HIV-positive mothers

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Introduction

The World Health Organization HIV and infant feeding guidelines recommend exclusive breastfeeding in low- and middle-income countries as it may provide a greater chance of survival even when anti-retrovirals are unavailable. Guidelines from the United Kingdom, however, recommend that HIV-positive mothers refrain from breastfeeding and be supported to formula-feed their infants, but also to breast-feed if required under rare circumstances. Canadian guidelines recommend avoiding breastfeeding regardless of HIV treatment and plasma viral load. Consequently, in Canada where culturally constituted social norms assert that “breast is best,” HIV-positive mothers are precariously positioned as villains if they want to breast-feed. This work highlights the conflicting emotions related to breastfeeding and raises key questions about the impact of global vs. local breastfeeding guidelines, and messaging around breastfeeding more generally, for HIV-positive women in Canada.

Methods

From March 2011 to March 2012, 37 HIV-positive pregnant women in their 3rd trimester enrolled in the HIV Mothering Study were interviewed. A narrative methodological approach was used; women were asked to describe their overall experience of pregnancy in the context of living with HIV. Interviews were recorded and transcribed verbatim. Narrative analysis involving researchers and peer research assistants was used to understand HIV-positive pregnant women’s perspectives of breastfeeding.

Conclusions

Women’s narratives about breastfeeding highlight a complex range of emotions that are affected by cultural, social and politicized messages and guidelines about breastfeeding with HIV. Additionally, women’s narratives highlight alternative perspectives on breastfeeding that are rarely reflected in mainstream messaging and attitudes. These findings emphasize the need to more effectively address this complex and highly emotional area of social and emotional care for HIV-positive mothers.

Findings

Participants expressed a range of feelings regarding the issue of breastfeeding as a result of their desire to prioritize their baby’s well-being.

Women balanced feelings of loss and self-blame about being prevented from breastfeeding...

“I make milk, but it’s poison, right? So I think that’s the biggest thing.”

“It makes me feel, um, like I’m not performing my full womanly duties as a mother.”

“I feel bad cause the baby is crying...but what can I do, I don’t have a choice...I don’t tell them [her family] that I don’t breastfeed...deep down it’s killing me, but what can I do? It’s part of life.”

...with their view of responsibility and “good mothering” under the current Canadian breastfeeding guidelines:

“It is something I would have liked to try, you know...but I knew from the get-go, um, even before we tried getting pregnant, that in my life I wouldn’t be able to breast-feed my kids.”

Women revealed that their choices were influenced by societal norms and guidelines:

“A lot of people keep asking, ‘Why you don’t breast-feed the baby? Why you giving him formula?’, so you always have to come up with some other excuse,...it’s sad because you see some moms doing that and you miss that experience. You want to experience how it feels...I think that’s a mom experience.”

Women acknowledged responsibility to put their child’s health first:

“I wish I could breast-feed, but whatever, formula feed...I’m scared to pass it [HIV] onto my kids. If I pass it on because I breast-feed when I can formula feed...I’d never forgive myself, that’s a selfish move.”

Their choices were complicated by alternative messaging and variations in breastfeeding guidelines across geographical and cultural contexts:

“I realize that over time with research they’ve really tried their best...to make it a replica of the mother’s milk...so I don’t feel guilty about it...and I’ve done a lot of research on formulas.”

“I never experienced it...when I think about cracked nipples, sore nipples...I don’t really feel like I’m missing out on anything.”

“I feel guilty...I really really felt bad because my family...I didn’t know what to tell them that, you know, I’m not breastfeeding...I have an aunt, she was like, ‘Oh my God, do this, do this, do this,’ it was too much pressure on me.”

