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Preventing postnatal mother-to-child transmission of HIV: context matters.

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Preventing postnatal mother-to-child transmission of HIV: Context matters

Greiner (Reference) raises several points regarding the generalisability of the findings of our study(1). In reply, it is important to note that the total number of events, HIV transmissions or deaths, among the HIV-exposed infants were low and this precluded in-depth analyses of some of the questions that Greiner raises. This limitation was acknowledged in both this and earlier reports of the study. We firmly agree that achieving high rates of exclusive breast or replacement feeding are dependent on the measure of support provided to women. However, this should be seen as an opportunity rather than a reason not to attempt to provide such assistance(2).

As noted, for ethical reasons, the choice of the infant feeding modality was left to the mother, and she was supported in her choice. The results reported were adjusted for potential confounders including baseline maternal CD4 count. We acknowledge that there may have been confounding factors that were not taken into account by our design, but we consider that the most important ones were controlled for. We did not record actual income or expenditure of women recruited into the study and we therefore only have proxies for these resources(3). However, money available is not the sole determinant of feeding practices but includes opportunity and social context(4;5). A greater or lesser supportive environment is possibly even more important for a mother when considering whether to stop breastfeeding around 6 months than when making an initial choice before delivery between exclusive breast and replacement feeding.

It is true that the availability of antiretroviral therapy may alter the risks of postnatal transmission of HIV through breastfeeding and that the landscape in this respect is changing in southern Africa. However, we believe that the findings of this study remain relevant and important for programmes as mothers, even under relatively ideal circumstance and support, still continued to breastfeed. Given the lack of data regarding the safety and feasibility of long term antiretroviral interventions to prevent postnatal transmission, an option to safely shorten the duration of breastfeeding remains an important component of HIV prevention strategies for improving HIV-free survival.

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