

Breastfeeding:

Healthy Mothers and healthy Babies

Breastfeeding provides the best possible start to life, a foundation for fulfilling the rights of a child. Scientific research during the last three decades has rediscovered that breastfeeding provides the ideal nutrition to the baby, protects them against infections, allergies and asthma. Breastfeeding particularly exclusive during first six months promotes physical, physiological, motor, mental and psychosocial growth and development. Breastfeeding has also been related to possible enhancement of cognitive development, it prepares babies for enhanced learning giving them a head start.

Breastfeeding is well-recognised and is a means to protect, promote and support the health and development of infants and young children. Mother's milk fosters optimal growth and development of a baby's brain, immune system, and general physiology and is a vital factor in preventing common illnesses, especially diarrhoea and infections of the respiratory tract (including pneumonia), ear, and urinary tract. The act of breastfeeding releases growth hormones, promotes healthy oral development, and establishes a trusting relationship between baby and mother. Exclusive breastfeeding for the first six months reduces the risk of environment-borne illnesses, malnutrition, food sensitisation and allergy.

Breastfeeding also has definite benefits for mothers. It is a fundamental, physiologic continuation of pregnancy and childbirth. Sometimes it is referred to as "fourth stage of labour". Beginning exclusive breastfeeding shortly after birth lowers the mother's risk for excess post-partum bleeding and anaemia. Once mother and baby have learned to do it easily, breastfeeding can reduce a mother's stress by keeping her infants or young children healthy and well nourished. Exclusive breastfeeding for the first six months saves the family money, energy, and time: nothing to buy, prepare, or clean up. Exclusive breastfeeding can also boost a mother's own immune system, help delay a new pregnancy, and reduce the insulin needs of diabetic mothers. In the long term, breastfeeding can help protect a mother from breast and ovarian cancers and osteoporosis (brittle bones).

Very often, a mother's needs and wants go unrecognised or unsupported. Her physical and emotional health, her level of education, the help she receives from others, and her household economics influences her breastfeeding practices and other aspects of caring for her children. In particular, a woman's pregnancy and childbirth experience can greatly impact the way breastfeeding begins and continues.

This year, World Breastfeeding Week seeks to underscore the urgent need to protect, promote, and support the health and well-being of mothers as well as to protect, promote, and support the health and well-being of babies, through breastfeeding. The Goals for WBW 2002 are:

- * To reinstate breastfeeding as an integral part of women's reproductive cycle and health.
- * To create awareness of women's right to humane and non-invasive birthing practices.
- * To promote the Global Initiative for Mother Support (GIMS) for Breastfeeding as one way to strengthen the support for mothers.



BPNI

World Breastfeeding Week, 1-7 August, 2002

HEALTHY MOTHERS

Health is internationally accepted as a fundamental human right. Women and girls' right to health of the highest attainable standard includes the right to full and reliable medical information; to informed consent, choice and decision-making in health care, reproduction and infant feeding; to privacy and confidentiality; and to safe conditions of work and environment. These rights are reiterated in numerous national and international documents, beginning with the **Universal Declaration of Human Rights and the International Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)**.

Women in good health have the best chance to have healthy babies. Nevertheless, women who are not in optimal health still

become pregnant, have healthy babies, and breastfeed successfully. This is a testament to the marvelous capacity and resilience of the female body! While all mothers need support in caring for themselves and their families, breastfeeding mothers should have extra support to maintain and promote their own health as well as to give the gift of life and breastmilk to their babies.

Every year women die from pregnancy and child birth related causes. According to World Health Organization (1999) most such deaths occur in developing countries. In India according to NFHS-2 (1998-99) the Maternal Mortality Rates (MMR) is 540 deaths per 100,000 live births.

Pregnancy and Breastfeeding

Pregnancy should be the time for preparation of childbirth, breastfeeding and infant care. It means that factual, objective and comprehensive information should be given to mother during this period.

There is a need for provision of basic health care, timely treatment during routine and emergencies, prenatal care where risk factors for mother and child can be identified, provided including teaching on physiology of normal child birth, dealing with unexpected complications and techniques for breastfeeding.

Child Birth: Labour and birth needs to be made more supportive and respectful to provide the right environment for breastfeeding. There is need to provide skilled birth attendants and clean conditions and to reduce unnecessary intervention in normal healthy birth. Mother and baby respond naturally to each other, forming attachments vital for survival and optimal emotional adjustment.

Normal pregnancy, labour, birth, and breastfeeding are interdependent experiences. Evidence-based practices can keep birth normal and empower women to make decisions about the care she and her baby receive.

Unfortunately, this fundamental ability of women to give birth to their babies is often poorly supported or even undermined. Many women lack factual information and skilled and assertive support for childbirth and early breastfeeding. They may not be encouraged to participate in decisions about their own care. In fact, they may be encouraged to passively accept practices that are 'routine' rather than evidence-based.

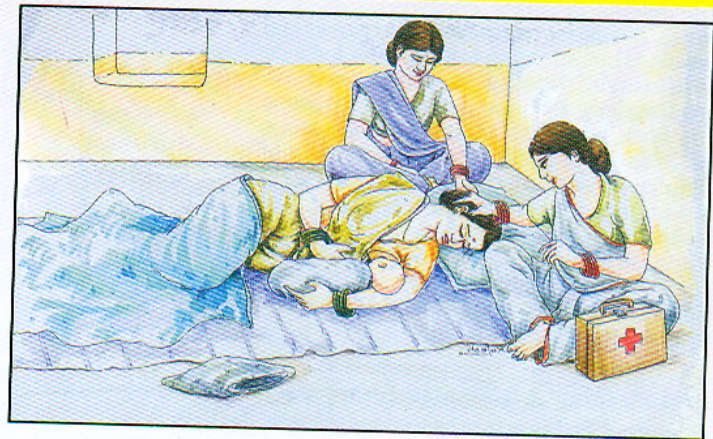


"The Fourth Stage of Labour" Immediate Breastfeeding

Babies are born with the natural ability to find the breast, self-attach, and feed. Babies left in skin-to-skin contact with the mother remain warm and can more easily regulate breathing and heart rate. Breastfeeding in the minutes following birth can help to expel the placenta, reduce bleeding and reinforce emotional attachment of the mother to the baby. If left undisturbed, babies may remain in an active, alert state from 40 minutes up to two hours after birth, after which they drop into deep sleep. After birth the baby should be cleaned and wrapped in a dry cloth and breastfeed within half an hour of birth.

Just as with childbirth, many procedures in the early postpartum interfere with establishing early breastfeeding. Procedures that invade the infant's nose, mouth, and throat may damage delicate membranes, disrupt early sucking reflexes, or create aversion to oral stimuli. Removing the baby from the mother for measurements, inoculations, or bathing can disrupt the newborn's alert state. Eye drops given before the first mother-baby eye contact and breastfeed disrupt the visual contact vital for mutual attachment.

Best practices in the newborn period are the Ten Steps for Successful Breastfeeding, which form the core of the Baby-Friendly Hospital Initiative (BFHI). By keeping mother and baby together in a supportive environment with minimal interference, exclusive breastfeeding is protected and encouraged. Even if the birth experience was not ideal, help and assistance to a mother while



delivery can promote good mother-baby attachment. Empathetic breastfeeding assistance from trained birth attendants, anganwadi workers, nursing and medical staff, or breastfeeding anganwadi workers, ANMs, LHVs and counsellors would make breastfeeding success a reality. Such a motivation would ensure good milk supply from the mother to the baby and could reinforce a mother's own determination and motivation to breastfeed exclusively for first six months.

The introduction of supplementary milks before six months of age may put infants at the risk of malnutrition, because other liquids and solid food are nutritionally inferior to breastmilk. Consumption of liquids and solid or mushy food at an early age also increases children's exposure to pathogens and consequently put them at a great risk of getting diarrhoea.

Essentials for Healthy Mothers

- ❖ A diet with appropriate protein, calories, vitamins and minerals to support the mother's overall health, decreases the risk of having a sick, premature or low-birth weight baby, and assure continued health in recovery and during breastfeeding.
- ❖ Access to health care services for general health, pregnancy care, lactation care, timely treatment of illness, and in medical emergencies for her & her children.
- ❖ Working and living conditions that are safe and healthy, support & facilitate breastfeeding.
- ❖ Pregnancy, childbirth, and new-mother care that are evidence-based, clean, respectful, culturally appropriate and family-centred.
- ❖ Accurate information and support for exclusive breastfeeding for her baby's first six months and appropriate complementary feeding thereafter. The appropriate use of home-made / indigenous complementary foods, along with breastfeeding until age two years and beyond is recommended optimal practice.
- ❖ The ability to space pregnancies, in the first six months possibly through breastfeeding (lactational amenorrhoea method), fertility awareness, and other family planning methods.
- ❖ A network of friends and family for support and information.
- ❖ Awareness of the commercial and economic influences on pregnancy, childbirth, and breastfeeding.

Continuous Support for the Mother

Once breastfeeding has been established, mothers continue to need support to maintain their physical and emotional health. Frequent home visits by a health worker or trained volunteer in the early weeks can check on the health of mother and baby and the progress of breastfeeding, and provide access to a supportive and informative friend. Participation in mothers groups can provide social activity and support as well as role-models for mothering and breastfeeding. Extra care and assistance from the family helps the new mother gradually adjust to her new responsibilities.



The health of a mother and her newborn child depends not only on the health care she receives during her pregnancy and delivery but also on the care she and the infant receive the first few weeks after delivery. Recognising the importance of postpartum check-ups, the Reproductive and Child Health Programme recommends checkups including an abdominal examination and advice on family planning, breastfeeding and baby care.



Ideas for Action

At District / State Level

- ▶ Hold seminars to promote women's health at all levels
- ▶ Organise seminars to show 'Best Practices' on childbirth, breastfeeding and women's health.
- ▶ Organise seminars on healthy lifestyles.
- ▶ Organise seminars on suitable birth spacing methods.
- ▶ Collect information of District or State level on women's perinatal health including important issues for safe and informed birth experience and barriers to a healthy pregnancy.
- ▶ Organise media events to highlight your issue that "Breastfeeding is a major component of safe motherhood"

At your institution / local level

- ▶ Review birthing practices that interfere with suckling and mother infant attachment, advocate for changes.
- ▶ Promote 10 steps of the Baby Friendly Hospital Initiative (BFHI) to protect, promote and support breastfeeding.

- ▶ Inform your colleagues about provision of the "Infant Milk Substitutes, Feeding Bottles and Infant Foods, (Regulation of Production, Supply and Distribution) Act, 1992" and support its effective implementation
- ▶ Find out if mothers receive support from family, community or health workers after they go home, if not encourage establishing a link to support mothers for exclusive breastfeeding.
- ▶ Find out how working mothers manage their children to succeed in exclusive breastfeeding and document this for benefit of others.
- ▶ Support the development of creches at your workplaces and encourages others to do the same.
- ▶ Organise debates on "Women's health during pregnancy birth and breastfeeding period" in Women's colleges, Institutions of Home Sciences, Nutrition and other concerned with women.

The Status

Promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India.

Health Status of mothers

Most of the mothers in rural areas in India are uneducated, mal-nourished and remain ill. They are unhealthy due to wrong community norms like early marriage and gender discrimination. Women can remain healthy if during adolescence they are provided with health and nutrition education, iron and folic acid tablets once in a week and vaccination for tetanus, M.M.R. and Hepatitis B. When adolescent girls will get family education they will be more conscious. For being healthy during pregnancy and giving birth to a healthy baby all pregnant women should be provided with proper nutrition, rest, health services and check-ups and knowledge of adverse condition during pregnancy.

Status of women's health

Some key Indicators

Maternal Mortality Rate	540/100,000
Female Illiterates	36.9%
Malnutrition (Body mass index > 18.5 kg/m ²)	35.8%
Any Anemia (during 15-49yrs.)	51.8%
No antenatal checkups	34%
Received Tetanus Toxoid	66.8%
Received Iron	57.6%
Delivery in a health facility	34.1%
Delivery by a health professional	42%
Post-partum checkups (with 2 months)	16.5%
Initiation of breastfeeding within 1 hour	15.8%
Exclusive breastfeeding (0-3 months)	55%
Complementary feeding (6-9 months)	46%

Source: NFHS-2, 1998-99

By choosing right place for delivery and delivery conducted by a trained person, both the mother and the baby can remain healthy and breastfeeding can be made successful.

Important steps for improving health status of mothers

During Adolescence

- Health and Nutrition education
- Family education
- Participation in family and community work
- Iron and folic acid tablets once in a week
- Consumption of Vitamin A rich food and oil
- Consumption of iodized salt
- De-worming medicine
- Personnel and community hygiene
- Vaccination
 - Tetanus Toxoid
 - MMR
 - Hepatitis B

During Pregnancy

- Pregnancy test if periods missed (between 8-10 weeks)
- One meal extra than routine meal
- Rest for two hours
- Happy family atmosphere
- Health examination by trained community health

worker / doctor

- 16-20 weeks (The check up should be carried by a trained health worker)
- 28-32 weeks (who can check for anemia, height, weight, blood group, etc.)
- 36 weeks
 - Tetanus vaccination
 - I - 16-20 week
 - II - 20-24 week
 - Iron and folic acid tablets

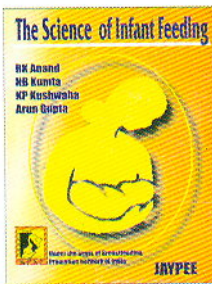
Delivery

- Knowledge of adverse conditions during pregnancy. Delivery at home in normal condition and in hospital during any complication by a trained dai / health worker
- Use of clean and hygiene methods during delivery like, clean place, clean hands, use of clean for tying placenta and use of clean blade for cutting placenta.
- Discussing the method of delivery with mother, family and health professionals

RESOURCES

Books

The Science of Infant Feeding-The book is written by several renowned professionals and experts in breastfeeding from all over India on both scientific and social issues on breastfeeding and complementary feeding. The book takes into account, the advances, which have taken place during the late part of 20th century, which have brought out a "World Renaissance on breastfeeding". The paucity of literature on these issues have been well addressed in this book. This book will improve the knowledge, attitude, and practices of readers.



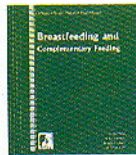
Rs. 400.00 (including postage)

Breastfeeding & 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. 150.00 (including postage)

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.

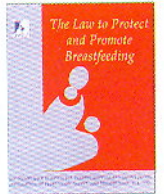


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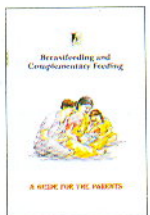
Breastfeeding & Complementary Feeding: Guidelines for Nurses- This book is especially prepared for nurses, to enable them to self learn and use this as a teaching tool about infant feeding. This will also help them to promote optimal infant feeding practices and dispel false beliefs of mother regarding infant feeding. **Rs. 150.00** (including postage)



The Law to protect and promote breastfeeding- The book provides very simply the details of "The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992. This book also explains about the monitoring process of the violations of IMS Act and where to report for this purpose. It also has the complete text of the Act. **Rs. 40.00**



Breastfeeding & Complementary Feeding: A Guide for Parents - This book provides correct information about infant feeding. It helps pregnant women to prepare for breastfeeding and answers their questions on what happens after delivery. It also provides answers to frequently asked questions by the mother



Rs. 25.00

Video & CD

Maa ka pyar - Shishu Ahaar Language
Rs. 250 per cassette & Rs. 200 per CD



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 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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