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## AMATA STUDY: EFFECTIVENESS OF ANTIRETROVIRAL THERAPY IN BREASTFEEDING MOTHERS TO PREVENT POST-NATAL VERTICAL TRANSMISSION IN RWANDA

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**OBJECTIVES:** Vertical transmission through breastfeeding remains a major problem in limited resources countries. The present study compares triple antiretroviral therapy (ART) given to breastfeeding (BF) mothers with formula feeding (FF) for prevention of post-natal mother-to-child transmission.

**METHODS:** All HIV-1 infected women followed at 4 antenatal care sites in Kigali were offered to participate in the study. All received NNRTI-based HAART starting after the second trimester of pregnancy. Women were given the choice between FF or BF with weaning at 6 months. The latter group continued ART until 1 month after the end of BF.

**RESULTS:** 572 women were enrolled. 528 children have been born as of March 1, 2007. 304 mothers (58%) opted for FF while 224 (42%) choose BF under ART. Diagnostic PCR is so far available for 419 babies at 6 weeks of age and for 236 at 7 months of age. Among these, 6 children are infected with HIV (1,4%). All 6 had a positive PCR already at birth and, among those tested so far, none has become infected through breastfeeding under ART. Psychomotor development was assessed at different timepoints and we found no difference between BF and FF children. No significant difference in morbidity was observed, with 1,23 disease episodes during the first 6 months in FF children compared to 1,21 episodes in BF children ( $p=0,81$ ). The difference in mortality was not significant either: 9 children under AF died (2,9%), compared to 3 (1,3%) under BF ( $p=0,12$ ).

**CONCLUSIONS:** Breastfeeding under triple antiretroviral therapy in children born to HIV-1 infected mothers is a safe way of avoiding HIV-1 infection in the baby while keeping the benefits of breastfeeding and avoiding the stigmatisation and risks of artificial feeding.



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Prevention of Mother-to-Child Transmission

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