



# Newsletter

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Editorial

## Invest money to scale-up exclusive breastfeeding as a means to enhance infant nutrition and survival ..... MDG-4

According to the UNICEF report card on child survival 2004, majority of countries are lagging behind and need to accelerate action on saving babies. According to the *Global Strategy for Infant and Young Child Feeding* adopted by the World Health Assembly (WHA) and the UNICEF Executive Board, inappropriate infant feeding practices are related to 2/3rd of more than 10 million childhood deaths. These deaths occur during infancy, yet we continue to vastly ignore them, because they don't have a voice. Now the UNICEF's report card on nutrition 2006 makes a point further that unless countries invest on nutrition for the infant, it will be hard to achieve MDGs. In March 2006, the World Bank's report "Reposition Nutrition Central to Development Agenda", called for a large-scale action on what we know how to improve infant feeding practices and recognized promotion of exclusive breastfeeding for the first six months as a fundamental first step towards alleviation of poverty. New evidence clearly establishes the role of timely initiation of breastfeeding within one hour, saving 22% of all neonatal deaths if all women were enabled to initiate breastfeeding within one hour of birth. The Lancet in 2003 had established that to ensure child survival exclusive breastfeeding for the first six months would be a critical intervention as its 90% coverage could cut 13% of all child deaths.



Many benefits of increased coverage of exclusive breastfeeding to the baby, mothers, family and nations are well known. The ones that contribute to better brain development and tackling double burden of malnutrition like preventing childhood obesity and later adulthood and chronic diseases like diabetes and cardiovascular diseases, might find the attention of programme and policy makers, and be reflected in the child health Programmes. Another major benefit of high coverage of exclusive breastfeeding would be to reduce transmission of HIV by one third from an infected mother to the baby. Yet only one third of world's babies below six months receive exclusive breastfeeding. Let's examine in the human rights perspective. Right to adequate food for the infant means they are provided exclusive breastfeeding for the first six months and continued breastfeeding along with adequate complementary feeding for next six months. Here the mother comes in picture. Unless we support the mother, and build her capacity, this right of babies will be hard to realize. To be successful in breastfeeding, women need practical help and support from all quarters, especially health care providers. This means, accurate information about optimal infant and young child feeding and timely counseling. Health care providers need to build mother's confidence to increase breastmilk flow from the mother to the baby, when she has a 'feeling' of 'not enough milk', assist her to initiate breastfeeding within one hour, assist her in making proper sucking position to allow effective suckling, help mothers to prevent breast problems like sore nipples, mastitis and engorgement, solve problems if they do arise, answer any questions if mothers have, counsel mothers and families on adequate and appropriate complementary feeding, and finally be able to counsel HIV positive mothers about infant feeding options and support their choice. Do you think our health care providers have that kind of capacity barring a few?



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Two factors are vital for ensuring proper breastmilk supply; one suckling by the baby in effective position that controls breastmilk production, and secondly confidence and state of mind of the mother that controls milk flow. Mothers need support and assistance from health systems. Skilful counselling during pregnancy, birth and later can make a difference. Most mothers give up breastfeeding because of the feeling or perception that they cannot produce enough milk, this can be corrected through one-to-one counselling and building their confidence. Appallingly bad advice to mother to start formula feeding in situations like these has to stop by training and building the capacity of all health care providers in tackling these situations. Misinformation and conflicting messages by the commercial houses must stop.

Considering that exclusive breastfeeding for the first six months fulfills the infant's right to adequate food, it would be very important for mothers to stay close to the child to realize this right to food for babies, day and night. Many mothers have to go out to engage in economic activity, they may not be able to provide exclusive breastfeeding. To achieve this, there must exist an 'entitlement' of a Minimum Essential Program (MEP) of services and support, to enable them to fulfill right to adequate food for their infants. This package could include (i) nutrition support for pregnant and lactating mothers to be healthy and well nourished to ensure their own well being to provide proper care to infants; (ii) breastfeeding educational services during pregnancy and later, (iii) practical support at birth to help timely initiation of breastfeeding within one hour, and later to practice optimal breastfeeding and (iv) maternity leave and cash benefit for the first six months to ensure that they stay with the baby. Governments have to find innovative solutions where community, corporate and governments contribute to a fund to meet these needs. The MEP will serve as the very medium to fulfill this obligation.

All this action needs money. Considering the critical role played by breastfeeding in poverty reduction, reducing health care costs, improving the survival and development outcomes of children, it makes a strong case for investing in this intervention as a strategic choice by all countries and mainstream this in children's programme. When I say invest, my intention is to create budget heads. "Breastfeeding education or counselling services" could be a mainstream component addressing the needs of women.

Once in 2005, I met a leading economist at a ministerial level meeting on children at Cambodia. He was to speak on child survival and I argued that breastfeeding interventions must find a mention in his speech and should be adequately supported by budgets. He seemed to be surprised and said, "Why do you need money for breastfeeding, women do it any way". Yes women do it anyway, most women do breastfeed their babies, moment you ask the next but essential question, "are you giving something else?" they say 'yes' again. There's rapid fall of and drop out rate from exclusive breastfeeding, and this happens everywhere in the region. I don't blame him, only make a point here that everyone needs to understand why do we need all kinds of resources including money for promoting optimal breastfeeding practices. You pick up any child programme nationally or internationally; you will invariably find a budget head for immunization, because you have to buy vaccines. However breastfeeding doesn't get that status may be you can't buy those "skills" like vaccines and they come only with training. This may be the reason of dismally low rates of optimal breastfeeding. A close look at the exclusive breastfeeding rates of all countries of Asia Pacific can put any body to shame. What have we done to this traditional and highly protective practice?

In South Asia, IBFAN Asia Pacific, along with governments and several other partners carried out an assessment of policies and programmes in 2005. It reveals that all countries are just half way in implementing their programmes for protection, promotion and support of breastfeeding or true implementation of the *Global Strategy for Infant and Young Child Feeding*. This clearly points out gaps on what needs to be done.

Don't tell me that all this can be done without "money".

Only a strong lobby succeeds to achieve routing of money in the direction they are interested. The World Health Assembly (WHA) resolution of 2006 reiterates this by urging upon all governments to implement a Call for Action contained in *Innocenti Declaration on infant and young child feeding 2005*. It makes a clear call for budgeting for improving infant and young child feeding practices. The case is strong enough to be ignored. Providing the minimum public health standard to babies is virtually possible to allow the very foundation of life being strong.

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