

Sr. No.....

Infant Feeding Practices in Hospitals

1) Identification Particulars

- 1.1 State/ District _____
- 1.2 Name & address of Hospital _____

- 1.3 Type of Hospital BFHI (1) / Non BFHI (2)
- 1.4 Ownership of Hospital Govt. (1) / Non Govt. (2)
- 1.5 Category of Hospital Estimated No. of Deliveries in a year
>1000 (1) / 250-1000 (2) / <250(3)
- 1.6 Date of Survey _____

SIGNATURES

NAME OF INVESTIGATOR _____

NAME OF SUPERVISOR/ _____

PROFORMA CHECKED BY _____

Sr. No _____

Interview schedule for Doctor

(Junior most pediatric resident doctor or duty medical officer looking after post neonatal ward)

(Please Encircle Your Responses)

2) General particulars and experience

2.1. Name of the Doctor	_____	
2.2. Total number of years experience after internship	_____ yrs.	
2.3. Do you have any specialisation? <i>(If 'no', go to 2.5)</i>	Yes (1)	No (2)
2.4. If yes, in what?	_____	
2.5. Have you had any in-service training in breastfeeding lactation management? <i>(If 'no', go to 3.01)</i>	Yes (1)	No (2)
2.6. If yes in 2.5, provide the following. 1. Duration of training 2. Place of training	_____ Hours _____ _____	

3) Breastfeeding practices

3.01. Does your hospital have a breastfeeding policy? <i>(If answer is (2) or (3), go to 3.03)</i>	Yes (1)	No (2)	Don't Know (3)
3.02. If yes, how frequently it is communicated to all health care staff?	Weekly(1) Monthly(3) Not at all(5)	Fortnightly(2) Rarely(4)	
3.03. Do you teach mothers how to express their breastmilk?	Yes (1)	No (2)	
3.04. Do you recommend prelacteal feeds?	Yes (1)	No (2)	
3.05. What do you advice when encounter the following problems during breastfeeding?			
<u>Problems</u>	<u>Advice</u>		
(i). Sore or cracked nipple	BF cont. (1)	BF Stop (2)	
(ii). Insufficient Milk	_____	_____	
(iii). Breast Engorgement	_____	_____	
(iv). Retracted or inverted nipples	_____	_____	
(v). Breast Abscess	_____	_____	

<p>3.06. How do you handle the following problems? (Encircle the responses)</p>
<p>i. Sore nipples</p> <ol style="list-style-type: none"> 1. Apply some creams 2. Pain killers 3. Antibiotics 4. Reposition the baby 5. Any other, specify _____ <p>ii. Insufficient milk</p> <ol style="list-style-type: none"> 1. Prescribe supplemental milk 2. Investigate if it is real or apparent 3. Counsel the mother to increase breastmilk supply 4. Build her confidence 5. Prescribe drugs e.g. Perinorm 6. Any other (specify) _____ <p>iii. Breast Abscess</p> <ol style="list-style-type: none"> 1. Stop breastfeeding + Incision & Drainage 2. Continue breastfeeding + Incision & Drainage 3. Give antibiotics only 4. Any other (Specify) _____ <p>iv. Breast engorgement:</p> <ol style="list-style-type: none"> 1. Express breastmilk 2. Hot fomentation 3. Prescribe antibiotics 4. Stop breastfeeding 5. Encourage unrestricted breastfeeding 6. Any other specify _____ <p>v. Inverted nipples</p> <ol style="list-style-type: none"> 1. Advise to use nipple shield 2. Try to correct with syringe suction method 3. Any other (Specify) _____
<p>3.07. Where do you usually keep the newborn baby after delivery?</p> <p>With the mother(1) Separate in the nursery(2) With mother on separate bed(3)</p> <p><i>(If answer is (1) or (3), go to 3.09)</i></p>
<p>3.08. Under which situations do you keep the newborn baby in separate nursery?</p> <p>Caesarian delivery(1) Infant complication(2) Low birth weight baby(3)</p> <p>Preterm birth (4) Any other, specify(5)_____</p>

3.09. How soon after delivery is the baby given to the mother in the following situations in your hospital?			
(i) Normal delivery			_____ hrs
(ii) Caeserian delivery			_____ hrs
(iii) Forceps delivery			_____ hrs
3.10. After how many hours of delivery newborn baby is put to breastfeeding in the following situations?			
i. Normal delivery			_____ hrs
ii Caesarian delivery (after mother wakes up)			_____ hrs
iii. Forceps delivery			_____ hrs
3.11. How frequently do you think that a newborn baby should be breastfed?			
On demand(1)	On Time schedule(2)	Both(3)	
3.12. Does your hospital ask mothers to bring infant milk formula, feeding bottles and infant foods when they come for delivery? Yes(1) No(2) (If 'no', go to 3.14)			
3.13. If yes in 3.12, provide the following information:			
Items	Yes(1)	No(2)	If yes, Brand preferred
i. Infant Milk Formula	_____	_____	_____
ii. Feeding Bottle	_____	_____	_____
iii. Infant foods	_____	_____	_____
3.14. Do the mothers usually start giving water or anything else to drink or eat other than breastmilk after putting him/her to breastfeeding during their stay in hospital?			
<i>If yes , (a) What is given?</i>	Yes(1)	No(2)	<i>If yes, is it given with Bottle?</i>
<input type="checkbox"/> Plain water	_____	_____	_____
<input type="checkbox"/> Sugar/Honey /Jaggery	_____	_____	_____
<input type="checkbox"/> Juice	_____	_____	_____
<input type="checkbox"/> Tea	_____	_____	_____
<input type="checkbox"/> Fresh milk	_____	_____	_____
<input type="checkbox"/> Tinned/Powdered milk	_____	_____	_____
<input type="checkbox"/> Any other liquid (specify)	_____	_____	_____
(b) Who advises?	Self(1)/Nurse(2)/Doctor(3)/Mother(4)/ Mother in law(5)Any other relative (6)Neighbour or friends(7)		

3.15.	Has your facility any material to educate the mothers for promotion of breastfeeding? Yes(1) No(2) Don't know(3) <i>(If answer is (2) or (3), go to 3.17)</i>
3.16.	If yes in 3.15, i. How do you educate the mothers through these materials? Distribution(1) display(2) both(3) Don't educate(4) (Collect a copy of such material, if available, otherwise note the contents and type of material) _____ _____ _____ ii who supplies these materials? Formula company(1) Govt.(2) Voluntary organisation(3) Local Person(4) Health staff of Hospital(5) Any other specify(6)_____ Don't know(7)
3.17.	If no in 3.15, how do you educate them? Individually(1) group meetings(2) Both (3) Don't educate(4)
3.18.	3.18. In those cases where some supplementary feed is medically indicated, do you provide written prescription? Yes, always(1) Yes, Some times(2) Yes, rarely(3) Not at all(4)
3.19.	Do you advise mothers to come for follow up support for breastfeeding mothers at time of discharge from hospital? Yes (1) No(2)
3.20.	If yes in 3.19 please describe what kind of support is available? _____

4) Infant Milk Substitutes (IMS), Feeding Bottles(FB) and Infant Food(IF) (IMS Act)

4.01.	Does your hospital have a policy on the display and promotion of breastmilk substitutes, bottles or teats, directly or indirectly, through company posters, materials, free offers etc? Yes(1) No(2) Don't know(3) <i>(If answer is (2) or (3), go to 4.03)</i>
4.02.	If yes in 4.01, please describe. _____
4.03.	4.03 Does your hospital have a policy regarding donations by manufacturers and distributors any educational materials? Yes(1) No(2) Don't know(3) <i>(If answer is (2) or (3), go to 4.05)</i>
4.04.	4.04 If yes in 4.03, i. Please describe. _____ ii. If donations of materials are made, do they bear product names or information about any products manufactured by the company or company logo Yes(1) No(2)

4.05.	Does your facility have a policy concerning the provision of samples or gifts to pregnant women or new mothers (e.g. Infant formula, feeding bottles, teats, baby items or toys bearing company name, logo or any message)? Yes(1) No(2) Don't know(3) <i>(If answer is (2) or (3), go to 4.07)</i>
4.06.	If yes in 4.05, please describe. _____
4.07.	Do personnel from manufacturers of products have any contact with mothers at your hospital? Yes(1) No(2) Don't know(3)
4.08.	Is any mother at any time provided or paid for any purpose by manufacturers? Yes(1) No(2) Don't know(3)
4.09.	How is the facility and its staff informed by the manufacturers of new or existing products? _____ _____
4.10.	Who decides which products will be used in the facility? _____
4.11.	How is the decision taken? _____
4.12.	How often is the decision reviewed? _____
4.13.	What products are currently used in your facility? _____
4.14.	How are the products used by your facility? _____
4.15.	Does the facility receive some or all of its infant formula, feeding bottles or teats through donations or at subsidized prices? Yes(1) No(2) Don't know(3)
4.16.	Have manufacturers or distributors ever supported anyone including you in the following? <i>If yes , (a) What is given?</i>
	Yes(1) No(2) Don't Know(3)
i.	Fellowships _____ _____ _____
ii.	Study tours _____ _____ _____
iii.	Conference attendance _____ _____ _____
iv.	In-service seminars _____ _____ _____
v.	Free Distribution of books _____ _____ _____
vi.	Sponsorship of clinical meeting _____ _____ _____
	of the hospital or medical association
4.17.	If yes in 4.16 for any of the above, please give details _____
4.18.	Do you know about the existence of the law to protect breastfeeding in India (IMS act 1992)? Yes (1) No(2)

(specify).....(6)/Don't know(7)

(b)How do you educate the mother through these materials?

Distribution(1)/Display(2)/Both(3)/Do not educate(4)

3.06 If no in 3.04, how do you educate mothers for promotion of breastfeeding?

Individual talk(1)/Group meeting(2)/Both(3)Do not educate(4)

3.07 Do you recommend prelacteal feeds?

Yes(1)/No(2)

3.08 Which milk do you think is better for newborn baby?

Breastmilk(1)/Any tinned milk (2)/Animal Milk/dairy milk(3)

3.09 Why do you think so?

- 1. -----
- 2. -----
- 3. -----
- 4. -----

3.10 What do you advice, if the mother is having the following problems during breastfeeding?

	<u>Problems</u>		<u>Advice</u>
		BF cont.(1)	BF Stop(2)
i.	Sore or cracked nipple	-----	-----
ii.	Insufficient Milk	-----	-----
iii.	Breast Engorgement	-----	-----
iv.	Retracted or inverted nipples	-----	-----
v.	Breast Abscess	-----	-----

3.11 How do you handle the following problems? (Encircle the responses)

i. **Sore nipples**

- 1. Apply some creams
- 2. Pain killers
- 3. Antibiotics
- 4. Reposition the baby
- 5. Any other, specify-----

ii. **Insufficient milk**

- 1. Prescribe supplemental formula
- 2. Investigate if it is real or apparent
- 3. Counsel the mother to increase breastmilk supply
- 4. Build her confidence
- 5. Prescribe drugs e.g. Perinorm
- 6. Any other (specify) -----

Breast Milk(1)/Fresh water(2)/Glucose water(3)
 /Honey(4) /Fresh milk(5)/Tinned or powdered
 milk(6)/Any other, specify (7)-----

3.17 How frequently do you think that a newborn baby should be breastfed?

On demand(1)/On Time schedule(2)/Both (3)

Does your hospital ask mothers to bring infant milk formula or feeding bottles or infant foods
 when they come for delivery? Yes(1)/No(2)

(If 'no', go to 3.20)

3.18 If yes, provide the following information:

Items	Yes(1)	No(2)	If yes, Brand preferred
i. Infant Milk Formula	-----	-----	-----
ii. Feeding Bottle	-----	-----	-----
iii Infant foods	-----	-----	-----

3.19 Do the mothers usually start giving water or anything else to drink or eat other
 than breast milk after putting him/her to breastfeeding during their stay in
 hospital?

(If 'no', go to section IV – Newborn Care)

Yes(1)/No(2)

If yes, (a) What is given?

	<i>Item given</i>		<i>Given with bottle</i>	
	Yes(1)	No(2)	Yes(1)	No(2)
<input type="checkbox"/> Sugar/Honey /Jaggery	-----	-----	-----	-----
<input type="checkbox"/> Juice	-----	-----	-----	-----
<input type="checkbox"/> Tea	-----	-----	-----	-----
<input type="checkbox"/> Fresh milk	-----	-----	-----	-----
<input type="checkbox"/> Tinned/Powdered milk	-----	-----	-----	-----
<input type="checkbox"/> Any other liquid (specify)-----	-----	-----	-----	-----

(b) Who advises?

Self(1)/Nurse(2)/Doctor(3)/Mother(4)Mother in
 law(5)Any other relative(5)/Neighbour or friend(7)

3.20. After how many hours after birth a baby is breastfeeding is initiated in your hospital?

- i. Normal delivery
- ii. Caesarian delivery
- iii. Forceps delivery

3.22 Do you explain to mothers how to breastfed?

Yes(1)/No(2)

3.23 Do you tell mothers about initiation of juice/tea/other foods to babies?

Yes(1)/No(2)

3.24 If yes at what age?

-----months

4. Infant Milk Substitutes, Feeding Bottles and Infant Foods, Supply, Distribution and Promotion

4.1 Have you got any posters/wall charts material displayed in or around the premises of the hospital regarding promotion of infant feeding? Yes(1)/No(2)

(Interviewer should verify whether there is any such material displayed in the premises of the hospital or around it. If yes, collect a copy of the same, if possible, otherwise note down the contents and type of material)

4.2 Have you or any staff member ever received any incentives, such as, free samples, gifts and discount etc. from the manufacturers or distributors in last 6 months?

Yes(1)/No(2)/Don't know(3)

4.3 Does your hospital allow any infant formula manufacturer/distributor/salesman to contact mothers in the hospital? Yes(1)/No(2)/Don't know(3)

4.4 Do you know about the existence of the law to protect breastfeeding in India (IMS act 1992)? Yes (1)/No(2)

Interview Schedule for Women in the Maternity Ward

(1st & 2nd woman who delivered on the previous day of the visit)

(PLEASE ENCIRCLE YOUR RESPONSES)

2. Demographic and socioeconomic particulars

- 2.1 Name of the woman -----
- 2.2 Name of her husband -----
- 2.3 Educational Status (Illiterate(1)/ Functional literate(2)/Primary(3)/Middle(4) Matric(5)/Hr. Sec. or S.S.C.(6)/Graduate(7)/Post-Graduate(8)
- 2.4 Occupation Housewife(1)/Service(2)/Business(3)/Cultivation(4) /Labourer(5)/Self-employed(6)/Professional or Consultancy(7)/Unemployed(8)
- 2.5 Religion Hindu(1)/Muslim(2)Christian(3)/ Sikh(4)/Jain(5)/ Any other, specify(6)-----
- 2.6 Place of residence Rural(1)/Slum(2)/Urban(3)
- 2.7 Type of family Nuclear(1)/Joint(2)
- 2.8 Monthly household income. Rs.....

3. Breastfeeding Practices

- 3.01 When was your baby born? ----/---/----- Date/Month/Year
- 3.02 Was your delivery normal/caesarian/forceps? Normal(1)/Caesarian (2)/Forceps(3)
- 3.03 How many hours after delivery did you put your baby to your breast? (In case of caesarian delivery how many hours after you woke up from anesthesia did you put your baby to your breast? ----- hours(1)/Not yet (2)
(For immediately after birth or less than 1 hour, record '00' hours)

3.04 Has the baby been given anything to drink before he/she was put to breastfeeding?

(If 'no', go to 3.06)

Yes (1)/No (2)

3.05 If yes, provide the following information

(a) What was given?

Yes (1)

No (2)

Plain water

Sugar/Honey /Jaggery

Juice

Tea

Fresh milk

Tinned/Powdered milk

Any other liquid (specify)

(b) Who advised?

Self(1)/Nurse(2)/Doctor(3)/Mother(4) Mother in law(5)
Any other relative(6)Neighbour or friend(7)

(c) Who offered?

Self(1)/Nurse(2)/Doctor(3)/Mother(4) Mother in law(5)
Any other relative(6)Neighbour or friend(7)

3.06 Have you had any problem feeding your baby?

Yes(1)/No(2)

(If 'no', go to 3.08)

3.07 If yes, did a nurse offer to help you with breastfeeding at that time?

Yes(1)/No(2)

3.08 Do you know how to express your breastmilk?

Yes(1)/No(2)

(If 'yes', go to 3.10)

3.09 If no in 3.08, has any body hospital ever offered to teach you to express your breastmilk?

Yes(1)/No(2)

3.10 Has your baby stayed with you in your room/ward/bed since delivery?

Yes(1)/No(2)

3.11 Have there been times the baby has not been with you?

(If 'no', go to 3.13)

Yes(1)/No(2)

- 3.12 If yes in 3.11,
- a) Where was the baby taken? -----

- b) Why the baby was taken? -----

- c) For how much time? -----

3.13 Have any restriction been placed on the frequency or length of your breastfeeding?

(i) Frequency

Yes(1)/No(2)

(ii) Length of breastfeeding

Yes(1)/No(2)

3.14 Have you been given any advice while in hospital about how often to breastfeed by the hospital staff?

Yes(1)/No(2)

(If 'no', go to 3.16)

3.14(a) If yes, who was it. Nurse(1)/Doctor(2)/Dai(3)/Neighbours(4)

3.15 How often have you been told to breastfeed your baby?

Every hr(1)/Every 1-3 hrs(2)/

Every 3-4 hrs(3)/on demand(4)

3.16 Is the baby being breastfed on demand? Yes(1)/No(2)

3.17 How many times did you breastfeed yesterday i.e. during the last 24 hours?

3.18 Has your baby ever had any episodes of illness since birth? Yes(1)/No(2)

(If 'no', go to 3.21)

3.19 If yes in 3.18,

a) Did you continue with breastfeeding? Yes(1)/No(2)

(If 'no', go to 3.20)

b) If yes in (a), was the frequency of breastfeeding same as before?

Less(1)/The same(2)/More(3)

3.20 If no in (a),

(a) Why did you stop? -----

(b) On whose advice did you stop? Self(1)/Nurse(2)/Doctor(3)/Mother(4)

Mother in law(5) Any other relative(6)
Neighbour or friend(7)

3.21 Has your baby ever sucked on a pacifier or dummy? Yes(1)/No(2)
(If 'no', go to 3.23)

3.22 If yes in 3.21 on whose advice did you use? Self(1)/Nurse(2)/Doctor(3)/Mother(4)
Mother in law(5) Any other
relative(6)Neighbour or friend(7)

3.23 Did you start giving water or anything else to drink or eat other than breastmilk
after putting him/her to breastfeeding? Yes(1)/No(2)

(If 'no', go to 3.25)

3.24 If yes in 3.23, provide the following information:

Type of liquid or food given	Hours after that started? (For immediately after birth or less than 1 hour, record '00' hours)	Is it normally given with bottle?	
		Yes(1)	No(2)
(i) Plain water			
(ii) Animal milk/tinned milk other than breastmilk			
(iii) Other liquids			

3.25 Did you have antenatal care at this hospital? Yes(1)/No(2)
(If 'no', go to 3.27)

3.26 If yes in 3.25,

(a) Was breastfeeding discussed during antenatal visits? Yes(1)/No(2)

(b) Were you asked to bring infant milk formula or feeding bottles or infant foods at the time of coming for delivery to the hospital? Yes(1) No(2) *If yes, which brand*

4.04 Have you been offered any incentives, such as free samples, gifts and discount etc. to buy infant formula/infant foods

Yes(1)/No(2)

(If 'no', stop interview)

4.05 If yes in 4.04, provide the following information:

Type of incentives	Brand Name	From whom received?	For promotion of
		Doctor(1)/Nurse(2)/ manufacturer(3) distributor(4)	IMS(1)/FB(2)/IF(3)

- | | | | |
|--------------------|-------|-------|-------|
| i. Free samples | ----- | ----- | ----- |
| ii. Gifts | ----- | ----- | ----- |
| iii. Cash/discount | ----- | ----- | ----- |

Mother ill or weak(1)/Child ill or weak(2)
 /Nipple or breast problem(3)/Insufficient
 milk(4)/Mother Working(5)/Child
 refused(6)/Any other,specify(7)-----

3.08 How many hours delivery did you put your baby to your breast? (In case of caesarian
 delivery how many hours you woke up from anesthesia, did you put your baby to your
 breast?) -----hours Not
 at all(88)

(For immediately after birth or less than 1 hour, record '00' hours)

3.09 While you were in the hospital, was the baby ever given water or anything else to drink
 or eat other than breastmilk before putting him/her to breastfeeding?

Yes(1)/No(2)

3.10. Since this time yesterday, did your baby receive any of the following?

(a) Type of fluid or food	Yes(1)	No(2)
Plain water		
Sugar/honey/Jaggery	-----	-----
Fruit juice	-----	-----
Vitamins, minerals, medicine	-----	-----
Tea	-----	-----
Fresh milk	-----	-----
Tinned/powdered milk	-----	-----
Any solid home made food	-----	-----
Commercial solid food, (e.g. cerelac, Nestum, Farex, etc.)	-----	-----
Any other (specify)	-----	-----

(b) On whose advice did you start? Self(1)/Nurse(2)/Doctor(3)/Mother(4)
 Mother in law(5)Any other
 relative(6)Neighbours or friends(7)

(a) Since this time yesterday, did your baby drink anything from a bottle with a
 nipple/teat? (If yes, please describe) Yes(1)/No(2)

3.11 Has your baby ever sucked on a pacifier or dummy? Yes(1)/No(2)

(If 'no', go to 3.13)

3.12 If yes in 3.11, who advised? Self(1)Mother(2)Mother in law(3) any relative(4)
 Doctor(5)Nurse(6)Neighbour or
 friends(7)

3.13 Did some one in the hospital advised for a post-natal visit at this hospital?

Yes(1)/No(2)

(If 'no', go to 3.15)

3.14 If yes in 3.13,

(a) Was breastfeeding/infant feeding discussed during these visits? Yes(1)/No(2)

(b) Were you advised to give infant milk formula or feeding bottle or infant foods?

		Yes(1)	No(2)	If yes, which brand?
i.	Infant milk formula	-----	----	-----
ii.	Feeding bottle	-----	----	-----
iii.	Infant Food	-----	----	-----

3.15 Did any nurse/health person or doctor ever explain you about positioning and attachment,

while breastfeeding? Yes(1)/No(2)

3.16. Did you experience any problem during breastfeeding? Yes(1)/No(2)

(If 'no', stop interview)

3.17 If yes in 3.16, which of these? (tick as many as she tells)

- Sore Nipples (1)
- Breast Engorgement (2)
- Cracked nipples (3)
- Inverted nipples (4)
- Breast abscess (5)
- Insufficient milk (6)

3.18 Did you stop breastfeeding or started giving supplements of other milks due to such problems? Yes(1)/No(2)

3.19 If yes in 3.18, who advised to stop? Self(1) Health worker(2)Nurse(3) Doctor(4)/Mother(5) Mother in law(6) Any other relative(7)Neighbour or friends(8)

3.20 Has anyone in this Hospital taught you how to express your milk? Yes(1)/No(2)

3.21 At what age do you plan to give water, teas, and juices or other milks to your baby?

months/days -----

3.22 How long do you plan to breastfed?
months/days/weeks

Sr.No.....

Interview schedule for Storekeeper

(person who is responsible for distribution/supply/ purchase of drugs and other items.)

(PLEASE ENCIRCLE YOUR RESPONSE)

2.General particulars

2.1. Name of the storekeeper -----

3. Infant Milk Substitutes(IMS), Feeding Bottles(FB) and Infant Foods(IF) Supply, promotion etc.

3.1.What are the products of childcare available in the store?

	Yes(1)	No(2)	If yes, Which brand?
1.Soaps	_____	_____	_____
2.Oils	_____	_____	_____
3.Talcum	_____	_____	_____
4.Baby foods	_____	_____	_____
5.Feeding Bottles	_____	_____	_____
6. Powder Milks	_____	_____	_____
7.Others(specify)	_____	_____	_____

3.2 Which are the products commonly used in your hospital and who decides about them?

Type of the product	Brand	Deciding authority
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

3.3 Does the hospital receive these products through donations or at a subsidised price?

(If answer is (2) or (3) skip to 3.5) Yes(1)/No(2)/Don't know(3)

3.4 If yes, in 3.3 name the products supplied subsidized.

Type of the product	Brand
-----	-----
-----	-----
-----	-----
-----	-----

3.5 Do you know about the existence of the law to protect Yes (1)/No(2)

breastfeeding in India (IMS act 1992)?

5. Feeding Bottles ----- ----- ----- -----

3.06 Are these products prescribed by some one?

	Yes(1)	No(2)	If yes, by whom?
1. Soaps	-----	-----	-----
2. Oils/Talcum	-----	-----	-----
3. Powder milks	-----	-----	-----
4. Infant foods (<i>Cerelac, Farex etc.</i>)	-----	-----	-----
5. Feeding bottles	-----	-----	-----