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INDIAN ACADEMY OF PEDIATRICS
Policy Statement Based on Report of Special Committee (1983)
RECOMMENDATIONS ON BREAST-FEEDING

1. Breast-feeding remains the best feeding for all Indian children. Mother's milk supplies all nutrients needed for the first four to six months of life, including water. Even inadequately nourished mothers provide milk of sufficient quantity and quality during this period. In the second year of life, breast-milk continues to provide at most half of the child's total nutritional requirements. Breast-feeding also helps in spacing children.

2. Pediatricians should actively cooperate with their obstetric colleagues in spreading correct information on breast-feeding to all mothers during the antenatal and postnatal period. They should assist the mother prepare for breast-feeding during pregnancy. Pregnant and lactating mothers should be provided with extra calories in form of locally available food preferences, dietary habits and meal patterns.

3. Obstetric practices that may interfere with proper lactation should be discouraged.

4. Baby should be put to breast preferably in the labor room itself but definitely within four hours after delivery. This is true for all babies whether delivered normally or after Caesarean section.

5. To promote proper lactation, rooming-in of babies and 'on demand' breast-feeding schedule is strongly recommended. Practice of isolating normal babies for fear of infection from visitors and for other reasons in a separate nursery and feeding babies by clock should be discouraged.

6. Prelacteal and supplemental feeding—particularly when given through a feeding

bottle, should be strongly discouraged as such practices interfere with successful lactation.

7. Normal newborns do not need any type of prelacteal feed with glucose or artificial milk as colostrum is enough to meet the limited needs of the newborn baby in the first few days of life. However, if found essential, the same could be given with a spoon rather than through a feeding bottle.

8. Most infections in the mother and commonly used drugs taken by her need not always come in the way of breast-feeding. Thus in case of maternal tuberculosis also, breast-feeding can often be continued. However, treatment of the mother and close observation of the infant is essential.

9. Restriction of breast-feeding for any length of time before and after the administration of oral polio vaccine is not required.

10. Normal exclusively breast-fed babies may pass several loose motions each day. This is not diarrhea and does not necessitate the use of any medication. In the early weeks of life, the stools may even be green in colour. Similarly, some normal breast-fed infants have very infrequent motions. The stools are loose. This need not be treated as constipation.

11. Infectious diarrhea can occur in children who are on a mixed diet or those given contaminated water. However, breast-feeding should be continued in such cases.

12. In an exclusively breast-fed child who is gaining weight adequately, routine administration of water and vitamins,

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and addition of outside milk. weaning foods, juices and soups is not needed until the age of six months as early addition of such items interfere with proper lactation and increase the risk of diarrhoea and allergic disorders like eczema and bronchial asthma.

13. A baby demands feeds frequently, especially in the first few days after delivery. This is physiological and should not be taken as a sign of inadequate breast-milk. Crying in a baby is mostly due to colic and not necessarily due to inadequate milk.

14. A continuous effort should be made by all pediatricians to encourage freshly made, locally available family foods to be used as weaning foods as they work out to be far better, cheaper and beneficial than the marketed weaning foods (e.g. porridge made with locally available

cereals). These foods should be started between 4-6 months, preferably at 6 months in infants who are thriving well at the breast. Breast-milk is continued along with solids.

15. Pediatricians should follow in entirety the 'Indian National Code for Protection Promotion of Breast-feeding' in its letter and spirit. Thus (a) hospitals, nursing homes and doctor's place of work should not be allowed to be used for the display of infant foods, feeding bottles and teats, (b) pediatricians should refuse all types of inducements from the manufacturers and distributors of these products and (c) employees of such manufacturers and distributors should not be allowed direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

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