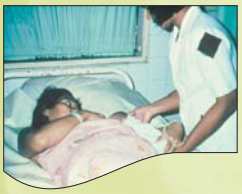
India: World Breastfeeding Week (1-7 August 2010)

BREASTFEEDING JUST 10 Steps! The Baby-Friendly Way!!

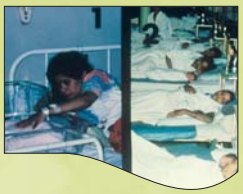
Calling for Support to Women for Breastfeeding

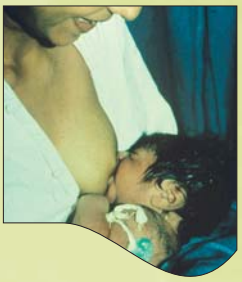
This is for every mother, to get healthy environment for herself and her children to develop to the best potential. Both public and private health facilities should endeavour to accept achievement of breastfeeding indicators as standards of care considering it both women's and children's right.



Objectives of WBW 2010

- To draw attention of policy makers and programme managers to the importance of baby and women friendly 'Ten Steps' in enhancing optimal breastfeeding rates.[1]
- To encourage and revitalize action of the health systems, healthcare providers and communities to enable women, to increase rates of optimal breastfeeding practices.
- To inform people everywhere of the vital role of optimal breastfeeding for their child's development and lifelong health.
- To ensure that health and nutrition care providers are trained in skills needed for counselling women on infant and young child feeding especially exclusive breastfeeding for the first six months.
- To call for enabling systems and programme reforms for women to realise their rights to health care and nutrition to enable them to fulfil the rights of their children to food, nutrition, survival and development.





BREASTFEEDING SAVES LIVES BPNI

IBFAN

WORLD BREASTFEEDING WEEK 1-7 AUGUST

BPNI 2010

Join the One Million Campaign: Support Women to Breastfeed
http://www.onemillioncampaign.org

Breastfeeding: Just 10 Steps! The Baby Friendly Way!!

Calling for Support to Women for Breastfeeding

Why Should India Take Ten Steps?

In the year 2009, the theme of the World Breastfeeding Week in India was "Breastfeeding: A Vital Emergency Response, Is India ready ?" In the year 2010, it allows us to rethink , are we really ready to provide care and support to ALL women they need to succeed in breastfeeding their babies. It is these routine preparations and vigilance that would prepare societies towards preparation for any emergency/disaster situations and would be sustainable as well. With this background in mind this year's theme has been kept as "Breastfeeding: Just Ten Steps ! The Baby Friendly Way."

Baby Friendly Hospital Initiative (BFHI) was launched in 1993 to promote breastfeeding in the hospitals. It has made some progress and over the years it has been realised to take more steps to ensure that breastfeeding rates go up. In India this programme is currently dormant and **we need to revive BFHI and move beyond**.

The call moves beyond the BFHI. Support for the women to successfully breastfeed is needed at all levels; at home, or hospital or at work place. More women in the developing world and India work in unorganised settings where support systems become much more relevant.

What are the Global and National Commitments?

- **1981:** International Code of Marketing of Breast-milk Substitutes
- **1990:** Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding
- **2001:** Global Strategy for Infant and Young Child Feeding
- **2005:** Innocenti Declaration on Infant and Young Child Feeding
- Subsequent World Health Assembly resolutions on Infant and Young Child Nutrition in 1982, 1984, 1986, 1988, 1990, 1992, 1994, 1996, 2001, 2002, 2005, 2006, 2008, 2010.
- **1992 & 2003:** The Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003, (IMS Act).
- **2004 & 2006:** National Guidelines on Infant and Young Child Feeding.

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk unless medically indicated.
7. Practise rooming in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

This is an opportunity for us all to PROVIDE much needed support to women.

Where India Stands?

The status of optimal breastfeeding and complementary feeding practices is very dismal in India both in terms of policy and programmes and resultant practices.

In the year 2008, the Public Health Resource Network (PHRN) and the Breastfeeding Promotion Network of India (BPNI), International Baby Food Action Network (IBFAN) Asia conducted a comprehensive assessment of the policy and programmes that support breastfeeding and complementary feeding using World Breastfeeding Trends Initiative (WBT*i*) tool[2]. In fact they even compared 2008 assessment with similar work done in 2005 and found that India has not gained much or rather has lost ground on few. The assessment revealed that India has gaps in all TEN areas of work required to achieve optimum infant and young child feeding practices.[3] See Fig. 1, the report card of India's policy and programmes. Each area of action is measured on a scale of 10. The details can be found in complete report available at the *http://www.worldbreastfeedingtrends.org/reportWBTi-India-Assessment-Repor-2008.pdf*. India scores 69 out of a total score of 150, and stands at number 27 among 32 countries who have completed this assessment over 2008-09.

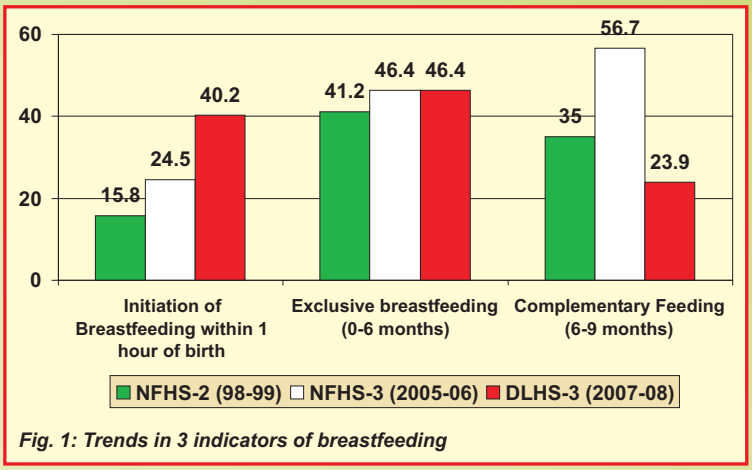


Fig. 1: Trends in 3 indicators of breastfeeding

Resultant feeding practices are alarmingly poor. On the three indicators identified by the Government of India, and according to the NFHS-3, the initiation of breastfeeding within one hour of birth is only 24.5%. More recent data from the DLHS- 3 shows little improvement, initiation of breastfeeding is now about 40% from data of 534 districts. Important observation of the DLHS- 3 data is that in 138 districts initiation of breastfeeding is between 0-29%, in 197 districts it is between 30-49%, in 194 districts it is between 50-89% and only in 5 districts it is above 90%. According to the NFHS -3 exclusive breastfeeding up to the age of six months is only 46.3%. Looking at the DLHS data, exclusive breastfeeding is between 0-11% in 112 districts, 12-49% in 373 districts, and 50-89% in 49 districts and there is not even one district with 90-100% exclusive breastfeeding. Further analysis of age wise data also reveals that exclusive breastfeeding rapidly declines from first month to sixth month, and only about 20% children practice exclusive breastfeeding at six months, while a planning commission goal for 10th plan was 80%.

Introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 55.8 % (NFHS-3), up from 35% in NFHS-2. More recently, the DLHS- 3 data reveals that introduction of complementary feeding along with continued breastfeeding in 6-9 months age is only 23.9%, means there is decline after a gain.

Most unfortunate part of feeding practices is that there is very little improvement over the past 2 decades, except in the rates of initiation of breastfeeding showing worthwhile increase over past 3 years from 20 to 40%. Reasons are many, which include aggressive promotion of baby foods by commercial interests, lack of support to women at family and work places, and inadequate health care support. Lack of programme support to women is the underlying factor as revealed by the India assessment in 2008. Coordination, budgetary support, policy support is almost missing.

State of Policies and Programmes on IYCF

On a Scale of Ten (10)

	Score Out of 10
National Policy, Programme and Coordination *Concerns national policy,plan of action, funding and coordination issues.*	2
Baby Friendly Hospital Initiative *Concerns percentage BFHI hospitals, training, standard monitoring, assessment and reassessment systems.*	4
Implementation of the International Code *Concerns implementation of the Code as law, monitored and enforced.*	8
Maternity Protection *Concerns paid maternity leave, paid breastfeeding breaks, national legislation encouraging work site accommodation for breastfeeding and/or childcare and ratification of ILO MPC No 183.*	5
Health and Nutrition Care Systems *Concerns health provider schools and pre-service education programmes, standards and guidelines for mother-friendly childbirth procedures, in-service training programmes.*	4
Mother Support and Community Outreach-Community-based support for the pregnant and breastfeeding mother *Concerns skilled counseling services on infant and young child feeding, and its access to all women. (During pregnancy and after birth)*	4
Information Support *Concerns national IEC strategy for improving infant and young child feeding, actively implemented at local levels.*	5
Infant Feeding and HIV *Concerns policy and programmes to address infant feeding and HIV issue and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.*	2
Infant Feeding during Emergencies *Concerns policy and programme on infant and young child feeding in emergencies and material on IYCF in emergencies integrated into pre-service and in-service training for emergency management.*	0
Mechanisms of Monitoring and Evaluation System *Concerns monitoring, management and information system (MIS) as part of the planning and management process.*	7

Source: World Breastfeeding Trends Initiative (WBT*i*): India Report 2008. PHRN/BPNI/IBFAN. 2008 *http://www.worldbreastfeedingtrends.org/report/WBTi-India-Assessment-Repor-2008.pdf*

Why Should Breastfeeding Rates be Enhanced?

Some people ask a question, why should India work on breastfeeding, while this is a breastfeeding nation, and women breastfeed any way. Following facts explain why India should take action.

In India, more than 1.4 million babies die before they reach their 1st birthday and 1 million of these deaths occur during first month. Universal coverage of starting breastfeeding within one hour can avert 22% of deaths during first month. This impact is independent of the impact of exclusive breastfeeding during first month.[4] Later, universal coverage of exclusive breastfeeding 0-6 months can cut down diarrhea deaths by 4.6 times, and pneumonia deaths by 2.5 times. According to the *Lancet's* analysis of 2008[5], suboptimal breastfeeding is major cause of diarrhea, pneumonia and newborn infections, which are major killers of children in India, and breastfeeding counseling is one of the major interventions to prevent it. See Fig. 2 showing relative risks with partial breastfeeding (breastfeeding plus other milks or foods) taking the risk as 1 with exclusive breastfeeding (EBF).

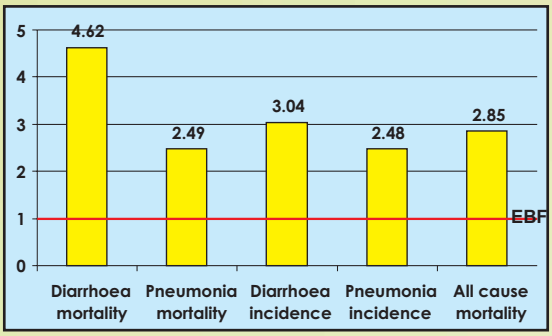


Fig. 2: Relative risk associated with Partial breastfeeding compared with exclusive breastfeeding taken as one (LSMCU 2008)

On the nutrition front, out of 26-27 million births each year, 22% are born low birth weight (NFHS-3). Early nutrition input is critical as most of under nutrition begins to accelerate within first few months and peaks by 18 months. More than 60 million children are affected and become underweight by 5 years. Further it has also been established by the WHO that breastfeeding enhances the intelligence level. As brain develops almost 70% during first year of life, and 90% by the end of second year, whatever happens during first 2 years has a bearing on the brain development of our society. In 2007, World Health Organisation also established that breastfeeding protects from obesity, and long term adult health problems like hypertension, cardiovascular disease etc[6].

Moving Beyond BFHI

To increase breastfeeding rates in the health facilities, BFHI was launched in India in 1993, and made progress till 1998. It was built on the "Ten steps to successful breastfeeding" provided by WHO and UNICEF and tools to launch this, within hospitals. In one study on BFHI in India , it was found that from 1994 to 1998, 1372 hospitals were certified to be baby friendly according to a national criteria.[7] Current level of support to women under the BFHI is very low according to the assessment carried out in 2008. In BFHI indicators, India scores 4 out of 10 and lags behind in providing skilled support to women when they come for delivery.

BFHI did yield positive results as shown by a study in India across 13 states covering 600 hospitals.[8] Initiation of breastfeeding in BFHI vs. non BFHI hospitals was 54.5% and 36.5% respectively. Prelacteal feeding decreased from 34% to 16%, use of supplements in hospitals decreased from 17% to 7%. The study also showed that not much difference was noted in women's planning towards exclusive breastfeeding for the first six months. That's where we need to go beyond BFHI.

While many studies found that exclusive breastfeeding rates can be enhanced for first few months, its prevalence at six months remained abysmally low. Over the years, many more actions were identified that were necessary to ensure all three IYCF indicators to go up. Clearly it was understood that one has to move and effectively link health facility action to communities and provide support to women in order to enable that they and their babies could stay together, a fundamental requirement to enhance exclusive breastfeeding for the first six months. What India needs to do is to strongly link the health facility action with the other actions and set up a coordinating mechanism to ensure this.

One example of enhancing breastfeeding rates is to work through health and nutrition care system, and involving people directly. In the Baby Friendly Community Health Initiative project being implemented in the Lalitpur Distt. of U.P. (see page 5), one could see how much can be achieved in terms of either capacity development and resulting breastfeeding and complementary feeding practices. If one takes more steps, achievements could be higher.

Ten Steps to Move Beyond

1. Have a policy on breastfeeding action, accompanied plan of action with assured resources, clear objectives and coordination.
2. Implement BFHI as key component of standard of care in the health facilities
3. Effectively implement the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 as amended in 2003 and ensure elimination of all kinds of promotion of baby foods and sponsorships of health care systems by the baby food industry and their allied institutions.
4. Provide maternity entitlements to **all women**.
5. Provide accurate unbiased, information on breastfeeding and complementary feeding to all people free from commercial influence.
6. Make available special skilled training to all health and nutrition care workers and counselling on IYCF as a specific "service" in the health care systems, through trained peer counsellors, mother support groups etc.
7. Make changes in the curriculum of health workers to be supporting and skilled for breastfeeding support.
8. Aim at HIV free child survival in HIV positive women and provide them with updated knowledge and skilled counselling on breastfeeding and infant feeding options.
9. List and develop 'breastfeeding support' as a response during emergency/ disasters situations.
10. Monitor the breastfeeding rates at a high level, along with child mortality and nutrition indicators.

Is it Possible to Increase Breastfeeding Rates?

In the year 2008 and 2009, in the district Lalitpur of the State UP, Department of Pediatrics, Medical College Gorakhpur in collaboration with local administration and UNICEF, did a comprehensive effort to establish a system for counselling women and families. They did it by hiring about 50 personnel for 6 blocks and trained them to be trainers and counselors. They in turn trained about 2200 village level workers (ASHA, AWW, TBAs, village women) who provided regular counselling to women on regular basis and their families. They then started working as 'mentors' and to provide referral support.

Results have been very positive and preliminary analysis of available data shows that exclusive breastfeeding for the first six months and complementary feeding have increased manifold (Fig. 3). Observational data also suggests reduction in neonatal mortality by about 25-30 percent. They used training intervention with the '3 in 1' Infant and Young Child feeding Counselling: A training programme, (Integrated breastfeeding, complementary feeding and infant feeding & HIV counselling) developed by the BPNI in partnership with several state governments.

Lalitpur model demonstrates that it is possible to increase breastfeeding rates in the community. It requires have human resources who are adequately trained and provide counselling services. One needs to understand this concept. While it shows a system which makes counselling available to women at their homes, additional support is also required by women both in organised or un organised sector.

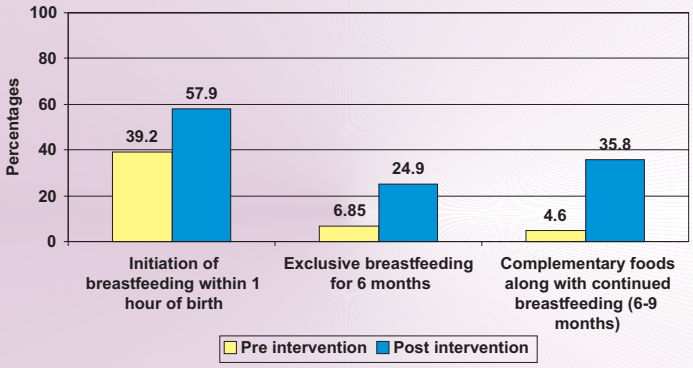


Fig. 3: Infant and young child feeding practices before and after intervention in Lalitpur District (600 villages)

Information vs Counselling

Giving information is different from counselling, which means helping someone decide what is best for them, and it includes discussion, negotiation, practical support, building confidence, solving problems etc. Building mothers' confidence is critical to establish good breastfeeding as flow of breastmilk is controlled by hormones and is depressed if mother is not confident or has anxiety or pain. For this, skilled counselling support to mothers is required before birth, at birth and later, at many levels. All this should be treated as part of health care support and care workers need to be skill trained.

Breastfeeding rates can be increased, the evidence!

Exclusive Breastfeeding: According to the most recent, and admissible evidence "breastfeeding counseling" is effective in enhancing breastfeeding rates, may it be 'one to one' or 'group counseling'.[5] One study from India revealed that multiple contacts by trained workers can enhance initiation of breastfeeding and exclusive breastfeeding at 3 months to 79%.[9] (See Fig.4) A Cochrane review[10] also tells us that counseling by trained workers is useful to enhance exclusive breastfeeding for the first six months.

Complementary feeding: Period of 6-12 months requires a close watch and access to both breastfeeding and family foods. Complementary feeding is required after six months along with continued breastfeeding for two years or beyond. For enhancing complementary feeding, one should rely on home based available foods, which the family eats. Complementary feeding education and 'supplementary foods' for those who are in food insecure populations is required universally according to the latest scientific evidence.[5]

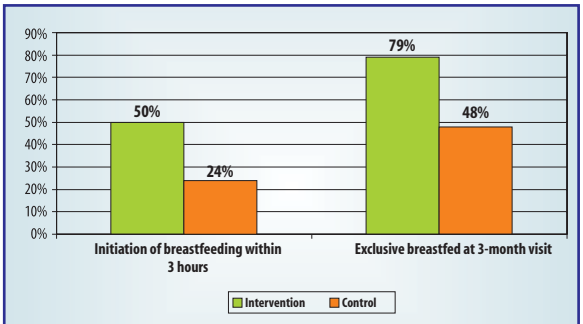


Fig. 4: Effect of intervention on reported breastfeeding practices at age 3 months

10 Action ideas

1. Call upon policy-makers and managers to take just Ten Steps!
2. Take out public rally, issue a press release, hold a discussion forum in your area on where India stands and where can we go - calling for ten steps to move beyond.
3. Call upon people to **sign a petition** to support women to breastfeed at the **http://www.onemillioncampaign.org/**
4. Call upon the NRHM, State governments to implement the BFHI and related actions in the health facilities and community settings, provide for home visits to counsel all women and families.
5. Call upon you District Magistrate to include these actions while supervising the District plan of action.
6. Call upon your local Member of Parliament to write a letter to the government in support of this action.
7. Call upon health workers, associations and individuals to desist from sponsorship by baby food companies or their allied institutions.
8. Remain vigilant and report to the government if baby food manufacturers sponsor health workers' meetings.
9. Call upon each family member to support mother to give up the practice of giving prelacteal feeds and ensuring exclusive breastfeeding upto six months of life.
10. Call upon organisers of the working places to support the development of creches at workplace and encourage others to do the same and government to provide maternity entitlements to all women.

Endnotes:

1. This includes Rates for early breastfeeding within one hour, exclusive breastfeeding for the first six months and complementary feeding after six months along with continued breastfeeding for two years or beyond.
2. Gupta A, Prasad V, Dadhich JP et al. World Breastfeeding Trends Initiatives: India Report 2008. Available from: *http://www.worldbreastfeedingtrends.org/report/WBTi-India-Assessment-Repor-2008.pdf*
3. Gupta A, Dadhich JP and Faridi MMA. Breastfeeding and Complementary Feeding as a Public Health Intervention for Child Survival in India. *Indian J of Pediatr; 77(4):413-418, April 2010.*
4. Karen ME, et al. Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics 2006;117;380-386*
5. Bhutta ZA, et al. What works? Interventions for Maternal and Child Undernutrition and Survival. *Lancet 2008; 371:417-440.*
6. Bernardo L. Horta, et al. Evidence on the long-term effects of breastfeeding: Systematic reviews and meta-analyses. WHO 2007. *Available from: http://www.who.int/child_adolescent_health /documents/9241595230/en/index.html*
7. Kumar S. Promotion of Breastfeeding and Baby-Friendly Hospital Initiative (BFHI). The Science of Infant Feeding (Jaypee Brothers) Medical Publishers (P) Ltd 2002. pp 217-227.
8. Gupta A, Mathur GP et al. BFHI: A successful movement to promote breastfeeding through hospitals. October 2000. *http://bpni.org/BFHI/BFHI-report.pdf*
9. Bhandari N. et al. Effect of community-based promotion of exclusive breastfeeding on diarrhoeal illness and growth: a cluster randomised controlled trial. *Lancet 2003; 361:1418-1423.*
10. Britton C, et al. Support for Breastfeeding Mothers. *Cochrane Database of Systematic Reviews 2006. Art. No.: Cd001141. DOI: 10.1002/14651858.CD001141.pub3.*

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The '3 in 1' Training Programme on Infant and Young Child Feeding Counselling

http://bpni.org/Training/3-in-1-TP-BPNI.pdf

The capacity building initiative for building health workers' skills in infant and young child feeding counselling based on WHO and UNICEF's 3 courses on breastfeeding, complementary feeding and HIV & infant feeding counseling are as follows:

Specialist Level: To prepare IYCF counselling specialist (7 days)

Community Level: To prepare community counsellors cum trainers (6 days)

Family Level: To prepare Frontline Workers/Family Counsellors (3 days)

For all these training courses, national trainers and community counselors cum trainers, use the the '3 in 1' training courses on IYCF counselling.

For building the capacity of district or state, please contact

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What is BPNI

BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) and Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia

BPNI Policy on Funds

BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods (cereal foods).

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