Option 1: Exclusive and continued breastfeeding
Exclusive breastfeeding - nothing other than breast milk is given to the baby for the first six months. Continued breastfeeding means the continuation of breastfeeding after the introduction of other fluids and food at six months. In addition to the promotion of breastfeeding mothers are taught proper breast attachment to reduce the risk of subsequent breast problems (e.g. mastitis, breast abscess, and engorgement). Maternal combined ARV therapy should be continued to help reduce the risk of transmission of HIV through the breast milk.

Option 2: Express and heat-treat breast milk
While heat treating breast milk offers an ideal nutrition for the baby and has some protection against infections and a low risk of HIV transmission, in nearly all circumstances in PNG this option will be impractical.

Option 3: Breastfeeding by another woman
Also referred to as 'Wet Nursing’ the woman chosen to breastfeed the infant should be counseled, tested and shown to be HIV-negative. A wet nurse should have access to breastfeeding support and assistance to establish effective breastfeeding.

Option 4: Artificial or replacement feeding from birth
Except in rare situations artificial and replacement feeding is not an option in the PNG context due to the risks involved with replacement feeding in resource limited settings resulting in significantly higher infant mortality.

Table 1: Infant feeding options in PNG (NDoH 2009)