



# BPNI BULLETIN

Number 25, July 2004

From the Desk of the National Coordinator

## District level action: The Way to go!

In the month of July 2004, I made a field visit to District Vaishali of Bihar to learn the following facts;

1. 20-80% mothers in rural area of Vaishali, start some supplements within first 2 months.
2. Most mothers do so because they feel "not having enough milk"
3. Health Workers (HWs) and RMPs provide "top milk feeds" as an advice to mothers who are sick and complain of not enough milk.
4. Commercial formula and bottles are freely available and commonly used even in remote villages.
5. None of the 8 ANMs in one PHC, several anganwadi workers (one of whom was MSc Home Science) or anganwadi helpers could provide correct answer to what should be done.

These facts at least answer one question in the minds of many, that "there is a problem in India".

Today you are confronted with a question, how to build actions in the RCH II or ICDS III programmes to enhance exclusive breastfeeding during the first six months to 80% which is one of the 10th five-year plan goals. I am sure you all are aware of these goals. For the first time, the Government of India has included state specific goals in its 10th five-year plan goals, to improve infant and young child feeding practices to reduce infant mortality and malnutrition; promote integrated early child development. These goals aim to increase the rate of initiation of breastfeeding within one hour to 50% from the current level of 15.8%, to increase the exclusive breastfeeding rate to 80% for 0-6 months children, from the current level of 55.2% at 0-3 months and 27.3% at 4-6 months, and increase the rate of complementary feeding to 75% from the current level of 33.5%. The current levels reflect NFHS 2 data.

According to the BPNI's intervention study in Bhuj, Gujarat, and several other interventions proved that it is possible to achieve high rates of exclusive breastfeeding. But it comes with a price of time and resources, to provide, skills to health and child care workers and they in turn provide skilled counseling to mothers and families.

The RCH II to be launched soon will carry a district level focus. The planned expansion of NACO to put voluntary counselling and testing centers at all districts in next two years would generate a tremendous demand for trained counselors. The Department of Women and Child Development has launched the 'National Guidelines on Infant and Young Child Feeding' and will be planning to implement these effectively. The Government of India's plans also focus on strengthening and empowering district administration to reduce poverty and implement other programmes for the welfare of people.

BPNI started working on Infant and Young Child Feeding in 1991 and now we have moved to establish district branches. BPNI's vision is to have at least 200 district branches functioning by end of 2007 and membership enrollment from currently in 300 districts to 600 districts. This will help us work more effectively. Many of you have taken part in 49 districts study held in 2003. Also you are busy in mobilizing partnerships at district level, it would be very useful to involve as many partners as possible including Government persons in both Health and Child development, RCH, FNB, ICDS sectors, NGOs, professionals bodies like IMA, IAP, TNAI, NNF, etc. It is strongly urged to avoid collaborations or partnerships with any commercial baby foods manufactures so as to respect the IMS Act in letter and spirit.

Our role is very important that we create district level networks that could support governments in implementing their programmes on child health and development.

Dr. Arun Gupta, MD, FIAP

National Coordinator, BPNI

Regional Coordinator, IBFAN Asia Pacific

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## Strengthening of District Branches of BPNI



Hello to all infant and young child feeding activists.

Thanks to all district coordinators for your enthusiastic participation in data collection on infant feeding practices and IMS Act. We are analysing the data and will publish the analysis. A summary of the report is already posted to you all.

We aim to make 100 district branches at the end of this year. Already 26 district branches has been formed. We have invited city coordinators, human lactation management trained persons, other active members of BPNI and member organisations to participate in the process of forming district branches. Once the district branches are formed, they should do infant and young child feeding practices study in the district if not done already. After this study, the district should make Plan of Action for the district in collaboration with Deputy Commissioner, District Health Officer, other NGOs, IAP, IMA, FOGSI and other partners interested in Infant and Young Child Feeding. Training in IYCF and social mobilization need to be the integral part of breastfeeding movement. Since World Breastfeeding Week (1-7 August) is fast approaching, celebration of WBW can be utilised for launching the district branches. Like every year we have announced the award for two best State branch activities, five best District branch activities and three prizes for other NGOs and Collaborators.

After taking over the responsibility of editor from now onwards, I plan to have bulletin three times in a year in the months of March, July and November. Two pages has been entrusted for activities at State / District level. I request all of you to contribute.

**Dr. Tarsem Jindal**  
Editor, BPNI Bulletin  
Finance Coordinator, BPNI

*A programme telecasted by SAB TV on 5<sup>th</sup> January 2004 on breastfeeding and BPNI was asked to be in the panel. The questions raised by the general public who were the part of this programme was very useful. We are including these questions for the use of our readers.*

### **Question Raised During Programme** **“Kuch Dill Se” on SAB TV**

#### **1. Does the mother have enough milk to feed twins?**

**Ans.** Yes, a mother's breast can produce enough milk for two babies. Production of breastmilk depends on how often the baby sucks on the breast. The more the baby will suckle at the breast, the more milk will be produced.

#### **2. How do mothers who are working and have long working hours manage with breastfeeding?**

**Ans.** It is possible to continue breastfeeding for a working mother too. Working mother should breastfeed the baby before leaving for work and then again after she returns from work. She can also express her breastmilk and caretakers of the baby can give this to the baby later.

#### **3. In a situation, where the mother cannot breastfeed the baby, which milk should be given to the baby, tinned milk or animal / fresh milk?**

**Ans.** In this situation the decision will depend on how much the family is able to spend to buy artificial milk as tinned milk is costlier than animal / fresh milk.

*to be contd. in the next Bulletin No. 26...*

# World Breastfeeding Week

Theme: Exclusive Breastfeeding: the Gold Standard - *Safe, Sound, Sustainable*

The year 2004 marks the 13<sup>th</sup> annual World Breastfeeding Week. This year's theme is **Exclusive Breastfeeding: the Gold Standard – Safe, Sound, Sustainable**. This is the greatest outreach vehicle for the breastfeeding movement being celebrated in over 120 countries from 1992.

World Breastfeeding Week is an annual event initiated by the World Alliance for Breastfeeding Action (WABA). WABA is a global network of organizations and individuals working to protect, promote and support breastfeeding. BPNI spearheads the program across India by coordinating World Breastfeeding activities and information. In India, World Breastfeeding Week is celebrated 1-7 August every year.

## The Theme

This year's WBW aims to stimulate activity worldwide to get more people to understand the importance of exclusive breastfeeding and to think of the ways to enable mothers to do it. The context for this is the new Global Strategy, which many people are beginning to implement.

Exclusive breastfeeding for six months means that the infant receives only breastmilk from his or her mother or a wet nurse, or expressed breastmilk, and no other foods or drinks with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines during this time. After six months, breastfeeding should continue up to two year or above with home-made complementary foods.

### Exclusive breastfeeding is:

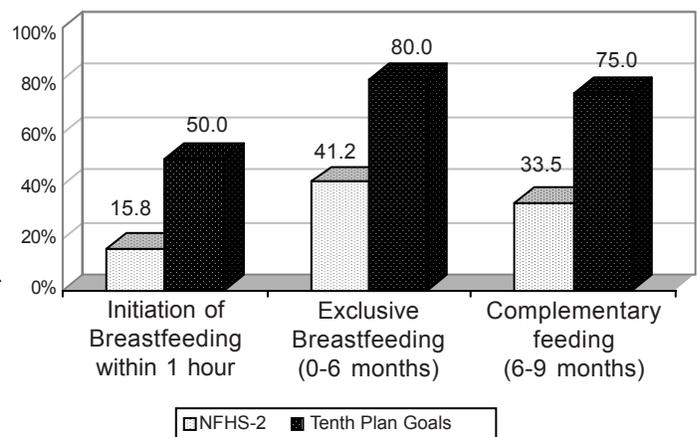
- **SAFE** because it contains protective factors, which help to prevent and fight infections, such as diarrhoea and pneumonia, and reduce the risk of allergic conditions, particularly asthma.
- **SOUND** because nutrients in breastmilk are present in the right quantity and they are of special quality. Formula and other foods contain nutrients in different amounts, and of very different quality.
- **SUSTAINABLE** because it helps a household's food

security. So long as an infant's mother, or wet nurse, is there, breastmilk is available. A woman can make good milk from her routine diet.

In 2002, WHO and UNICEF launched the Global Strategy for Infant and Young Child Feeding which calls upon all governments and other concerned people, "*To ensure that all health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding upto two years of age or beyond, while providing women access to the support that they require – in the family, the community and the workplace – to achieve this goal*".

## Government support

For the first time Government of India has included State specific goals in its 10<sup>th</sup> five year plan to improve infant and young child feeding practices to reduce Infant Mortality Rates (IMR) and malnutrition. The 10<sup>th</sup> five year plan goals for India, aims to improve to increase exclusive breastfeeding rate to 80% during first 6 months from the current level of around 41% and increase rate of initiation of breastfeeding within one hour to 50% from the current level of about 15.8% and increase rate of complementary feeding from 33.5% to 75%. (Fig. 1)



Note: NFHS 2 data for exclusive breastfeeding is the simple average of 55.2% at 0-3 months & 27.3% at 4-6 months period

Fig. 1: Tenth Plan Goals



## How India Protects Breastfeeding?

In 1992, while introducing the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, (IMS Act) in the Parliament, the then Minister of Human Resource Development, Sh. Arjun Singh, made a statement of objects and reasons of the Bill, which presents a crystal clear picture of our concerns.

..... *“Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more pervasive and extensive than the dissemination of information concerning the advantages of mother’s milk and breastfeeding and contributes to decline in breastfeeding. In the absence of strong interventions designed to protect, promote and support breastfeeding, this decline can assume dangerous*

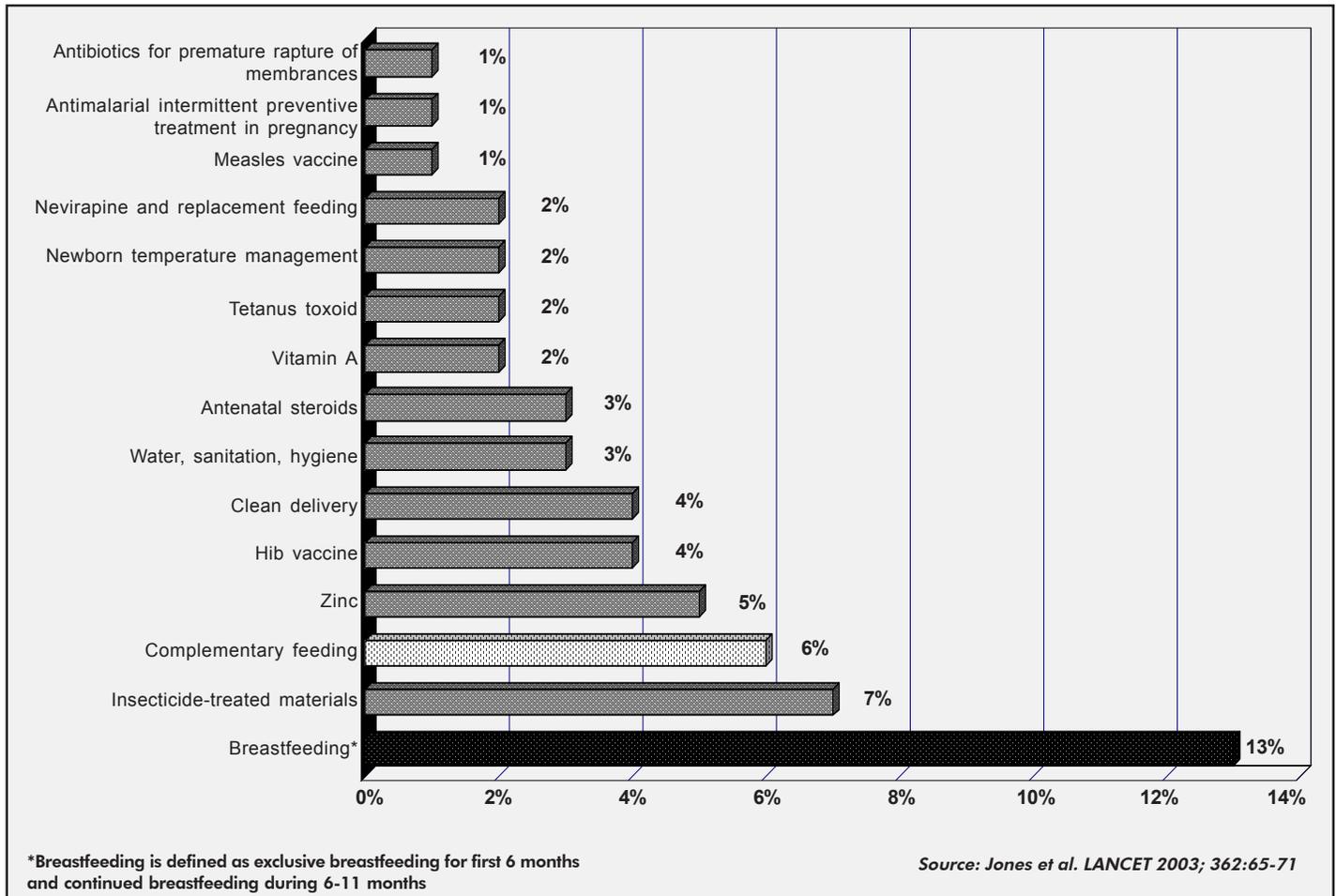
*proportions subjecting millions of infants to greater risks of infections, malnutrition and death.....”*

Now again strengthened the legislation in 2003 {The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003} protects breastfeeding by controlling the marketing and promotional activities of baby food manufactures.

## Some facts

Out of global under five death of 10.8 million, 2.4 million children in India die each year. According to the Global Strategy 2/3<sup>rd</sup> of these deaths are associated with inappropriate feeding and happens during the first year. (Globally 7 million deaths in a year) For India the number could be 1.6 million. If we could achieve 90% of exclusive breastfeeding universally for first six months around 0.315 million to 0.360 million (i.e. 13-16 percent) of deaths could be avoided. (Fig. 2)

**Fig. 2: Exclusive Breastfeeding Saves Life**

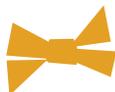


## Breastfeeding works best

- ⇒ When a mother and baby have skin-to-skin contact immediately after delivery and the baby starts breastfeeding within an hour or so. This stimulates breast milk production and the baby gets colostrum.
- ⇒ When the baby is *properly attached* at the breast and can *suckle effectively*, with slow deep sucks.
- ⇒ When the baby can suckle whenever he or she wants – day and night. This is called demand feeding or baby-led feeding. This is easiest if the baby is near the mother, in her bed or in a sling.
- ⇒ When the baby may continue suckling for as long as he or she wants at each feed and is allowed to decide if he or she wants one breast or two.
- ⇒ When the baby does not have a pacifier (or dummy), which make him or her less interested in suckling at the breast.

If a baby breastfeed in this way, there is plenty of milk, and the baby is more contented and grows well. He or she passes light coloured urine at least 6 times a day (24 hours), and soft abundant stools – though after the first week or so there is nothing to worry about if stools are not passed every day.

Breastfeeding in this way also promotes emotional bonding between the mother and baby, which helps her to enjoy mothering, and improves her self-esteem.



### Why do we use **The Golden Bow** as the symbol for breastfeeding protection, promotion and support?



**Meaning and Purpose:** Many social change efforts have used ribbons and pins to create a sense of belonging to a social movement. While The Golden Bow serves this purpose, but it is unique in that it is not simply a symbol for social change, but carries many meanings within its own design. The Golden Bow is, in and of itself, a lesson in the protection, promotion and support of breastfeeding.

**Gold:** The use of the gold colour for the bow symbolises that six months of exclusive breastfeeding, and continued breastfeeding, is the **gold standard for infant feeding**, against which any other alternative should be compared and judged.

#### **A Bow:**

Why do we use a bow, rather than the looped ribbon of most campaigns? Each part of the bow carries a special message:

 One loop represents the mother.

 The other loop represents the child.

 The ribbon is symmetrical, telling us the mother and child are both vital to successful breastfeeding - neither is to the left nor to the right, signifying neither is precedent, both are needed.

 The knot is the father, the family and the society. Without the knot, there would be no bow; without the support, breastfeeding cannot succeed.

 The ribbons are the future: one for continued breastfeeding for 2 years or more with appropriate complementary feeding, and the other for the delay of the next birth, preferably for 3 years or more, to give the mother and child time together to recover and to grow, respectively, and to give the mother the time she needs to provide active care for the health, growth and development of this child.

**Origins:** While we have not been able to identify the origins of this symbolism, it has been scattered use for about 8-10 years. Much has been written about breastfeeding as “the gold standard” for infant feeding (<http://www.naba-breastfeeding.org>) will soon carry an article first published in 1995 on this issue.

**The Future:** UNICEF is proud to launch this symbol and educational campaign on the 12th anniversary of the Innocenti Declaration. Please wear it proudly, and tell everyone who asks of its many meanings.



# Activities at Headquarters

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## Followup on Asia Pacific Conference on Breastfeeding and National Convention of BPNI (APCON)

As a follow up of the APCON, a meeting of nine Infant Feeding Experts was held on 12-14 March 2004 at Mussoorie to brainstorm and evolve key actions on infant and young child feeding. The experts, who represented partner organisations such as NNE, NIPCCD, UNICEF, discussed the recommendations of the APCON, the *National Planning Meeting on Infant and Young Child Feeding*, and five regional planning meetings on IYCF implemented by the BPNI in partnership with Food and Nutrition Board (FNB), Department of Women and Child Development (DWCD) GOI in collaboration with UNICEF and several professional and other partners at state level. The passage of *The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (as amended in 2003)* was considered a great step forward and a key instrument in India to protect, promote and support breastfeeding. The expert group took note of the draft “National guidelines on infant and young child feeding”. It emerged as an outcome of the above project, and has been finalized by DWCD. This action has led to harmonization of national guidelines with the *Global Strategy for Infant and Young Child Feeding*. The group made specific recommendations related to advocacy, capacity building and training on IYCF, implementation of the IMS Act, strengthening of the health care system and monitoring on breastfeeding, research and interventions about six months exclusive breastfeeding. These include, among others,

- ✪ documenting of best practices,
- ✪ establishing centres of excellence amongst “baby friendly” hospitals and health centres that have managed to create baby friendly communities,
- ✪ rejuvenating BPNI’s project on “strengthening pre-service education”,
- ✪ developing and publishing a core set of training materials for all levels of core competency with a focus on skills in counselling IYCF
- ✪ establishing a process for giving inputs into RCH

II, including preparing a Strategy Note, and

- ✪ establishing working groups to produce a policy paper on maternity protection.

It was also decided to strengthen the BPNI network and training resources by **setting up a training cell in Gorakhpur** to be coordinated by Dr. KP Kushwaha.

## Infant Feeding and HIV- A Regional Colloquium for the Asia Pacific

As a follow up of the *‘Infant Feeding and HIV- A Regional Colloquium for the Asia Pacific’* BPNI has been asked to provide technical assistance to the National Aids Control Organisation (NACO), GOI and UNICEF to strengthen infant feeding component in the national program and assist in training and capacity development of their counselors on infant feeding and HIV.

## Development of Training Module

BPNI in collaboration with NACO, GOI and UNICEF has developed a *Draft Training Module* on Infant Feeding and HIV for training of counselors of Voluntary and Confidential Counseling and Testing Center (VCCTC) and Prevention of Parent To Child Transmission (PPTCT) Program. This training module has been developed by a team of experts using Breastfeeding Counseling Course and HIV and Infant feeding Training Course of WHO/UNICEF. The first draft of the module has been tested twice in April and May 2004. The final module is under development with inputs from several counselors and trainers.

## Orientation of BPNI National Trainers in “Infant Feeding and HIV Counselling Course”.

BPNI has been promoting breastfeeding, especially exclusive breastfeeding to mothers through training of medical and para-medical staff in breastfeeding and complementary feeding adapting the training module developed by WHO/UNICEF. However, in the HIV/AIDS scenario, it is necessary to promote informed choice on infant feeding to mothers who

are HIV-positive. These mothers need help not only in choosing the infant feeding option but also need to be counselled on the safety, availability and affordability of feasible infant feeding options. Women who choose to breastfeed should be supported to breastfeed exclusively and counselled that a shortened duration of breastfeeding, if replacements are safe and feasible, may reduce the risk of further transmission during breastfeeding. Mothers opting for replacement feeding should also be provided proper counselling and support. In developing countries, most mothers, regardless of HIV status, will find it difficult to feed their babies with infant formula safely because of lack of clean water, ensuring boiling of bottle every time before giving the feed, adequate supplies and money. There is also a fear of being stigmatized as HIV infected if she doesn't breastfeed.

In order to train counsellors of VCTC under PPTCT programme on informed choice for infant feeding and follow up support to the infant feeding method chosen by the antenatal mothers, BPNI has taken up a project to develop training module on HIV and Infant and Young Child Feeding counselling for trainer's and counsellors working under PPTCT programme for counselling HIV positive mothers in



*Training in Delhi*



*Inauguration during the Delhi Training*

collaboration with National AIDS Control Organisation (NACO).

To fulfill the above BPNI has conducted an Orientation program for BPNI National Trainers in "Infant Feeding and HIV Counselling Course". A total of 31 trainers participated in this programme which was held in UCMS & GTB Hospital, Dilshad Garden, Delhi and the course coordinator was Dr. MMA Faridi. The end of this three day programme, an action plan was drawn up for future work.

## **Assessment of Counselors**

Pre-service assessment of the counselors was done to assess their knowledge, attitude and practices before the training sessions, through semi-structured questionnaires. Post training assessment of the participants is under process. Their inputs have been incorporated into the training module. The training module is under the process of revision for incorporating comments of the trainers and the participants. This module is expected to be locally adopted and translated by the different states of India and similar training courses will be held in all the states of India to build capacity of the counselors on Infant feeding and HIV.

## **Training Sessions of Counselors**

Two training sessions of the counselors on Infant feeding and HIV were held in April and May 2004. Fifty-five counselors of VCCTC and PPTCT have been trained from Delhi in these two courses. They were highly motivated after the training. Here are the comments given by them about the course:

Vandana Agarwal, " We never knew bottle-feeding could be that dangerous, and experience with clinical practice with mothers was excellent, never had such a training earlier"

Lalit, a PPTCT counselor from AIIMS said "Firstly we were surprised with the letter of invitation, why breastfeeding training for us, but then 6 days was a period of new experience as we had no such knowledge earlier and this will change our counseling pattern"

Mamta, from LHMC " This was a first of its kind training where we came across new things and knowledge as we did not know much about such a life skill, cooperation of trainers and their training methods were of highest standards"

## Enhancing Counselling Skills of Workers in Existing Healthcare/Nutrition System Can Improve Exclusive Breastfeeding during first Six Months in a Community – An Evidence

The World Health Organization and UNICEF have developed the Global Strategy for Infant and Young Child Feeding, which recognizes all infants should be exclusively breastfed for the first six months followed by introduction of appropriate complementary feeding thereafter along with continued breastfeeding for two years or beyond.

According to the National Family Health Survey (NFHS-2), 1999 in India 55.2% of children of 0-3 months and in the State of Gujarat 65.2 percent of children of 0-3 months are exclusively breastfed. The 10<sup>th</sup> Five Year Plan of government of India has for the first time provided state specific goals to improve infant and young child feeding practices. For the state of Gujarat, the state level goals aim at increasing initiation of breastfeeding within one hour of birth from the current 10.1 percent to 32 percent and increasing exclusive breastfeeding from the current rate of 65.2 percent to 94.5 percent for 0-6 months. Within this scenario and with the overall goal of improving child survival, an intervention was planned to enhance counseling skills of community workers in the existing health/nutrition care system to achieve increase in exclusive breastfeeding during first six months in 235 villages (in the 3 blocks of District Bhuj in the state of Gujarat, an earthquake prone area of India).

The intervention was implemented in three phases. During the first phase baseline information was collected. During the second phase, skilled training in IYCF counseling was provided to Anganwadi workers (Community workers of ICDS). Anganwadi Workers counseled pregnant women before and after delivery with the help of communication material developed for this purpose. During the third phase end line survey was conducted to find out the effect of interventions. Impact of intervention was measured in terms of knowledge of the workers and breastfeeding practices of mothers in the intervention group and compared with a control group.

### RESULTS

The results of this study indicate significant impact of the intervention on three indicators during the first six months.

#### 1. Initiation of Breastfeeding

Initiation of breastfeeding within one hour of was 48 percent in interventional group, compared to 31 per cent in control group. (Fig. 3)

#### 2. Not Giving Pre-lacteal Feeds

Pre-lacteal feeds was not given by 60.5 percent in the interventional group, compared to 25 per cent in control group. (Fig. 3)

#### 3. Exclusive Breastfeeding for the First Six Months

Among the intervention group 38 per cent mothers practiced exclusive breastfeeding for the first 6 months as compared to 1 per cent in control group. (Fig. 3)

**Interpretation:** It is feasible to achieve high rates of exclusive breastfeeding through improving counseling skills of community workers of the existing health/nutrition care system. It is recommend to impart skilled training in IYCF counseling to all workers in order to achieve our goals. Such evidence has been available from other studies and it confirms the feasibility.

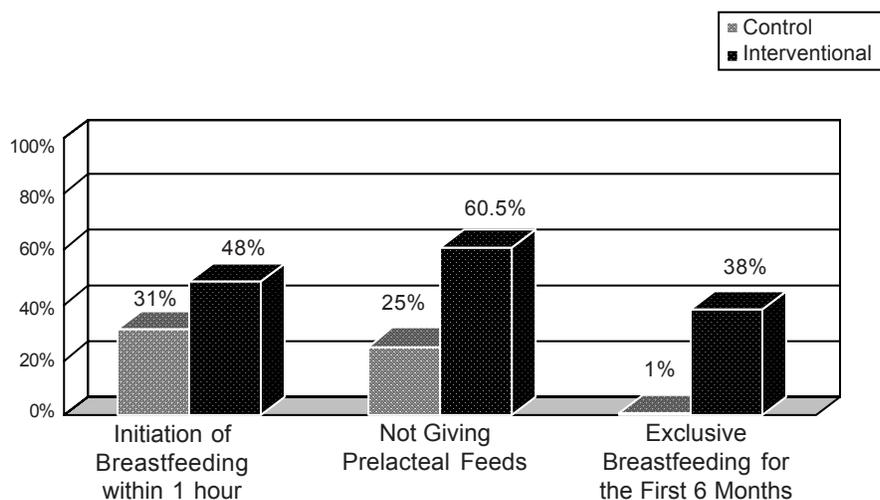


Fig. 3

# Activities of State / District

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## Cuddalore District, TN

*Dr. Janardhan K.*

Distributed various materials on Infant and Young Child Feeding (IYCF). Relationship with partners like IAP and IMA strengthened in CME programme of IAP and conference of IMA. Every year All India competition for InnerWheel Clubs in India is conducted for celebrating WBW. IW District Chairpersons from India, Pakistan and Bangladesh along with the Association office bearers assemble for training on 13.4.2004 at Allahabad. Twelve hundred copies each of BPNIs Guidelines for breastfeeding and complementary feeding (in ten languages) and invitations for the competitions were distributed. District assembly was conducted at Salem where in more than 1000 rotarians assembled. Pamphlets in Tamil on breastfeeding distributed.

## Bangalore District, Karnataka

*Dr. Asha Benakappa*

- Conducted two day training programmes (March 8/9, 2004) for PHC doctors
- Two Training of Trainers (March 11/16, 2004) under National Nutrition Mission were conducted. Target groups were ICDS functionaries.
- Two orientation program conducted (March 18/19 and April 28, 2004) for RCH functionaries under Panchayati Raj.
- During first week of March conducted a programme on the Infant Feeding and HIV to doctors working with NACO.
- April 30<sup>th</sup> involved with Nutrition Policy meeting in Karnataka

### One day Workshop

A one-day workshop on Breastfeeding Counselling training conducted by the Department of Pediatrics, MSRMC which is an ongoing programme for doctors and nurses. Dr. H.B. Mallikarjuna, BPNI member has taken the lead for this workshop. This was conducted as a part of silver jubilee celebrations of MSRMC to

protect, promote and support exclusive breastfeeding. Forty seven participants from various hospitals and nursing homes of Bangalore city attended. The workshop was conducted as per WHO/UNICEF module. Lectures, demonstration, role play and slides were used. The program was held in Sushruta hall.

## Kolkata

*Dr. Shyamal Gupta*

Various programmes conducted during the last months to promote the breastfeeding among the target group women as well as steps are taken to disseminate the provisions of the IMS Act 1992 (as amended in 2003) to doctors, nurses, health workers, media and others. Regularly contact with district hospital, IMA, IAP and local NGOs. Prior to Pulse Polio Sunday, (22 Feb, 4 April, 23 May) special meeting/seminars held at district and sub divisional levels with health staff, AWWs, ICDS, etc. so that they can disseminate and promote the idea of breastfeeding to lactating mother group at the time of programme in different booths. 14<sup>th</sup> April (Bengali New Year's Day) video on Maa Ka Pyar Shishu Ahaar, shown to the public. Distributed the copies of information sheet on IMS Act.

**Murshidabad District** of West Bengal conducted several programmes to promote the idea of breastfeeding among the target group women as well as steps are taken to disseminate the provisions of the IMS Act 1992 (as amended in 2003) to doctors, nurses, health workers, media men and others. The authorities of district hospital such as Chief Medical Officer of Health, IMA, IAP, Red Cross Society, Rotary Clubs, local NGOs participated in this programme took leading role over the issue. Special meetings conducted on the national Pulse Polio Sundays. An awareness campaign to motivate the general public on exclusive breastfeeding was also conducted.

## Ludhiana District, Punjab

*Dr. Rajinder Gulati*

Coordinated a program on Prevention and Control





*Ludhiana Branch*

of HIV/AIDS for the medical officers of ESI institutions. Delivered a lecture on Parents to Child Transmission. Preparation of a CD on breastfeeding which can be used during the World Breastfeeding Week. The CD also contains slides on prevention and control of HIV/AIDS for general population.

### **BPNI Maharashtra Branch**

Training of Creche Owners in North Mumbai: Since most of the mothers in urban Mumbai are working, children often live in creches for 8-10 hours in a day. BPNI has initiated Baby Friendliness into these creches by offering training in infant feeding and nutrition to the creche owners. Besides they have been imparted knowledge in common illnesses like accident prevention, fever, diarrhoea, vomiting and common cold. The creche owners were each given story books, cassettes, toys, first aid boxes and taught its use. Parents too were invited to some of these meetings and an interactive session was held to solve their difficulties with appropriate suggestions. Forty creches were converted into baby friendly ones. Ines Fernandez, WABA activist and Director of Arugaan was invited for the creche owners meeting

in Feb. 2003 at BPNI office. BPNI members, creche owners, parents and mother support group leaders of north Mumbai participated. Ines shared her experiences in a pictorial session followed by interaction between all and the session lasted for 3-4 hours. She visited one of the largest creches in Goregaon and offered suggestions to improve upon the child care practices.

### **BPNI Jammu Kashmir State branch/ District BPNI Branch at Budgam**

BPNI Jammu Kashmir State branch has opened a District Branch at Budgam District. It has opened a lactation management clinic in maternity hospital of SKIMS. Two days AIDS programme was conducted by community medicine department of SKIMS for ICDS supervisors. In this programme two hours orientation on HIV and infant feeding was conducted. Eight hours training course on Breastfeeding and Complementary feeding was organised by BPNI State branch for final year general nursing students who are likely to take up job in community. BPNI state branch and NACO is organising "Enhancing Training Skill" for BPNI trainers in HIV and Infant Feeding counselling.

## Mothers Experience

My name is Stuti. I was born on 23<sup>rd</sup> March 2003. My mother picked this name very carefully as I was born after long spells of prayers and untiring efforts of my parents and the doctor who operated my mother for removal of a fibroid just three months prior to my conception. While I was in my mothers womb my mother took every possible precaution to keep me safe and with warm personal regards. I was born in a so-called posh hospital of Amdavad through cesarean section as my mom had undergone a major surgery of uterus around a year back. She was also concerned about my immediate care upon birth. Hence she chose to attend a three-day workshop of BPNI at Bhuj supported by CARE India.

The discussions in the workshop convinced her that her milk is the safest and the best. My mom pulled herself together within 3 hrs of her surgery and got ready to initiate feeding. I being an informed infant myself (remember Abhimanyu) was patiently waiting for my mom's warmth and touch and never pressurized my parent for giving me any pre-lacteal. I still remember clearly the great feeling of satisfaction on my mom's face when she attached me to her and I started suckling. I am proud and thank ful of my mom

and BPNI for their commitment that helped me grow like a normal infant, away from pains and medicines. I wish that all the newborn in India get similar support from their parent, and BPNI enlighten all the would be parent in time. I also recommend BPNI to knock doors of all the pediatricians to ensure that each new born gets her birthright.

*A mother from Bhuj*

## LETTER

I express my heartiest thanks to BPNI for preparing the excellent publications for breastfeeding promotion, IMS Act and given me the permission to translate the same in Bengali for wide circulation. It helps a lot to reproduce the entire IMS Act 2003 in simple way.

Anticipating your best cooperation and assuring my best services for this noble cause through BPNI.

With regards,

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BPNI receives varieties of letters from various groups, individuals, and organisations on the issue of breastfeeding and complementary feeding. The letters contain comments, suggestions, problems, experience sharing etc. We thought of sharing some of the information with our readers for their knowledge and practice.

## National / International Forthcoming Events

Date	Event
1-7 August	World Breastfeeding Week
11-15 September	31 <sup>st</sup> Annual meeting of the Fetal and neonatal Physiological Society, "Il Ciocco" International Centre, Castelvechio Pascoli (Tuscany), Italy
8-9 October	XXXVII National Convention of Indian Dietetic Association Jawaharlal Nehru Auiditorium, AIIMS, Ansari Nagar New Delhi
11-15 October	XXI SNA Biennial Platinum Jubilee Conference, Adhiparasakthi College of Nursing, Kancheepuram Dist, TN



# Resources

## Website

- **www.bpni.org:** This is designed for parents, public, professionals, media and any other person interested in infant feeding issues to get information about various aspects of breastfeeding including technical information. It also gives information about the organisation, its areas of work and resources available. It has links with various other International Organisations working on infant feeding.

## Books & Booklets

- **Protecting, Promoting and Supporting Breastfeeding - The Indian Experience:** This book is more than a documentation of the growth of the Indian movement to centrestage breastfeeding in national and international health policies, and restrain the infant food industry's unethical marketing practices. It also helps in understanding why breastfeeding is central to child survival, what undermines breastfeeding, and what can be done to prevent it. **Rs. 290**
- **Breastfeeding and Complementary Feeding: Guidelines for Doctors:** This book is prepared for doctors, the first line health professionals, to enable them to promote optimal infant feeding practices and dispel beliefs regarding infant feeding in the communities. They can use this book to update their knowledge and teach young students or counsel mothers. **Rs 150**
- **Breastfeeding & Complementary Feeding-Guidelines for Nutrition professionals:** This book is specially prepared for nutrition professionals to help them counsel mothers and teach students on optimal infant feeding practices. It helps to update their knowledge about infant feeding issues. **Rs 150**
- **Breastfeeding & Complementary Feeding-Guidelines for Nurses:** This book is specially prepared for nurses, to enable them to self learn and use this as a teaching tool about infant feeding. This will also help them to promote optimal infant feeding practices and dispel false beliefs of mothers regarding infant feeding. **Rs 150**

**NEW**

- **Breastfeeding and Complementary Feeding: A Guide for Parents.** Rs 25
- **The Science of Infant Feeding:** A book on breastfeeding and infant feeding with scientific advances of 20<sup>th</sup> century (Published by Jaypee Brothers.) Rs 450
- **The Law to Protect, Promote and Support Breastfeeding:** A book of BPNI that explains the provisions of the IMS Act in a simple manner. **Rs 60** (Second edition 2004)
- **Maternity Home Practices & Breastfeeding** an ACASH (Mumbai) publication (English) Rs 75
- **Helping Mothers to Breastfeed** an ACASH (Mumbai) publication (in English) Rs 125

## Information Sheets

- **Information Sheet 1 – Guidelines for Breastfeeding and Complementary Feeding: (ALL STATE SPECIFIC INDIAN LANGUAGES)** This four page document provides accurate information on infant feeding for people, women in particular, especially pregnant women and breastfeeding mothers, **Rs 3** (Minimum ORDER 100 COPIES)

## Posters

- **Breastfeeding Posters:** 12" X 18" (Art Paper, four colour, sticker tape (in English and Hindi) **Rs 5**
- **Closeness and Warmth:** 15" X 20" Breastfeeding a Bliss. **Rs 10**

## Video

### Video Cassette

- **Maa Ka Pyar- Sishu Ahar:** This BPNI video covers early initiation, exclusive breastfeeding, how to breastfeed and complementary feeding, **Rs 250**

### Video CD

- **Maa Ka Pyar –Sishu Ahar:** This BPNI CD covers early initiation, exclusive breastfeeding how to breastfeed and complementary feeding, **Rs 100** (Reduced Price)

- Note:**
1. Please make payment towards the purchase by Demand Draft only payable to "BPNI Delhi"
  2. Please add 10% to the total value of your order for postage, packing and handling charges.