

BREASTFEEDING PROMOTION NETWORK OF INDIA

Editor Dr S Srinivasan

Dept of Paediatrics JIPMER PONDICHERRY 605 006



OFFICIAL NEWSLETTER

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Phone: 043 36380/85 Ext: 83

Bulletin

BREASTFEEDING - A WOMEN'S ISSUE

Breastfeeding contributes to all aspects of child survival: it is the single most important measure to prevent diarrhoea. Breastmilk contains antibodies and live cells which provide infants with their first immunization; and breastmilk is the perfect food for infants which ensures appropriate growth. Exclusive breastfeeding is the only single human activity that fulfills conditions for good nutrition, health and care.

Children breastfed for at least four months tend to have over all reduced rates of childhood cancers, and they are less likely to show symptoms of asthma and skin allergies. Some studies show that the development of the brain and consequently the IQ might be higher in breastfed children compared to bottle-fed infants of the same socio-economic status. Last, but not the least, breastfeeding leads to unparalleled psycho-social bonding between a mother and her baby.

Now why it is a women's issue ?

In addition to health benefits for babies, breastfeeding is also good for women. The infant's suckling at breast stimulates the release of oxytocin, a hormone which acts to expel the placenta and helps uterine contractions during the third stage of labour. Breastfeeding continues to play a leading role in the health of the woman who feeds her infant nothing else for the first four to six months of life since exclusive breastfeeding provides 98% protection against pregnancy. Breastfeeding also substantially reduces women's risk of breast and ovarian cancer.

All women want the best for their children. If mothers had the correct information about the benefits of breastfeeding, and if they received the necessary support, who would not make that choice for her baby?

All women must receive the support necessary for her to be able to make that choice. This means that her fears about not being able to breastfeed must be dispelled, for example with advice on breastfeeding techniques, on how to position the child or how to express milk by hand. But this also means that society should assist her, and even encourage her, to make that choice, while, of course not exhorting them to breastfeed and creating guilt in those who are not able to breastfeed.

The realities of today's workforce certainly contribute to many individual women's decision not to breastfeed. It is not only the job which forces a woman to choose between breastfeed and formula feeds but many other factors like education, knowledge, cultural practices also lead a woman to breastfeed. These are precisely the tools women are being denied by the society, community and health personnel.

Government claims that children are one of their key priorities and that investing in children is not only the moral thing to do but also probably the investment

which will have the most returns in economic and social terms. Many of them now

acknowledge that breastfeeding is what is needed to give babies the start in life. Why is it then that they do not take all the necessary steps to empower women to make that choice? Why is it that there is so little debate on issues including maternity leave entitlements, working conditions, labour laws and employment policies related to new mothers?

May be this situation is due to the fact that breastfeeding places the woman at the centre of her baby's health, nutrition and development. Breastfeeding points to the fact that, more than sophisticated technologies or highly trained health experts, it is women, all women, who are holding the key to the best start in life for the generation.

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Training in breastfeeding and Lactation Management

Many mothers start artificial formula feeding to their babies from early life, even before the end of the first month. This practice seems to happen more often in mothers who had institutional or hospital deliveries. A single most important reason identified for this unhealthy practice is the lack of confidence among these mothers who felt there was not enough breastmilk in them for the proper and adequate growth of their babies. Even when a mother feels confident about the adequacy of the breastmilk in her, relatives, neighbours and visitors often pressurize and undermine this confidence. To make things worse, even the health care providers including the family physicians, obstetricians and child health specialists, either knowingly or unknowingly give advices that tend to favour and support artificial milk formula feeding from early months of life. Such professional advices come in conflict with established practices and naturally confuse the mother further more.

Replacement of breastmilk with artificial milk formula even in the presence of breastmilk occurs so regularly much before the appropriate time (4-6 months after birth), that a strategy has to be devised and implemented to curtail and dissuade this harmful practice. The dangers of early introduction of artificial formula to infants in the developing countries, where a majority of population does not have access to safe drinking water, are well known. Many of these newborns and infants develop repeated attacks of diarrhoea and chest infections and suffer from ensuing malnutrition. Some of them even die of these infections and malnutrition. The crux of the strategy to prevent this practice of early introduction of artificial milk formula, is to educate and convince all health professionals, health care delivery workers and mothers regarding the advantages of exclusive breastfeeding practices till the children become 4-6 months old. Even the other members of the family mainly the husbands and the mother-in-laws must also be adequately motivated. The need of the hour is development of training programs at all levels to disseminate the scientifically proven facts regarding the advantages and essentiality of exclusive breastfeeding of infants, an important strategy in child survival programs. Communication and other practical skills like counseling must be imparted besides theoretical knowledge in these training sessions.

As a pediatrician, my days as a post-graduate student are remembered with regard to the importance given to breastfeeding and lactation management in the curriculum. Retrospectively, I can definitely say this was woefully inadequate. Rather, more stress was given to artificial milk formula feeding. Even in the final University examination (both in diploma and degree courses) questions were more focused on artificial feeding and

bottle feeding. Invariably, the students were asked to fix or attach the rubber teat properly on to the mouth of the feeding bottles, an important skill to be achieved by a passing student. The students were often seen memorizing the compositions of artificial milk formula and the subtle differences between them, before they went in for their viva. Have things changed in the past twenty years or so? It is difficult to answer this question. If at all, changes have occurred in a few colleges because of the personal initiative of a few well meaning and motivated teachers. Still there are institutions where the negative aspects of the breastfeeding and positive aspects of artificial formula feeding are highlighted, either willingly or unwittingly.

As a post graduate examiner, it has been a common experience to observe the inadequate training in this important area. Students of child health are not in a position to answer the number of lactiferous ducts and the facilitating and inhibitory influences on breast milk secretions, the anatomico-physiological dynamics of breastfeeding, sucking and swallowing by the infants. They are also not adequately prepared in communication and counseling skills, very essential to convince the mothers who are not confident about the adequacy of breastmilk in them.

Many obstetricians and pediatricians who are sufficiently informed about the advantages and necessity of breastfeeding have repeatedly expressed their practical difficulties in convincing the mothers to continue breastfeeding for a period of 4-6 months. Even in major teaching institutions, mothers with twin deliveries - are not adequately motivated and their genuine doubts regarding the adequacy of breastmilk for their twins' needs are not dispelled from their minds. These twins, though they are of adequate birth weights for survival, come back in the neonatal period with diarrhoea and dehydration. Quite a few of them even succumb in spite of best efforts. The only reasons for these episodes is withdrawal of breast milk and substitution with artificial formula, often given in bottles. All these deaths are avoidable if the mothers are given sufficient information regarding the advantages and superiority of breast milk in the prevention of diarrhoea and chest infections in their infants and about the secretory dynamics and adequacy of breast milk even to feed twins and triplets. Health professionals who have twins themselves can be trained to meet these mothers and counsel them appropriately. Steps have been initiated in this direction and training in breastfeeding and lactation management are being undertaken by various bodies. Information regarding such similar training activities in other areas are invited to be presented in ensuing issues of this bulletin.

Sincerely,
Srinivasan.

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It is women who are the holders of the possible resource for everyone's future. As for many other "commodities" produced by the less powerful, breastmilk is undervalued and those who produce it, women, are kept in the dark about its value and not supported to exploit to their full potential.

It is time society supports these commitments and ensures legislative and other measures to carry out its responsibilities to protect and support breastfeeding in the county, this is very much a women's issue.

We have a legislation to control marketing of breastmilk substitutes which has come into force since December 1992 and prohibits free or subsidized supplies of infant formula and bans all types of advertisements. This legislation is to control some of the bad practices adopted by the industry and not to exhort women to breastfeed.

We need a legislation to empower all women to have an access to the right information and improving existing maternity leave benefits. This is then all women should choose by themselves between the two, Breastfeeding and Artificial Feeding.

Arun Gupta.

"We allowed the companies to touch the lives of our babies, not because we did not care, but because we did not realise the consequences of granting such a privilege."

Dr. N. Clavano
Philippines



BREASTFEEDING PAPER OF THE MONTH - JUNE 1993.

Congratulations!

BPNI team from Davangere. Drs. N. Kesaree, C.R. Banapurmath, Shobha Banapurmath and Kallinath Shamanur.

"Treatment of inverted Nipples using a disposable syringe"

Published in Journal of Human Lactation 9(1), 1993 27-29 and declared to be breastfeeding paper of the month June 1993 by UNICEF Headquarters, New York.

The nozzle end of a 10 ml. plastic disposable syringe is cut off (Figure A: Step one). The piston is introduced from the ragged cut end side (Step two). The mother then applies

the smooth end to her breast and pulls on the piston gently and holds in that position for about a minute (Step three). Nipple protrudes out into the syringe. The mother reduces the traction while releasing the syringe. The nipple stays protruded for sometime and immediately the baby is put to the breast. As the nipple is easily taken into the mouth, the baby is able to suckle in a proper position. The nipple retracts again: after a while but not to the same extent. The procedure is repeated several times a day for a couple of days.

This corrects the retraction permanently in almost all cases due to the following actions:

1) Suction by syringe followed by

2) Suckling by the baby. It is a simple method to follow. Physician or a nurse has to demonstrate only once and the mother learns the procedure without any difficulty.

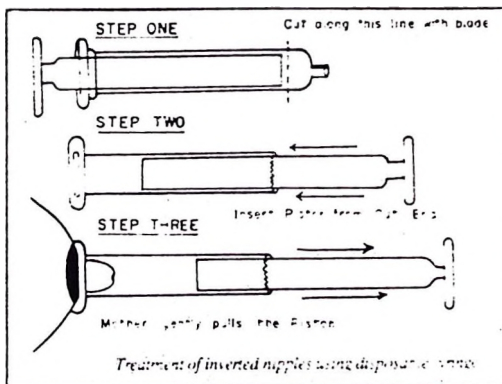


Fig. A

World Breastfeeding Week (WBW)

1-7 August, 1993

Theme for 1993.

BREASTFEEDING, WOMEN AND WORK MOTHER-FRIENDLY WORKPLACE INITIATIVE

WHY WORLD BREASTFEEDING WEEK?

The World Alliance for Breastfeeding Action (WABA) organises World Breastfeeding Week (WBW) as part of its global mobilization strategy to increase public awareness on the importance of breastfeeding. From 1-7 August every year, communities around the world campaign to revive and maintain a natural breastfeeding culture worldwide. Although WABA works on the promotion of breastfeeding all year round, it uses WBW as a particular time when attention of the wider public can be focussed and activities can be concentrated. WBW also allows WABA to coordinate efforts to meet the targets of the Innocenti Declaration. This Declaration states that by 1995 all governments should have:

* a National Breastfeeding Coordinator and a

multi-sectoral National Breastfeeding Committee;

* ensured that every facility providing maternity services practice all ten of the Ten Steps to Successful Breastfeeding as outlined jointly by WHO and UNICEF;

* ensured that the International Code of Marketing of Breastmilk Substitutes is implemented, and

* enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

The goals of WBW 1993 are:

* To create public awareness of the rights of working women to breastfeed.

* To facilitate and protect cultural/traditional practices which are supportive to the breastfeeding mother working at or away from home;

* To involve community leaders and other popular groups (ecological, women and development groups) to develop the social support needed for women in all sectors to combine breastfeeding and work.

Baby Friendly Hospitals

Following hospitals in India have been certified to be Baby Friendly Hospitals, which follow 10 steps to successful breastfeeding.

DELHI

Jaipur Golden Hospital

MADRAS

Kasturba Gandhi Hospital
CSI Kalyani Hospital
Institute of Obstetrics & Gynaecology
R.K. Maternity Hospital
Vijaya Hospital
Public Health Centre
RSRM Hospital
Nagamani N Hospital
Perumal Pet Health Post
Shenoy Nagar Health Post
Ayanavaram Health Post



Santhome Health Post Hospital
Poonnamal Women and Children Hospital

Saidapet Health Post
Mondilhope Health Post
Durgabai Doshmukh Hospital
Vadapalani Zone P.P.P.

Voluntary Health Services Hospital
Sanjoovanaryan Pet Health Post
Rajah Muthiah Medical College and Hospital
Jyothi Nursing Home

BOMBAY

L.T.M.G. Hospital
B.V.L. Nair Hospital
R.N. Cooper Hospital
Nandini Hospital
Jaslok Hospital
K.E.M. Hospital
Municipal Maternity Home

WORLD BREASTFEEDING WEEK AUG 1-7

CONSENSUS DOCUMENT ON INFANT NUTRITION

Let's All Say The Same Thing

Conflicting messages on infant nutrition over the years has caused a great deal of confusion among mothers. It is the baby who loses out.

Protect the infants of this Nation. Share the following messages with every mother you come in touch with.

- 1. Start breastfeeding within one hour of birth in normal deliveries and 4 hours in C-section deliveries**
- 2. Only mother's milk is required in the first 4 to 6 months. No need for any supplements of water, milk or other fluids and foods**
- 3. Avoid bottle-feeding at all ages**
- 4. Solids, preferably home made, should be started after 4 months and definitely not later than 6 months**



BREASTFEEDING PROMOTION NETWORK OF INDIA

P.O. Box - 10551, Delhi 110034.
Phones : 7229252, 7211435
Fax : 91-11-5726612

BREASTFEEDING, WOMEN AND WORK



MOTHER-FRIENDLY WORKPLACE INITIATIVE

World Breastfeeding Week (WBW) 1 - 7 August, 1993

WHY WORLD BREASTFEEDING WEEK?

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- a National Breastfeeding Coordinator and a multi-sectoral National Breastfeeding Committee;
- ensured that every facility providing maternity services practice all ten of the *Ten Steps to Successful Breastfeeding* as outlined jointly by WHO and UNICEF;
- ensured that the International Code of Marketing of Breastmilk Substitutes is implemented; and
- enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

BABY-FRIENDLY HOSPITAL INITIATIVE (WBW 1992):

WABA launched the first WBW on the theme of the *Baby-Friendly Hospital Initiative* (BFHI), on 1 August 1992. The aim of the BFHI is to encourage all institutions and facilities providing maternity services to practice the 10 Steps for Successful Breastfeeding as suggested in a WHO/UNICEF Joint Statement. This initiative has made almost 70 countries around the world recognize the importance of breastfeeding and encouraged them to initiate activities and programmes in support of breastfeeding. More and more hospitals are now converting their institutions into baby-friendly facilities. WABA's *Baby-Friendly Hospital Initiative* Action Folder has been a key instrument in aiding groups promote the BFHI.

MOTHER-FRIENDLY WORKPLACE INITIATIVE (WBW 1993):

The challenge now for WABA is to take baby-friendliness outside the hospitals into other parts of society. For WBW 1993, WABA intends to highlight the situation of breastfeeding mothers in their workplace to create environments supportive of breastfeeding everywhere. The *Mother-Friendly Workplace Initiative* (MFWI) is WABA's theme for next year. WABA hopes that through this initiative, the home, streets, markets, farms, offices, factories and other workplaces - both formal and informal - will become more mother-friendly work environments. We realize that although this is an enormous and difficult challenge, nevertheless, it is one which is vital. The initiative therefore needs concrete action to support the rights of women and children to breastfeed. Our common task is to ensure that women are able to successfully combine breastfeeding and work, be it work at home or in paid employment.

The goals of WBW 1993 are:

- To create public awareness of the rights of working women to breastfeed;
- To facilitate and protect cultural/traditional practices which are supportive to the breastfeeding mother working at or away from home;
- To involve community leaders and other popular groups (ecological, women and development groups) to develop the social support needed for women in the informal and agrarian sectors to combine breastfeeding and work;
- To have more trade unions demand maternity rights and provide a supportive work environment for all women workers who choose to breastfeed (eg. a creche, better transport, etc.);
- To ensure that national legislation to protect the breastfeeding rights of working women is implemented in as many countries as possible; and
- To make as many workplaces as possible become Mother-Friendly.

Suggestions for Action:

- discuss with co-workers and friends the importance of breastfeeding;
- set up a (mother) support group at your workplace to discuss how to make your work environment more suitable for breastfeeding; take these ideas to your employer;
- contact your union, if you have one, or the closest worker support group or community representative to discuss breastfeeding and the need for adequate maternity entitlements and a supportive work environment for breastfeeding;
- be more involved with union decision making and help get breastfeeding support mechanisms on the list of priority demands;
- find out about maternity legislation in your country and start to collaborate with your employer on implementing such legislation at your workplace;
- contact groups working on breastfeeding in your country/region and inform them about the MFWI to coordinate efforts;
- involve the media in publicising the initiative;
- if you're an employer, adopt measures necessary for a supportive work environment and be an example to other employers;

WABA plans to produce an Action Folder and a basic information kit for WBW 1993. WABA invites volunteers to help translate these materials into local languages for popular mobilization in your country.

If you need more information or have any interesting ideas for WBW 1993 in terms of publications, advocacy and display materials, activities/programmes, networking, etc., please contact either one of the following:

Sarah Amin
WABA Secretariat
PO Box 1200
10850 Penang
Malaysia
Tel: 60-4-884 816
Fax: 60-4-872 655

Marta Trejos, Coordinator
Social Mobilization Task Force
CEFEMINA
Apartado 5355
1000 San Jose, Costa Rica
Tel: 506-244 620
Fax: 506-346 875



WABA is a global network of organizations and individuals who believe breastfeeding to be the right of all children and mothers, and who dedicate themselves to protect, promote and support this right. WABA acts on the Innocenti Declaration and works in close liaison with UNICEF.