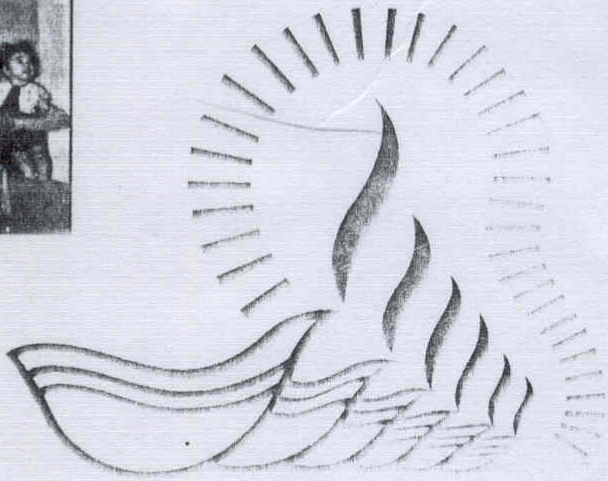
CHEN NUTRICON - 2003

Theme: "MEN IN CHILD NUTRITION AND CARE"



Promote Exclusive Breast Feeding For First Six Months

CHEN NUTRICON 2003

Conference on Infant and Young Child Nutrition

Organised by

IAP - Tamilnadu State Chapter
IAP - Chennai City Branch
NNF - Tamilnadu State Chapter
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Theme: Men in Child Nutrition and Care

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Organising Committee extends a hearty and warm welcome to the delegates and distinguished invitees

National Trends in Breastfeeding and Effective Strategies to Improve Breasefeeding Rates

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Introduction

Exclusive breastfeeding for first six months and continued breastfeeding for up to two years or beyond along with appropriate and adequate complementary feeding after the age of six months constitute optimal infant feeding practices. Optimal feeding practices during the first year reduce the risk of infant morbidity and mortality; reduce risk of infants being malnourished, contributes to better health and development of infants and young children and overall health of mothers. In this paper, I will share with you the national trends of infant feeding and what are the effective strategies for increasing breastfeeding rates in the country. Role of different health and nutrition care workers in the the existing system, who can significantly influence s mother's or family's decision to optimally feed their baby, is briefly discussed.

Optimal infant feeding for optimal growth and development

Breastfeeding remains the unequalled way of providing normal food for the healthy growth and development of infants. Breastmilk provides all the energy and nutrients that the infant needs for the first six months of life, and it continues to provide up to half or more of a child's nutritional needs during the second-half of the first year, and upto one-third during the second year of life. After six months, to meet their evolving nutritional requirements, infants should begin to receive complementary feeding. Breastmilk has unique immunological properties, which protect the babies against both infectious and chronic diseases. Breastfeeding provides all possible opportunities of love, care and stimulation for optimal development of the baby from birth onwards. Also, breastfeeding's positive contribution to the health and well-being of mothers, child-spacing, family and national economics, food security and a safe environment makes it a key aspect of sound socio-economic development.

Status and trends in India

According to the National Health Survey -2(NFHS-2), more than half of under three years children are underweight and one third are born low weight with a wide interstate variation. Undernutrition is strikingly high and acute in Madhya Pradesh (55%), Bihar (54%) Orissa (54%) and Uttar Pradesh (52%). Undernutrition is slightly higher in rurall areas than in cities and towns (60%) vs45%). Maternal undernutrition is also very common in India as 36% of 15-49 years are undernourished. Maternal malnutrition is the key determinant of child malnutrition, which is determined by intergenerational life cycle.

In India, only 37% of newborns are put to breast within one day of birth and 16% do so within one hour. As 55% of babies between 0-3 months receive exclusive breastfeeding, meaning that there is 45% decline in exclusive breastfeeding during this period. During 0-3 months 20% babies are given supplements of milk and another 23% are given water along with breastmilk. Introduction of complementary foods is delayed in most children as only 335 of infants between 6-9 months consume solid mushy foods. Now let's see the trends, what was it in 1992 – 1993 when first ever country survey (NFHS-1) on breastfeeding was available. It has shown a small but positive change, exclusive breastfeding 0-3 months has gone upto 55% from 50.9% and timely complementary feeding rate has slightly gone up from 31% to 33%.

It is now known that growth faltering happens most during first 4 to 18 months of life. This pattern reflects inadequate feeding and caring of infant and young child especially lack of exclusive breastfeeding during first six months and continued breastfeeding with adequate complementary feeding after six months. Undernutrition is lowest among 0-6 months old and this seems entirely due to breastfeeding even though it is sub-optimal.

Strategies and intervention to improve optimal infnat feeding practices

Most interventions designed to improve exclusive breastfeeding practices and complementary feeding involve the health care system. Even those interventions that are implemented outside the health care systems are affected by what happens within the health care system, since infant feeding behaviors and mothers perception of optimal feeding practices are influenced by their interactions with the health care system. There is a multitude of evidence to illustrate that what happens in the health care system can in some cases, support and in other cases, undermine optimal infant feeding practices.

It is thus important to provide optimal infnat feeding services and support to mothers and other household family members. More importantly, efforts in health facilities need to be linked with outreach efforts so that interventions effectively reach families and women. There is also a need to keep emphasis on protection of breastfeeding from those factors that undermine it like commercial interests. And this needs to be made a higher priority within the health care system and that too on an urgent basis.

How to move forward

Efforts to promote optimal infant feeding behaviors in India have so far been minimal. The infant feeding interventions that have been most often implemented so far have been those like information to women and families that too being inconsistent and occassional; direccted towards; discouraging pre-lacteal feeds; removal of formula, glucose water or other supplements in maternity wards and rooming in. This has been done mostly through BFHO in the past seven to eight years. Those less often implemented are counseling and education. This may be partly due to the fact that program managers are not aware of the potential much higher benefit of the counseling and education for optimal infant feeding. It is also true that these interventions are harder to implement effectively, and require more organization, intensive training, generation of additional resources, more highly motivated and skilled staff, amd in some cases, new staff.

It is important to know; to be effective, we should focus on how well (the intensity and quality off) interventions are implemented than what specifically is implemented, or by whom. To have a positive impact, the HOW is critical. Fortunately, most of the needed interventions can be delivered through existing services like Integrated Child Development Services (ICDS) and Reproductive and Child Health Program (RCH). However, specific infant feeding components need to be integrated well into these services and their overall quality and responsiveness need to be improved.

Provision of services to promote optimal infnat feeding

To promote breastfeeding initiation and exclusively for first 6 months, interventions in antenatal, perinatal and postpartum care services, and child care services could be the key opportunities. BFHI provides a great opportunity to address this issue right through these periods. For those who deliver outside the health care system, counseling services through health/nutrition care workers or peer counselore will be needed. To promote extended duration of breastfeeding and the appropriate introduction and use of complementary foods, interventions in curative and preventive health services for infants and young children are necessary up to at least 2 years of age. For this again health care providers in the PHCs/ CHCs/hospitals and community counselor/peer counselrs outside the health care institutions could be the key agents for bringing a change.

Framework for action

The Global Strategy on Infant and Young Child Feeding has been adopted by a World Health Assembly Resolution (55.25/May 2002). The global strategy builds on the Baby-friendly Hospital Initiative, the International Code of Marketing of Breastmilk Substitutes and the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding – in the overall context of national policies and programs on nutrition and child health, and consistent with the World Declaration and Plan of Action for Nutrition. The aim of strategy is to improve the feeding of infants and young children and increase the commitment of governments, society groups and international organizations to promote the health and nutrition of children. The strategy exphasizes the need for comprehensive national policfes on infnat and young child feeding, on an urgent basis including guidelines on ensuring optimal feeding of infants and young children in expectionally difficult circumstances, and the need to ensure that all health services protect, promote and support infant and young child feeding.

It guides national action and suggests critical areas of interventions. It recognizes that mothers should have adequate information, and support within thier families and communities and from the health care system. They should also have acceess to skilled practical help from trained health workers, lay and peer counselors or lactation consultants, who can help to build mother's confidence, improve feeding technique, and prevent or resolve breastfeeding problems. It also lays stress that women in all organized and unorganised sectors of employment need help to continue breastfeeding by being provided with minimum enabling conditions, for example paid maternity leave, part-time work arrangements, on site creaches, facilities for expressing and storing breastmilk, and breastfeeding breaks. Based on these objectives of the strategy, I would, in this article, suggest some key interventions that India can adopt to ensure optimal feeding for infants and young children.

Critical interventions

1. Revitalize and strengthen the existing BFHI. BFHI has been going on in the country since several years and it has been identified that it need strengthening its training component as well include monitoring and evaluation in built in the program. This could be the key to promote exclusive breastfeeding during first six months of life.

In this initiative, it is imperative that mothers have access to skilled support to help them initiate and sutain optimal feeding practices, and to prevent difficulties and overcome them when they occur. Knowledgable and skilled health and skilled health professionals including doctors and nurses can provide this support. To turn the tide, the strategic shift is needed to involve nurses, as they are mostly women in India and much closer to mothers to address their problems much better. They must be trained, have required counselling skills and responsible for the action. Keeping in view the limited time available with the doctors could provide supporting role to be consistent with the messages and support nurses in their efforts.

There is enough evidence to support this intervention but it cannot go alone especially in our country with majority of deliveries being non-institutional, this intervention should be a part of a comprehensive national plan.

In a study by Lutter et al in Brazil the national action included changing hospital practices, restriction of distribution of infant formula, and counseling of mothers along with extensive mass media efforts, significant increase in the duration of breastfeeding among all income groups has been reported. Chile showed that there is huge increase in prevalence of exclusive breastfeeding through anticipatory counseling. Kramer et al demonstrated in Belarus BFHI with training of hospital staff can be highly effective in increasing exclusive breastfeeding duration. A study of Ojefeitimi et al from Nigeria has demonstrated the success

of BFHI program in increasing exclusive breastfeeding. A study by UNICEF / BPNI in India also showed that BFHI has significant positive impact on several breastfeeding practices like initiation of breastfeeding within one hour, reduction in use of prelacteal feeds and supplements during hospital stay and training of staff was found to be the key factor. All these studies illustrate that forced changes in maternity services can result in significant positive changes in breastfeeding behaviors.

Following are the key services during which BFHI can be effectively promoted.

Antenatal education and counseling

The primary objectives of breastfeeding promotion activities during this time period are to 1. encourage women to initiate breastfeeding and exclusively breastfeed their infants for the first 6 months; 2) prepare women for their initial breastfeeding experience immediately postpartum (positioning of the infant and correct sucking position, the process of breastmilk production and flow, common myths, typical problems and their solutions, 3) get women in better health and nutritional state so that they are more confident of their ability to breastfeed and more likely to successfully breastfeed and more likely to successfully breastfeed their infants; 4) prevent LBW and other problems of the neonate which may make breastfeeding more difficult. Specific key actions that should be integrated into antenatal care are:

- Inform all women about the benefits of breastfeeding
- Provide education / counseling on management of breastfeeding immediately post-delivery, it. Immediate initiation postpartum, how to ensure exclusivity of breastfeeding and importance of exclusive breastfeeding during first 6 months (BFHI Step 3, part2)
- Provide individual counseling to help women to choose to breastfeed.
- Conduct routine breast exams to encourage women to breastfeed successfully, rather than to identify potential breastfeeding problems.
- Provide counseling on infant feeding and HIV – to HIV positive mothers.

At birth

There is international consensus that full implementation of all 10 steps of the BFHI in all maternity services is central to the success of BFHI in supporting women in the health care system to ensure optimal infant feeding. Steps 4-9, as well as providing information and support to step 10 are key steps in the BFHI that need to be implemented during a woman's child birth experience. Step 1 and 2 apply to facility based or human resource based interventions, while Step 3 applies to antenatal care. Jey actions include:

- Help mothers initiate breastfeeding within half an hour of birth (BFHI Step 4)
- Show mothers how to breastfeed, and how to maintain lactation, even ifg they are separated from their infants (BFHI Step 5)
- Give newborn infants no food or drink other than breastmilk, unless medically indicated from their infants (BFHI Step 5)
- Practice rooming-in and allow mothers and infants to remain together 24 hours a day (BFHI Step 7)
- Encourage breastfeeding on demand (BFHI Step 8)
- Give no artificial teats or practices (also called dummies and soothers) to breastfeeding infants (BFHI Step 9)

- Foster the establishment of breastfeeding support groups and refer mothers to these groups on discharge from the hospital clinics (BFHI Step 10)
- Eliminate any support by the manufacturers of infant formula / infant food or feeding bottles
- Prohibit distribution of free and low-cost supplies of breastmilk substitutes
- Provide additional lactation assistance to mothers of special cases: LBW, C-sections, etc.
- Assure a safe, healthy and positive birthing experience for the mother and infant

During special circumstances

Special breastfeeding support needs to be provided to low birth weight infants and their mothers. Many health workers still believe that low birth weight infants are an exception that are either too weak or immature to breastfeed or require supplements in addition to breastmilk to enhance their growth in the early postpartum period. Such misconceptions need to be corrected through training and practical experience helping these special needs infants to optimally breastfeed and successfully grow and thrive.

Fortunately, general clinical recommendations are summarized by several authors (12,13) and incorporated into breastfeeding training materials offered by WHO, UNICEF and BPNI. These clinical recommendations include: helping the mother express her milk as soon as possible after delivery at least every 3 hours, in order to keep up a good milk supply; feeding the expressed breastmilk to the baby with a cup of if necessay, by nasogastric tube; helping the baby to suckle at the mother's breast, which helps the baby develop this ability as well as stimulates maternal milk production: helping the baby to attach to the breast; keeping the baby warm and close to the mother and weighing the baby regularly to ensure that he is gaining weight. Keeping a LBW infant 24 hours a day in skin to skin contanct with his mother and breastfeeding regularly (Kangaroo Care) has consistently shown excellent results in trials and practice in many countries – including Ecuador, Zimbabwe, Ethiopia, Indonesia and Mexico.

Special breastfeeding support to mothers with special needs, such as after caesarean section deliveries, is also necessary. Primarily to encourage women that they can indeed breastfeed; to help them find comfortable positions for breastfeeding; and to ensure that their newborns are breastfed as soon as possible after delivery and not given unnecessary supplements before the first breastfeed.

Any health provider who delivers antenatal and maternity care is a potential candidate for providing infant feding information, counseling and support to women. In India, most of women who have access to antenatal care are examined by the obstetricians/medical officers and nurses in the institutions and ANMS/LHVs/Anganwadi workers in the community. TBAs also provide this service outside to non-institutional deliveries. It is important to take a decision who would be able and available to provide counseling service and I feel Nurses and ANMs in the institutions. CHC, and PHC level and AWWs/ TBAs/ peer counselore at community level are the right persons to provide infant feeding counseling service. However, it is imperative that all health/nutrition and community workers who deal with pregnant women give women consistent supportive messages.

2. Establish Community support

This can be discussed in two parts, early postpartum and infant and young child period. Objectives for early postpartum care are related to breastfeeding and complementary feeding:

Objectives at this stage are to: 1) help women to establish a healthy breastfeeding pattern and ensure exclusive breastfeeding for first 6 months; 2) address mother's concerns (about her ability to breastfeed

correctly, any problems, ability to produce enough milk); 3) provide breastfeeding support to mothers : 4) and assure good maternal nutritional and health status, including provision of family planning services. Key actions that should be integrated into routine postpartum care for mothers and infants are

- Show mothers how to breastfeed (how to exclusively BF for first 6 moths, proper positioning and suckling, demand feeding) and how to maintain lactation, even if they are separtated from their infants (BFHI Step5)
- Counsel women on common issues, such as "how do you know if your baby is getting enough milk?" and "how to increase milk supply"
- Help women solve infant feeding problems (infant side) and breast problems (maternal side)
- Foster the establishment of breastfeeding support groups and refer mothers to these groups on discharge from the institutions (BFHI Step 10)
- Do not allow distribution of free or low-cost supplies of infant formula.
- Provide additional assistance to mothers of special cases: LBW, C-sections etc.

Community based networks offering breastfeeding support to mothers and trained peer counselors working within, or working closely with, the health care system, can provide these services and play an important role to improve infant feeding practices. Ensure that they participate actively in the planning and provision of services. This would require training of community workers who care for mothers, children and families with regard to:

- Early postpartum care and support
- Counseling and assistance skills needed for breastfeeding, complementary feeding.
- Infant feeding and HIV counseling
- Health care providers responsibilities under the IMS Act

Evidence that such counseling is effective in increasing the prevalence and duration of exclusive breastfeeding during this period is available.

A study from state of Haryana demonstrates that it is possible to increase significantly the practice of exclusive breastfeeding through counseling of women and families. Peer counselors rather than health facility personnel, are also being used in a number of developingcountries to extend the reach if health services. Peer counselors can be individuals specifically recruited and trained for the purpose of providing infant feeding support, or can be identified from existing groups in the community. A randomized controlled trial in 40 urban communities in Dhaka, Bangladesh by Haider et all using peer counselors showed that exclusive breastfeeding rates at 5 months were found to be 70% in the intervention communities compared to 30% in controls. Morrow et al in Mexico demonstrated that exclusive breastfeeding could increase with how visits by the counselors and was depoendant on the number of home visits they made, such as at 3 weeks it was 80% in those where 6 visits were made and 62% in those with three visits against 24% in controls.

The second part is establishing community support during infancy and young child period. The main objectives of later infant and child care related to infant feeding are to promote optimal infant and young child growth, health and development and to promote maternal recuperation from pregnancy, delivery and lactation. Key actions needed are:

- Provide information and support to ensure continuation of optimal breastfeeding practices (emphasizing the important nutritional contributions of breastmilk (especially in the 6-12 months period) and stressing atleast 2 years duration)
- Provide information and support to ensure adequate and appropriate complementary feeding.
- Provide information and counseling to a guard against sudden complete weaning and its unfavourable consequences.
- Provide counseling and support to HIV positive mothers on infant feeding.
- Refer mother-infant pairs with breastfeeding problems or concerns to lactation specialists for support.

Effectively implements and monitor the Infant Milk Substitutes, Feeding and Infant Foods (Regulation of Production Supply and Dsitribution) Bill (IMS ACT)

Laws are perhaps the strongest mechanisms governments have at their disposal to protect human and health rights, protect health needs of the population, assure quality and promote asscess and equity. Laws and regulations can also be used to constrain the behavior of organizations like infant formula/infant food companies and teat companies that negatively influence the health sector and infant feeding in particular. The IMS Act is a critical law in India that guides action to promote optimal breastfeeding behaviors and to protect breastfeeding from commercial influence.

Manufacturers have a stake in supporting breastfeeding difficulties, perpetuating the misconception that women may not have enough milk and therefore infants would be better of if they get the supplements. Manufacturer's influence over health workers and the people is enormous they continue to interfere with breastfeeding in the health care system in the guise of spreading education on newborn or child health and care.

Implementation of the IMS Act would ensure that commercial practices do not interfere with the breastfeeding and complementary feeding practices so that manufacturers market complementary foods for use at an appropriate age i.e. only for use after six months of age. Information about the provisons of IMS ACT must be provided to all, especially health care workers should be told about their responsibilities keeping in view the letter and spirit of the IMS Act. A system should exist for regular mentoring of the IMS Act and training of staff to carry out monitoring would be required.

5. Ensure accurate information to people Focus on exclusive breastfeeding for first six months and rally around it.

Mothers, fathers and other caregivers should have access to objective, consistent and complete information about optimal practices, and it should be free from commercial influence. In particular, they need to know about when to initiate breastfeeding, what is the recommended period of exclusive and continued breastfeeding; feeding techniques, and information about what to do if they have problems continuing exclusive breastfeeding; the timing of the introduction of the complementary foods, what types of food to give, how much and how often; and how to feed these foods safely.

The optimal age at which to introduce complementary foods remained a subject of much confusion and debate for many years and health workers in the field, despite growing scientific evidence from developing countries of the adequacy of exclusive breastfeeding for assuring adequate intake, growth development and good health through six months of age. Finally this debate ended with WHO's expert consultation on Exclusive Breastfeeding in March 2000 which recommended and led to the adoption of a historic resolution by the World health assembly in the years 2001 recommending period of exclusive breastfeeding for first six months.

Advice by health workers to supplement infants earlier than this recommendation comes not only from their lack of knowledge of more recent research and recommendations, but also from their own beliefs and training that supplementation, rather than better breastfeeding behavior (increased frequency, exclusively) is the solution to growth failure, even at young age. Less than consistent materials, some of which state 4 months as the optimal age to introduce complementary foods, some 6 months and others 4-6 months, that continue to be distributed add to the confusion of workers in the fields.

Exclusive breastfeeding for first six months is a new recommendation and provides a wonderful opportunity to have a plan of action on communication campaign rallying around this. Evidence to use promotion of exclusive breastfeeding as a strategy to lower IMR, is mounting in the absence of any other intervention. This assumes larger importance for LBW, as more LBW babies would die if exclusive breastfeeding were not there. A recent study from Bangladesh estimated that increasing exclusive breastfeeding from 39% to 70% would reduce IMR by 32%. This study confirmed the survival benefits of breastfeeding in a community-based setting in Bangla Desh.

In India, the duration of exclusive breastfeeding tends to be very short. The period when women are most likely abandon exclusive breastfeeding is during 0-3 months, according to NFHS-2, the decline in proportion of women exclusively breastfeeding during this period is 45%. Thus frst two months is the critical time for intervention. Moreover, exclusive breastfeeding is more protective of health than partial breastfeeding, and benefits are larger the younger the infant. It reflects the declining risk of death across infancy. The WHO Collaborative Study and Victoria et al has clearly found this link of younger the age higher the mortality if babies are not breastfed. It showed that compared to exclusively breastfed infants, infants who were partially breastfed had a relative risk of death of 14.2 When this analysis was limited to deaths within the first 2 months of life, the risk of death of not breastfeeding compared to that of exclusive breastfeeding increased to 23.3 within respect to morbidity both Brown et al and Popkin et al have shown that the protective effect of exclusive breastfeeding is greatest for infant less than 2 months of age.

6. Have a National plan of action and a national policy on infant and young feeding in place.

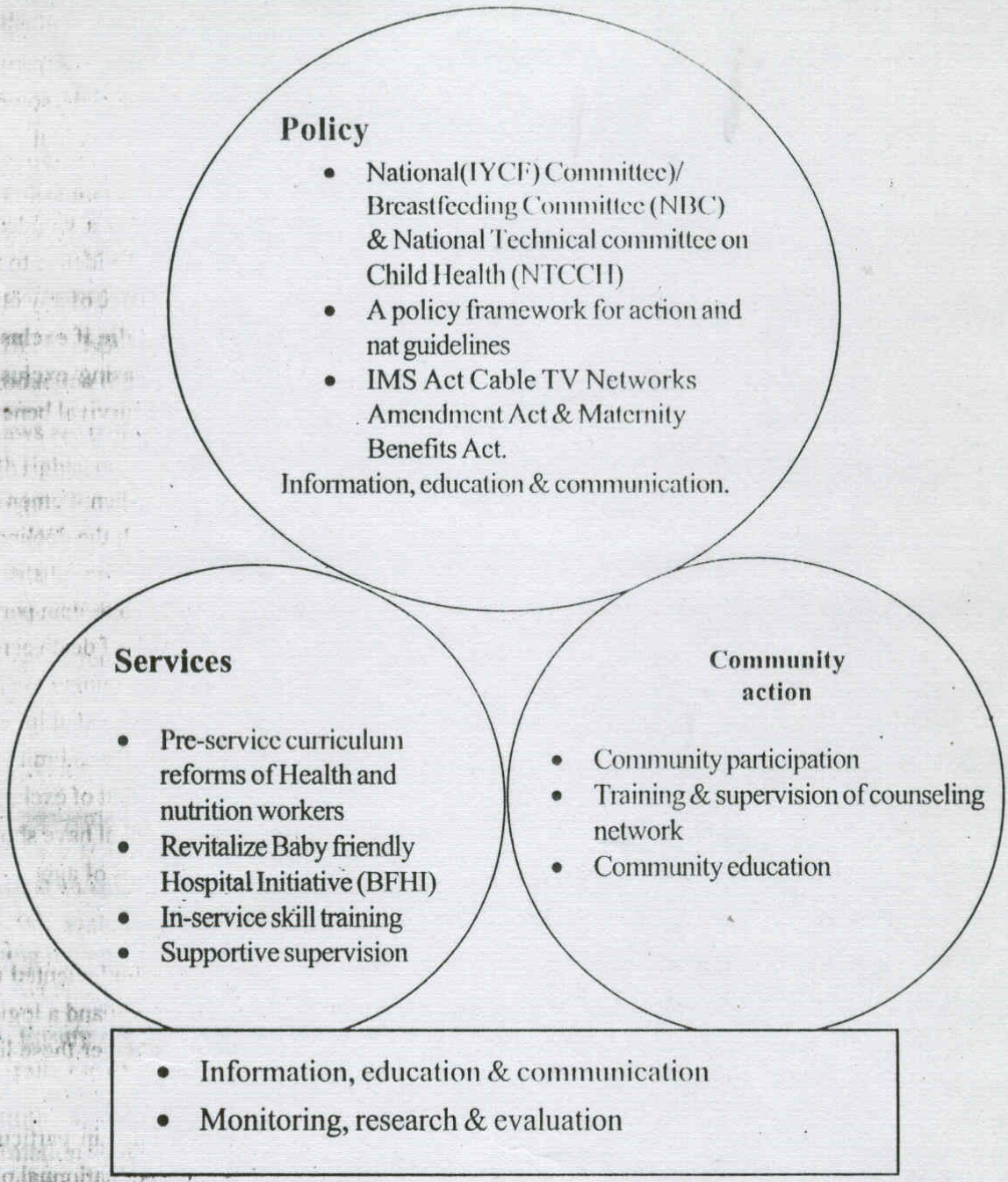
Over the past two decades several initiatives to promote breastfeeding have been implemented nationally but mostly with fragmented efforts. These initiatives lacked good initial planning and a logical framework for action. Efficacy and effectiveness studies have not been carried out whether these lead to any improvements in breastfeeding rates at all.

No single intervention would be helpful if we want to increase breastfeeding rates in particular country or State/District or even at block level. A district approachwith a comprehensive natiopnal plan is going make interventions more effective.

Government of India has taken positive and effective legal measures to protect breastfeeding from the commercial influence and support women at work. The infant Milk substitutes, Feeding Bottles and infant Foods (Regulation of Production, Supply and Distribution) Act, 1992. (IMS Act) and the Cable TV Networks Amendment Act 2000 are the example of this laudable work of the Government.

What is the need now is a national plan of action accompanying a comprehensive national policy on infant and young child feeding that has its defined goals, and objectives, a timeline for achievements and measurable indicators for monitoring and evaluation.

Elements of a comprehensive Infant and Young



In Honduras, a national action plan to promote breastfeeding was implemented over a 5 year period, the components were, changes in hospital norms, training of health providers, pre-and post partum counseling, development of lactation clinics, community talks and printed materials along with mass media campaign to complement this effort. This primarily targeted urban women. The surveys by CDC could demonstrate a significant increase in the duration of breastfeeding, greater in urban women, Increase in duration of breastfeeding was 4.1 to 9.9 months in urban women and 16.7 to 18.8 in rural women. Show it is 15.1 for urban and 18.7 for rural women. Examples from Brazil also demonstrate positive influence of a national program.

The challenge ahead of us is to see how we can plan to include all the crucial components in our national plan of action on IYCF. It is critical. Coupled with the process to implement these at state level and identifying sufficient structures to implement, as well as evaluate and monitor to provide feedback to the action plan, will make it more successful. Specific changes also need to be incorporated into hospital care for infants and mother, RCH, HIV/ADIS and emergency and humanitarian assistance efforts.

Finally and to conclude, lack of exclusive breastfeeding is mostly due to feeling of not enough milk' by the mothers, which needs building their confidence and counseling. In the beginning dur to traditional practices many mothers give prelacteal feeds, which is likely to decrease with increased scientific knowledge and support. Increasing exclusive breastfeeding requires a behaviour 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 behaviour 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 intervention 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 behavior despite negative pressures, it is important that interventions are close as possible to the time of desired behavior. For exclusive breastfeeding, women must be reached early during the prenatal period, supported at birth, and within the first month post-partum when breastfeeding problems and the shift for exclusive to partial breastfeeding are most likely to occur. For continued breastfeeding and complementary feeding outreach services should provide skilled counseling to women at all levels.