Achieving High Rates of Exclusive Breastfeeding

The Evidence

The World Health Organization (WHO) and UNICEF jointly developed the *Global Strategy for Infant and Young Child Feeding*, which was adopted on 18 May 2002 by the World Health Assembly. It aims to set in motion national actions to improve infant and young child feeding practices worldwide, to impact on child health, development and survival.

It recognizes that all infants should be exclusively breastfed for the first six months followed by introduction of appropriate complementary feeding along with continued breastfeeding for two years or beyond. According to the strategy *"Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices occur during the first year……."* We are talking about 7 million infant deaths each year. According to the recent child survival data *(Ref: Jones et al. LANCET 2003; 362:65-71)*, promotion of exclusive breastfeeding for first six months is the single most effective intervention and reduces under 5-child mortality by 13-15 percent.

Globally only 1/3rd babies under four months are exclusively breastfed. In India, according to a National Family Health Survey (NFHS-2) report of 1999, initiation of breastfeeding within one hour is only 15.8 %, 55.2% of infants are exclusively breastfed during first 3 months and 19% during 4-6 months. (0-6 months average of about 40%). An IYCF study in 2003, involving 8953 mothers from 49 districts by the Breastfeeding Promotion Network of India (BPNI) revealed that initiation of breastfeeding within one hour was 28%, 49% mothers were giving pre-lacteal feeds (most common being honey) and 39% babies were being exclusively breastfed during the first six months.

Given this scenario, there is recognized need of multisectoral and effective interventions to enhance the practice of exclusive breastfeeding during the first six months. In this document, we provide summary findings of four, yet very important studies, which demonstrate that high rates of exclusive breastfeeding are achievable through skilled counselling on IYCF by the healthcare system workers or by peer counsellors who are adequately trained in infant and young child counselling.

BREASTFEEDING SAVES LIVES

BPNI

1. Effect of Community-based Promotion of Exclusive Breastfeeding on Diarrhoeal Illness and Growth: A Cluster Randomized Control Trial.

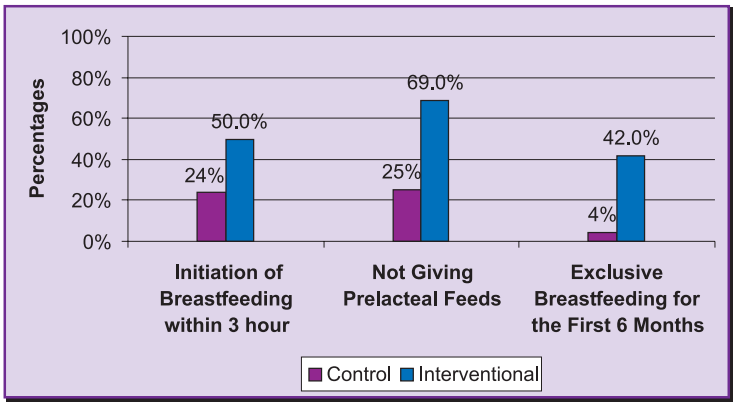
Bhandari Nita, Rajiv Bahl, Sarmila Mazumdar Jose Martines, Robert E Black, Maharaj K Bhan. Lancet 2003; 361: 1418-1423.

A randomized controlled trial done by researchers of All India Institute of Medical Sciences (AIIMS), WHO and Johns Hopkins University, USA has shown that promotion of exclusive breastfeeding until age 6 months in a developing country is feasible reduces the risk of diarrhoea and does not lead to growth faltering.

The intervention was developed through formative research; pair matched eight communities to their baseline characteristics, and randomised each pair to receive intervention and the other to no specific intervention. Health and nutrition workers were trained in the intervention communities to counsel mothers for exclusive breastfeeding at multiple opportunities. Five hundred and fifty two (552) infants formed the intervention group and 473 infants formed the control group.

RESULTS

The results of this study has shown that promotion of exclusive breastfeeding till six months is feasible and has a protective effect against diarrhoea as compared to other methods of feeding. Initiation of breastfeeding within three hours after the birth was 50 percent in the case of interventional group, compared to 24 per cent in control group. Pre-lacteal feeds were not given by 69 percent in the interventional group, compared to 25 per cent in control group. Exclusive Breastfeeding for the first six months among the intervention group was 42 per cent as compared to 4 per cent in control group. At three months, exclusive breastfeeding was 79 per cent in the intervention group as compared to 48% in the control group ($p<0.0001$). The 7 days diarrhoea prevalence was lower in the intervention than in the control communities at 3 months ($p=0.028$) and six months ($p=0.04$). Anthropometry did not differ much between these two groups. Intervention effect on exclusive breastfeeding, diarrhoeal morbidity, and anthropometry at age 6 months in the low-birth weight subgroup was similar to that for all births.



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2. Effect of Counselling on Infant and Young Child Feeding by Trained Community Workers on Exclusive Breastfeeding: A Study from 235 Villages in 3 Blocks of District Bhuj, Gujarat

BPNI (Unpublished Data, 2004)

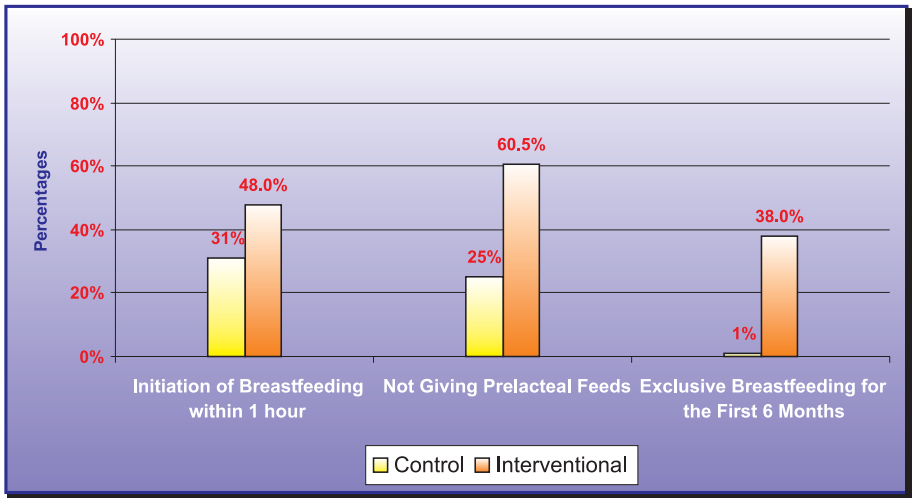
This intervention showed that it is feasible to provide counselling on IYCF to families through existing system and achieve high rates of exclusive breastfeeding. First phase led to a baseline data and qualitative research to develop the strategy. During the second phase counselling skills on IYCF of community workers were enhanced through a training course developed by the BPNI. During the third phase these trained workers provided regular IYCF counselling during prenatal and postnatal period to families of 900 target women who were registered during 7th and 8th month of pregnancy. Impact of intervention on exclusive breastfeeding practice was studied. For studying the impact 300 women were randomly selected from three blocks (who received counselling) and comparison was made with a control group from 100 women from a neighboring block (who received no interventions)

RESULTS

The study showed significant impact of the intervention on

knowledge of anganwadi workers.

Initiation of breastfeeding within one hour was 48% in the intervention as compared to 31 % in the control group (value of chi square 45.62). Pre-lacteal feeds were *not* given by 60.5 per cent women in the intervention as compared to 25 per cent in control group (value of chi square 37.895). Exclusive breastfeeding for the first six months was 38 per cent in intervention as compared to 1 per cent in control group.



3. Effect of Community–based Peer Counsellors on Exclusive Breastfeeding Practices in Dhaka, Bangladesh: A Randomised Control Trial.

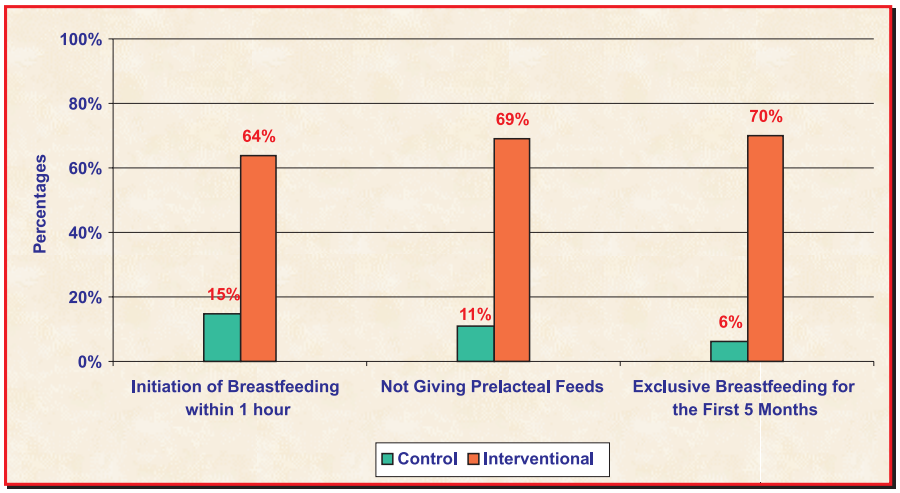
Haider R, Ashworth A, Kabir I, Huttly S R A, The Lancet 2000; 356: 1643-1647.

This study aimed to enable mothers to breastfeed exclusively for five months (which was the recommended duration of exclusive breastfeeding in Bangladesh in 2000) with the interventions of trained peer counsellors in Bangladesh.

For the intervention, 40 adjacent zones in Dhaka were randomised to intervention or control groups. Women were enrolled during the last trimester of pregnancy. The intervention group received, home-based counselling sessions until the infants were five months old by peer counsellors who were local mothers who attended 40- hour WHO/UNICEF breastfeeding counselling course.

RESULTS

The results of this study have shown that promotion of exclusive breastfeeding till five months is feasible through home- based peer counselling. Initiation of breastfeeding within three hour after the birth was 64 percent in the case of interventional group, compared to 15 per cent in control group. Pre-lacteal feeds were not given by 69 percent in the interventional group, compared to 11 per cent in control group. Exclusive breastfeeding for the first five months was 70% among the intervention group as compared to 6 per cent in control group.



4. Efficacy of Home-based Peer Counselling to Promote Exclusive Breastfeeding: A Randomised Controlled Trail

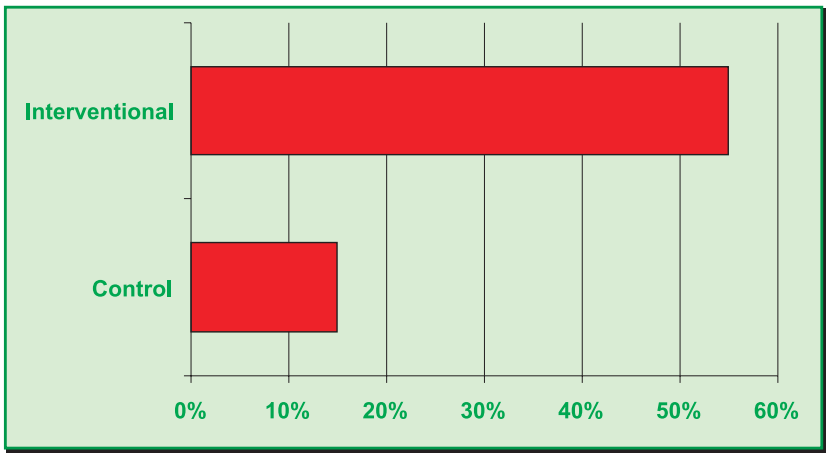
Morrow Al, Guerrero ML, Shults J, Calva JJ, Lutter C, Bravo J, Palacios GR, Morrow RC, Butterfoss FD. The Lancet 1999;353:1226-1231.

This study was a cluster randomised controlled study of the efficacy of home-based peer counselling to increase the proportion of exclusive breastfeeding among mothers and infants residing in periurban Mexico City.

This study was done in Mexico City among 130 mothers. Women in the intervention group received counselling during pregnancy and early postpartum contact by peer counsellors recruited from the same community and trained by La Leche League. The results were compared with women in the control group who received no intervention.

RESULTS

There was no significant difference in initiation of breastfeeding within few hours in both the intervention and the control group. Exclusive breastfeeding for the first six months among the intervention group was 55 per cent as compared to 15 per cent in control group.



Exclusive breastfeeding for first 6 months

CONCLUSION

Four important studies confirm that effective behaviour change in breastfeeding can be achieved through the existing health care systems if trained health workers or peer counsellors provide counselling to mothers and families. For achieving high rates of exclusive breastfeeding, it is recommended to provide counselling skills on IYCF to community workers or peer counsellors. And ensure they provide counselling services to people. Initiatives like this will require local and regional capacity building.

Lack of exclusive breastfeeding is mostly due to feeling of *'not enough milk'* by the mothers, which needs building their confidence and counselling. In the beginning due to traditional practices many mothers give pre-lacteal feeds, which is likely to improve with increased scientific knowledge and support. Increasing exclusive breastfeeding requires a behavior change and is a process that can be achieved through skillful acts. It is not the same as delivery of some vaccine and health protection. It needs inputs both from services and families.

The optimal infant feeding behavior is a continuum and changes at different ages of the infant and the young child. Because it varies with the age of the infant, timing of interventions is critical. To affect the decision making of the mother or families, her motivation to overcome problems if they do arise and persistence in maintaining a recommended behaviour despite negative pressures, it is important that interventions are as close as possible to the time of desired behaviour.

What is needed now is a national strategy of infant and young child feeding with a national plan of action with defined goals, and objectives, activities, results, definition of resources, a timeline for achievements and measurable indicators for monitoring and evaluation.

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