Letter to the Editor

Think twice before recommending pre-masticated food as a source of infant nutrition

To the Editor:

We appreciate the perspective of Pelto *et al.* (2010) on the pre-chewing of food perhaps being an excellent form of nutrition as infants make the transition from breastfeeding to eating solid food. They present a hypothesis that pre-chewed food may offer micronutrients, antimicrobial factors and hormones that might not be available in (often over-diluted) plant-based soft foods, especially in developing nations. They state that the risk of transmitting human immunodeficiency virus (HIV) to an infant 'appears to be likely to be negligible'.

As providers for HIV-positive mothers and HIV-exposed infants in USA, we would like to raise a red flag. Gaur *et al.* (2009) reported three cases of transmission of HIV to previously HIV-negative 9-, 15-, and 39-month-old children – traced to pre-chewing of food – in Memphis and Miami. We have recently identified a child in Houston, 10 years of age, with a similar history. Some of the caregivers who were doing the pre-chewing had a history of bleeding gums; infants being fed pre-chewed food are often teething and may have small open wounds within their mouths, increasing their susceptibility to infection. One of the four infected children got HIV not from a mother, but most likely from a caregiving HIV-infected aunt. Just as avoiding breastfeeding is recommended in developed nations because formula is generally accessible, feasible, affordable, sustainable and safe in countries such as USA, we suggest that HIV-positive mothers be counselled not to pre-chew their infant's food.

An informal survey of our clients has revealed that pre-chewing in USA is more common than we

had realized. We suspect that the motivation for pre-mastication ranges from economic (processed baby food is expensive, not everyone owns a blender or has the time and energy to blend their own baby food) to cultural (family convention or as a way of expressing love and caring). The remaining question is whether to widely publicize the risk of pre-chewing to the general public: should mothers know the HIV status of the individuals who are caring for their children or request that caregivers not to pre-chew? Saliva may be the source of several infectious agents in addition to HIV, including streptococci, *Helicobacter pylori*, hepatitis B, cytomegalovirus, Epstein-Barr virus, and human herpes virus and human herpes virus 8. Universal precautions should be taken by all caregivers to avoid transmission of any infectious agent to the infant.

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References

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