

# Breastfeeding: The 1<sup>st</sup> Hour

Save  ONE  
million babies!



India can save the lives of 250,000 babies  
every year by just ONE action



“ It begins at birth. Our very first act after birth is to suck our mother's...milk.  
This is an act of affection, of compassion. Without that act, we cannot survive.  
That's clear...That's the way of life. That's reality. ”

Dalai Lama and Howard C. Cutler, *The Art of Happiness A Handbook for Living*, 1998

# Breastfeeding: The 1st Hour - Save ONE million babies!

## OBJECTIVES

1. To draw the world's attention as to how we can save ONE million babies with ONE action-To begin breastfeeding within ONE hour of birth.
2. To encourage all communities to make this a key indicator of progress on child health, nutrition and development.

### How to help a mother for skin-to-skin contact?

A baby should be delivered directly onto the mother's chest or abdomen and allowed to remain in skin-to-skin contact at least until it has had its first feed, and goes to sleep and for as long as the mother wants. The baby and mother should be covered by the same blanket so as to maintain skin-to-skin contact and keep the baby warm. Allow the baby to move towards the nipple, attach to the breast, and get her/his first feed, preferably in the first hour after birth.

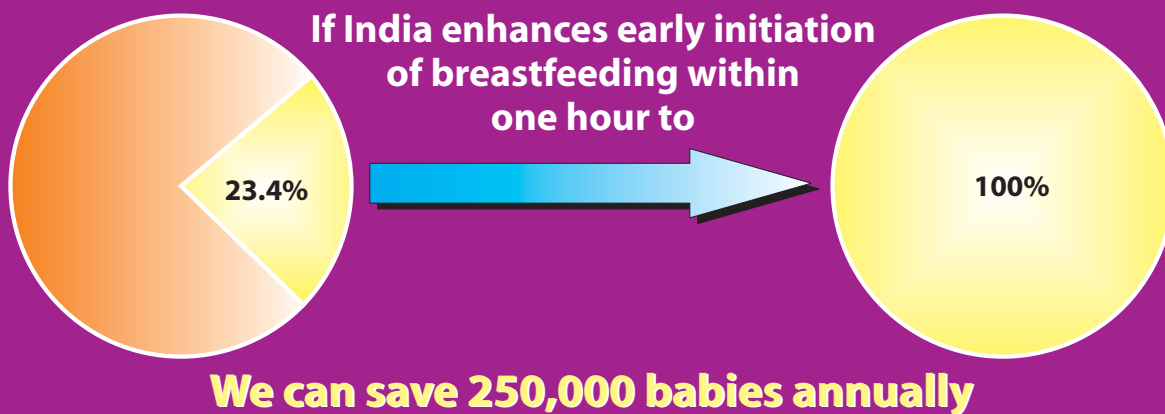
## Beginning breastfeeding within the first hour of birth

Early initiation builds on the baby's innate reflexes. During the first one hour after birth, a baby is particularly alert, and ready to start suckling. Babies who start breastfeeding immediately after birth are more likely to suckle effectively, and continue to breastfeed exclusively and thus adopt optimal infant feeding practices later.

- The baby learns to recognise his/her mother's smell,
- The mother's body produces the hormone oxytocin,
- The process of emotional bonding starts,
- The flow of milk is enhanced.



## EARLY INITIATION REDUCES NEONATAL MORTALITY: NEW RESEARCH FROM GHANA



A recent study from Ghana found that 22% of deaths among newborns were prevented if **ALL** newborns started breastfeeding within ONE hour of birth, irrespective of whether they were exclusively breastfed later or not. Further analysis by the researchers now suggests that this figure could be 31% for developing countries. **India can save its 250,000 babies annually by just ONE action i.e. If ALL mothers could begin breastfeeding within one hour of birth.** Early initiation of breastfeeding within the 1st hour of birth is the first and most vital step towards reducing infant and under-five mortality, by reducing the overwhelmingly high neonatal mortality rate. This survival benefit has been demonstrated to be independent of exclusive breastfeeding, meaning that there is a need to estimate the total benefits of beginning breastfeeding within ONE hour and continuing with exclusive breastfeeding for the first six months.

Source: Edmond KM, Bard EC, Kirkwood BA. Meeting the child survival millennium development goal. How many lives can we save by increasing coverage of early initiation of breastfeeding? Poster presentation at the Child Survival Countdown Conference, London UK. December 2005

### Benefits of early initiation

- The mother's body helps to keep the baby warm, which is specially important for small and low birth weight babies, saving babies from **hypothermia**, ONE of the causes of deaths, particularly in low birth weight babies.
- The baby is calmer and his/her breathing and heart rate are steadier.
- The mother's commensal (normal) bacteria start colonizing the baby's skin and gut, which helps to protect the baby against the harmful bacteria in the environment.
- Early initiation of breastfeeding has also been shown to help reduce post-partum bleeding, a major cause of maternal mortality in developing countries.

### Early initiation of breastfeeding: the 4<sup>th</sup> stage of labour

Initiation of breastfeeding immediately after delivery must be considered the 4th stage of labour. Early skin-to-skin contact and the opportunity to suckle within ONE hour after birth is very important. Mothers need to be supported before and at birth for achieving contact and suckling, both of which are so closely interrelated. Anaesthetic agents and medications aimed at reducing pain slow down baby's reflexes, and procedures like caesareans also tend to delay the start of breastfeeding. The exact time of initiation of breastfeeding has been suggested to be right from birth in the delivery room itself to within ONE hour after delivery. The practice of giving any other food or fluids before first breastfeed interferes with the mother's confidence. It reduces **oxytocin** or the letdown reflex, suckling stimulation and **prolactin** production, and protection from infection.



### Oxytocin and prolactin

Prolactin, the milk secreting hormone is released by sucking stimulus and acts on milk producing cells and is dependant on the total time of sucking by the baby, making it a key to success in establishing breastfeeding at birth and maintaining exclusive breastfeeding. **Oxytocin**, a hormone released by stimulation of the nipple area acts on the tiny muscles around milk producing cells and milk ducts from where mother's milk flows. It is dependant on the mother's state of mind, so building her confidence becomes crucial for successful breastfeeding.

### Advantages of colostrum

The milk secreted by mothers during the first few days after birth of the baby, and which a baby gets in her/his first feed, is called "colostrum". It is thicker and yellowish than mature milk, and is produced in smaller quantities. Through colostrum, the mother transmits 'life' to her baby.

## DANGERS OF PRE-LACTEAL FEEDS

### For the baby:

1. The baby may not want to suckle from the breast after the pre-lacteal feed because it stops him/her from feeling hungry or thirsty.
2. The baby is denied the protective benefits of colostrum.
3. The baby is more likely to suffer from diarrhoea and other infections.
4. Allergic conditions are more likely if the baby has cow's milk very early in its life.

### For the mother

1. Breastmilk flow is delayed because the baby does not suckle enough.
2. The mother faces more difficulty in establishing breastfeeding and is more likely to stop it if she develops soreness and pain because of congestion in the breast.
3. Engorgement and mastitis are more likely because the baby does not suck out the milk.

**Even one or two pre-lacteal feeds may cause breastfeeding failure.**



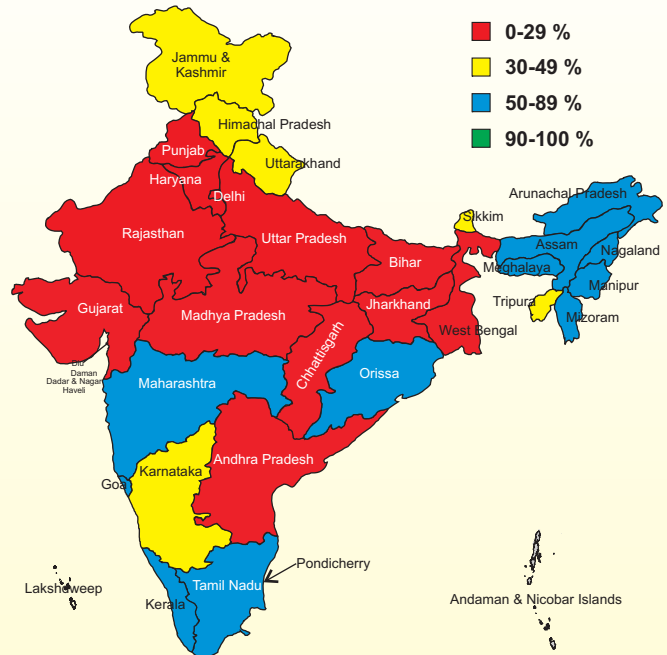
- *Colostrum* is rich in immunologically active 'live' cells, antibodies and other protective proteins, and is baby's 'first immunization', protecting her/him against many infections, and helps in regulating baby's own developing immune system;
- *Colostrum* contains growth factors, which help the infant's intestine to mature and function effectively, making it more difficult for micro-organisms and allergens to enter the baby's body;
- *Colostrum* is rich in Vitamin K, which reduces the risk of haemorrhagic disease; and vitamin A which helps to build immunity and prevent eye damage;
- *Colostrum* contains a purgative, which helps clear meconium and reduce the incidence of jaundice in the newborn.

# Where Does India Stand?

The recent release of National Family Health Survey (NFHS-III) data is an indication of the state of maternal and child health in India. It reveals that 23.4% newborns across the country are given breastmilk within the first hour of birth. Although there is a marginal improvement of 7.4% in early initiation of breastfeeding in 7 years as compared to NFHS-II, this figure is still abysmally low. Northeastern states and Goa are some of the better performing states in India. The rate of early initiation in Mizoram is 65.4%, which is highest in the country followed by 59.7% in Goa and 58.6% in Meghalaya. The other states with relatively higher rates are Kerala (55.4%), Tamil Nadu (55.3%), Arunachal Pradesh (55%), Orissa (54.3%), Maharashtra (51.8%), Nagaland (51.5%) and Assam (50.6%). In states such as Bihar, Uttar Pradesh, Punjab, Jharkhand, Rajasthan, Madhya Pradesh, and Delhi, early initiation is less than 40%. Uttar Pradesh and Bihar have lowest rates of only 7.2% and 4% respectively.

## Mapping Information

- Blank /No colour: Data not reported/available
- Red: Initiation of breastfeeding within one hour rate Below 29%
- Yellow: Initiation of breastfeeding within one hour rate 30-49%
- Blue: Initiation of breastfeeding within one hour rate 50-89%
- Green: Initiation of breastfeeding within one hour rate 90% or more



Note: The boundaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.

Source: National Family Health Survey (NFHS-3), <http://www.nfhsindia.org/>

## Early Initiation of breastfeeding: the 1<sup>st</sup> stage of exclusive breastfeeding

The *Global Strategy for Infant and Young Child Feeding* by WHO/UNICEF recommends that children breastfeed exclusively for the first six months of life, and then breastfeeding is continued with adequate complementary food up to 2 years or beyond.

In *Lancet's* child survival series in 2003 and 2004; it was estimated that breastfeeding alone, if universalized, could reduce U-5 child deaths by 13% globally. It was subsequently estimated that in India this figure could be 16%. The fact that 2/3rd of all U-5 child deaths occur during first year and are related to sub-optimal breastfeeding, reinforces the need to begin breastfeeding within ONE hour, as the way to achieving exclusive breastfeeding for the first six months and optimal feeding practices later. Mothers who suckle their babies immediately after birth have a greater chance of establishing exclusive breastfeeding without difficulty, and of sustaining it throughout infancy. Early feeding with non-human milk proteins may severely disrupt normal gut function.

## Factors influencing early initiation of breastfeeding

Following factors may affect a woman's decision to begin breastfeeding within ONE hour:

1. The misconception that the mother may not be able to produce adequate amounts of milk.
2. Unnecessary invasive techniques of childbirth, such as caesareans, etc.
3. Separation of mother and baby immediately after birth.
4. Giving any other drinks or foods /pre-lacteal feeds.
5. Giving artificial nipples/teats.
6. Lack of support from the health and child care system.
7. Societal norms, values and beliefs.
8. Parental or family attitudes.
9. Women's and communities' knowledge.
10. Misconceptions that colostrum may be harmful to the baby.
11. Inadequate skills/knowledge of the care providers or family members.
12. 'Fixed' hospital routines like beginning with formula feeding at birth, or sugar/glucose water, directly contributes to failure to begin breastfeeding within ONE hour.

## BREASTFEEDING AND HUMAN RIGHTS

Within the human rights framework, Children's Right to Nutrition includes their right to early initiation of breastfeeding. This right cannot be met without mothers' entitlement to support and skilled counselling before and immediately after birth to initiate breastfeeding within **ONE** hour, exclusive breastfeeding for the first six months and continued breastfeeding for 2 years or beyond along with adequate complementary feeding.

## GOOD ATTACHMENT FOR SUCCESSFUL BREASTFEEDING

The key to successful breastfeeding is getting the baby to attach well and suckle effectively at the breast. This helps the effective transfer of milk from the breast to the baby. The baby should take enough of the areola (the brownish area around the nipple) into the mouth for maximum milk transfer. This is essential because breastmilk is stored in ducts under the areola. A correctly attached baby takes the nipple as well as much of the areola and the breast underneath it, into its mouth and uses suction to pull out the breast tissue to form a teat. This stimulates the mother to produce the necessary hormones required for milk production. As the baby suckles and takes out milk, the breasts start making more milk. More suckling makes more milk. Following are the most useful steps:

- Make the mother comfortable.
- Explain how she should hold the baby.
- Touch the nipple around the mouth of the baby, the baby will turn his/her mouth towards the stimulus and open it. This indicates the baby's readiness to accept the breast.
- Wait until baby opens his/her mouth wide with the tongue down and forward. Move the baby quickly onto the breast.
- The baby's lips should be wide open and a good part of the areola (the brownish area around the nipple) should be in the baby's mouth.
- After a few rapid sucks he/she should start to suck and swallow in a regular rhythm for a few minutes. Then the baby may stop for a little rest before sucking again.



## EARLY INITIATION AND NATIONAL, GLOBAL DEVELOPMENT GOALS

World leaders at the United Nations Millennium Summit in September 2000 agreed on the critical 4<sup>th</sup> Millennium Development Goal (MDG) to reduce deaths of under-five children by two thirds, of which 38% occur in neonates. Of the 136 million babies born every year, 4 million die in the first month of life:

- 98% of deaths occur in low-income and middle-income countries.
- 1.1 million deaths in developing countries are due to sepsis, meningitis and pneumonia.
- Rural areas and poor families have the highest risk.
- Most deaths occur at home.



*Neonatal deaths are the main barrier to attaining the MDG-4.*

Some countries are predicted to achieve a two-thirds reduction in under-5 deaths by 2015, but many are seriously off track (UNICEF 2004, *Lancet* 2006). It appears that the MDG 4 can only be achieved if neonatal deaths are reduced by half. This necessitates both maternal and child health interventions. Early initiation of breastfeeding would protect against infection, diarrhoea and pneumonia, the usual causes of death, resulting in enormous survival benefits. India's Tenth plan goal for early initiation of breastfeeding is to reach 80%.



# Action Ideas

Let us all take **ONE** action - help and support mothers to have skin-to-skin contact with their babies and to begin breastfeeding within **ONE** hour of birth.

- \* Call upon each family member to support at least **ONE** mother to give up the practices of giving any other foods/liquids to baby before beginning breastfeeding.
- \* Call upon all husbands to provide **ONE** hour in a day to support their wives during pregnancy at birth and later during first year.
- \* Call upon all doctors and nurses to pledge at least **ONE** hour weekly to support ONE mother initiate breastfeeding timely.
- \* Call upon family/community level health and child care providers to support at least **ONE** mother weekly.
- \* Call upon media to give **ONE** hour/space in a month to propagate this message, all round the year.
- \* Call upon spiritual leaders to include **ONE** message about breastfeeding in their discourses, "Women should begin breastfeeding within one hour of birth, it's a loving wonderful moment and saves babies"
- \* Call upon governments, international and national agencies to include it as **ONE** basic indicator of progress in newborn and young child health and development.
- \* Call upon all state governments to commit at least **ONE** Crore rupees each year towards action to support women at time of birth.

Contribute to assuring children the best possible start to life fulfilling their rights to survival, development, protection and participation

## Acknowledgments

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Compiled: Kuldip Khanna and Arun Gupta

Edited by: Radha Holla Bhar

Designed by: Amit Dahiya

## What is BPNI

BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods (cereal foods).



**Breastfeeding Promotion Network of India (BPNI)**

BP-33, Pitampura, Delhi-110 034  
Tel: 91-11-27343608, 42683059, Fax: 91-11-27343606  
e-mail: bpni@bpni.org, website: www.bpni.org

*Your Local Contact:*