

India: World Breastfeeding Week (1-7 August 2013)

BREASTFEEDING SUPPORT Close to Mothers



BREASTFEEDING SUPPORT: Close to Mothers

The World Breastfeeding Week (WBW) Theme of 2013 highlights how to bring breastfeeding support close to mothers and thereby increase breastfeeding rates. The action folder will focus on peer counseling through the community systems under health and nutrition care while taking stock of all kinds of support that is required to achieve the goal of having **BREASTFEEDING SUPPORT CLOSE TO MOTHERS**.

Introduction

The first two years of a child's life provides a critical window of opportunity for appropriate growth, development and child survival. To ensure appropriate growth & development and child survival it's crucial to sustain optimal infant and young child feeding practices (IYCF) of new borns, infants and young children. **Optimal practices include initiation of breastfeeding within one hour of birth, exclusive breastfeeding for first 6 months, and continued breastfeeding after six months along with appropriate complementary feeding for two years or beyond.**

Strategies and actions for integrating and promoting appropriate IYCF practices during the first two years of child's life through Government services are consistently increasing over the past few years, but it's only on papers. The time has come to translate these with practices.

Where can it happen?

The increased coverage and regular contact with the mother and community provides great opportunity to stay CLOSE to mothers and caregivers for increasing breastfeeding rates. Mothers and children have regular contacts with the health service providers during pregnancy and the first two years of life. Medical officers, Staff Nurses, LHV's and ANMs posted at the delivery points are responsible for communication and counseling of women at the health facility. Beyond the health facility at the community level ASHAs and AWWs provide support during home visits, Village Health and Nutrition Day (VHND) and pre and post natal sessions at Aganwadi Centers. **Skilled one to one counseling during home visits is the best way to reach out to mothers and caregivers in the community.** Other than counseling support at health facility it is critical to keep commercial baby food marketing away to allow mother to access unrestricted and unbiased information.

Who will facilitate peer counseling?

Medical officers, Staff Nurses, LHV's, ANMs, ASHAs, AWWs, Mother support groups, Spouse, Family Members and People at Work (formal/informal)

Objectives of WBW 2013

1. To draw attention of all concerned to the importance of close support in the community and 'one to one counselling' in helping mothers to establish and maintain optimal feeding practices of the children .
2. To make community and governments aware about the multiple level of support women need to sustain and succeed breastfeeding.
3. **To share a best practice model of systematic action taken in District Lalitpur (UP) through creating and sustaining a mother support group network across all villages.**
4. To call on people representatives and governments to implement best practices
5. To foster social mobilization on World Breastfeeding Weeks's theme 2013 .

Background

The international code was adopted in 1981 as a "minimum" standard to help protect and promote breastfeeding in all the countries. The Code's preamble explains that "the marketing of breast milk substitutes requires special treatment which makes usual marketing practices unsuitable for these products".

On similar grounds Indian Parliament enacted the *Infant Milk Substitutes, Feeding Bottles and Infants Foods (Regulation of Production, Supply and Distribution) Act, 1992 and Amendment Act 2003*, that provides for the regulation of production, supply and distribution of infant milk substitutes, feeding bottles and infant foods with a view to the protection of breastfeeding from commercial baby food industry. It recognized that promotion of baby foods is more pervasive and leads to child malnutrition and deaths. The Act also provides for accurate information and support to all women of India, free from commercial and biased information. The Maternity Benefit Act of 1961, Government of India provides 12 weeks maternity leave to all women with formal employment both government and non government. Affirmative steps like the Indira Gandhi Matritva Sahyog Yojana (IGMSY) by Government of India is also beginning to reach those not covered by such recommendations through a scheme to provide some cash grant in lieu of wage loss and with an objective that women could take care of themselves and stay close to babies to make breastfeeding possible.

The *Global Strategy for Infant and Young Child Feeding* launched by WHO and UNICEF in 2002, based on which the *National Guidelines on Infant and Young Child Feeding* in India were formulated to achieve optimal growth, development and health of children. The Ministry of Health and Family Welfare, Government of India has also launched the "*Enhancing Optimal Infant and Young Child Feeding Practice: Operational guidelines*" in 2013 for improving breastfeeding practices.

How close is the support in INDIA?

The World Breastfeeding Trends Initiative (WBTi)'s India assessment 2012 on IYCF policy and program indicators showcases dismal rates of infant feeding practices which are not increasing for the last 2 decades ever since we started measuring. This is because India lacks progress in all its policy and programmes that prevents rise of breastfeeding rates. (*World Breastfeeding Trends Initiative (WBTi), India Report 2012, NIPCCD, BPNI, 2012*)

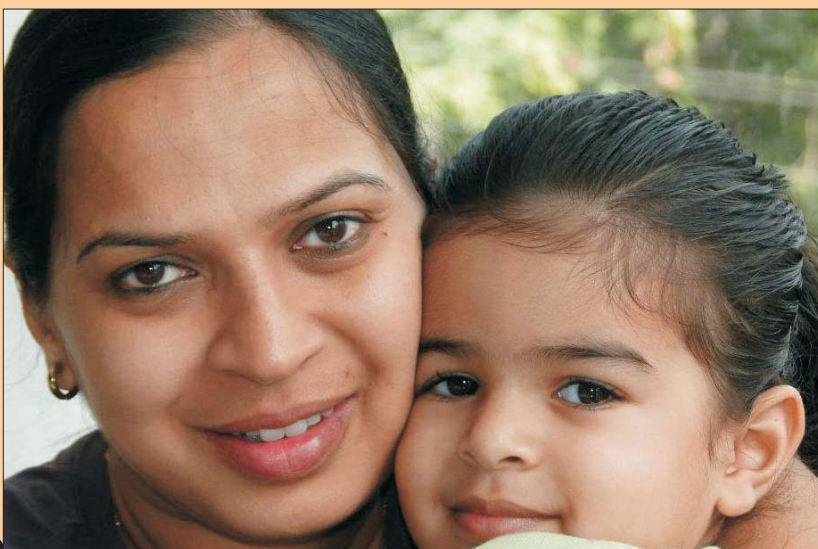
Practically, poor implementation and monitoring of the existing IYCF guidelines and IMS Act is the underlying reason, so is the lack of machinery to do it. The system is not ready to coordinate such an action to prevent aggressive promotion of baby foods by the commercial industries and provision of proper support structures at the community and work place like maternity entitlements and crèches. Lack of information to mothers, total lack of skilled one to one counseling on feeding of infants, inadequate health care support, and inability of the health care providers to help mothers experiencing breastfeeding difficulty is also a central reason for declining breastfeeding rates.

Due to lack of correct information and support women are susceptible to fall for commercially available hazardous feeding options. It is a simple matter to understand; to practice breastfeeding, women and baby need to be in close proximity



with appropriate personal and equipped support. Support from family, community, workplace, health facility, emergency or legislations are indispensable. Each level is significant in its own sense, without undermining other Support Systems this year's theme specifically emphasizes on peer counseling from family, community and health facility members as one of the vital intervention for increasing breastfeeding rates.

My Breastfeeding Story



“When my daughter (Aahana) was born I had great difficulty in breastfeeding, my breasts were engorged I was in severe pain due to the engorgement added to the caesarean delivery. I did not get much help from health system and was under stress and guilt of not being able to breastfeed my baby. Almost after 3 days of my daughter's birth, I got a congratulatory call from my friend and when I cried out to her about my situation, she counselled me and told me that I can breastfeed. She guided me as to how I can overcome the engorgement by simple way of hot fomentation and putting the baby on to the breast and let her suckle. She also guided me to BPNI, where I could get the right information and advise. I am thankful to my friend for supporting and helping me through my difficult phase. Now I feel empowered enough to be a peer support.

Dr Shoba Suri, Senior Programme Officer, BPNI

Bringing it Closer: The Success Story of Lalitpur

Uttar Pradesh (UP) BRD Medical College, Gorakhpur conceptualized and implemented the 'Baby Friendly Community Health Initiative' (BFCHI) project in Lalitpur district. The project started in November 2006 continued up to December, 2012 and covered all 6 blocks i.e. Birdha, Jakhaura, Talbehat, Madawara, Mehrauni and Baar in a phased manner covering 951 ICDS villages.



The overall objective of the project was to test a district-based model for promoting optimal infant and young child feeding practice with the view of its scaling up through the ICDS and NRHM programme. The project contributed in improving the nutritional status of children 0-2 years through optimal Infant Feeding (IYCF), immunization of children, improved growth monitoring and breastfeeding promotion.

The project adopted centre-based and community based strategy. At the cutting edge is a skilled Mother Support Group (MSG) comprising of AWW, ASHA, and traditional birth attendant/an active mother from the village. The mother support group together with the existing community groups works to promote optimal breastfeeding and complementary feeding at the household-level. The trainers at the block level serve as mentors and guide the AWW or other workers to guide and provide on the job support to mother support group.

The MSG members were trained by middle level trainers, especially to inform and counsel mothers regarding formation of breastmilk and flow, importance of early breastfeeding to ensure colostrum, demonstrating correct positioning and attachment during breastfeeding etc.

This intervention in total formed **951 MSGs in 951 ICDS** villages. Each MSG was having 3 members who were trained. As a result **total 2853 trained MSG** members were available in the whole of Lalitpur.²

With the 'village level counselors' having been close to mothers, Lalitpur has shown tremendous increase in breastfeeding rates. The percentage increase in initiation of breastfeeding within one hour of birth has gone up from 10.6% (2006) to 62% (2011).

Exclusive breastfeeding for the first six months has gone up from 6.6% (2006) to 60% (2011). Timely and appropriate complementary feeding during 6-8 months has gone up from 53.8% (2006) to 95% (2011). These are much above the average of Uttar Pradesh State.³

This project is demonstrating real convergence at village level and a heightened motivation of trainers and village level counselors to prevent malnutrition and morbidity associated with faulty infant and young child feeding practices through skilled peer counseling.

People's Voices

Mr.B.L.Gupta, Incharge DPO, Lalitpur "We took help from this project to prevent malnutrition incidents in our villages. Why should our children fall under the red signal of malnutrition? Why not prevent it in the very beginning? If a child is exclusively breastfed for the first 6 months avoiding the prelacteal feeds and continuously breastfed for 2 years along with optimal complementary feeding, malnutrition can be prevented...breastfeeding has become a culture in our villages, it will definitely stay for a lifetime!"

Dr.Shyam, Medical Officer In charge CHC Birdha, Lalitpur "This project has considerably reduced the number of children coming to OPD with malnutrition issues. The community people are now well informed about the benefits of breastfeeding."

Kamal Kumari Bundella, ANM, Birdha PHC, Lalitpur "Children do not fall sick anymore in the village, children do not get diarrhea and pneumonia easily...after observing these benefits mothers have started following breastfeeding.."

Mehervan Singh Yadav, Primary School Teacher, Ddora Village, Lalitpur "Initially the disease burden was quite high in the village but now with more frequent suggestions and counseling of women through trained AWW and ANMs, things are improving day by day ..."

Anjana Chaube, ASHA, Birdha Block feels proud to share her story of bringing change in her community friend's life. She said "I practically helped her for breast engorgement and milk expression through massaging for 10 days continuously. She was able to breastfeed on her own after 10 days as her breast became very soft. The child is 2 years old now and still takes breastfeed."



<https://www.youtube.com/watch?v=2eClOjiOeCo>

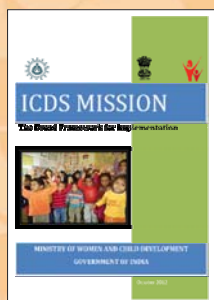
Government of India Commitment

The **12th Five-year Plan** by Planning Commission of India also recognizes the need of peer support for Breastfeeding and Infant and Young Child Feeding Practices (IYCF). Therefore the **ICDS restructuring** plan focuses on the critical age group (under 3), pregnant and breastfeeding mothers and **Child Care and Nutrition Counseling** for mothers of children under three years for integrated early child development. It's laid down that the nutrition and health education services would be redefined accordingly to include parent and community education on integrated child development, health and nutrition services.

http://planningcommission.gov.in/plans/planrel/12thplan/pdf/vol_3.pdf

Infant Milk Substitutes, Feeding Bottles and Infants Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act) provides regulation against the commercial influence of baby food industry on people with a view to protect and promote breastfeeding. This law provides opportunity for the society to keep a check on industry's inappropriate promotional activities and hold them accountable but still violations do exist in the country and to protect and promote breastfeeding we need to implement this law effectively as said by Late **Sh. Arjun Singh, Former Minister of Human Resource Development, Government of India** “...Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in our children. Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more pervasive and extensive than the dissemination of information concerning the advantages of mother's milk and breastfeeding and contributes to decline in breastfeeding. In the absence of strong interventions designed to protect, promote and support breastfeeding, this decline can assume dangerous proportions subjecting millions of infants to greater risks of infection, malnutrition and death...”.

<http://www.bpni.org/documents/IMS-act.pdf>



ICDS Mission document by Ministry of **Women and Child Development Government of India (2012)** focuses on the under 3s and early child and learning environment by developing and implementing key strategies to **promote optimal IYCF Practices through interpersonal communication, intense**

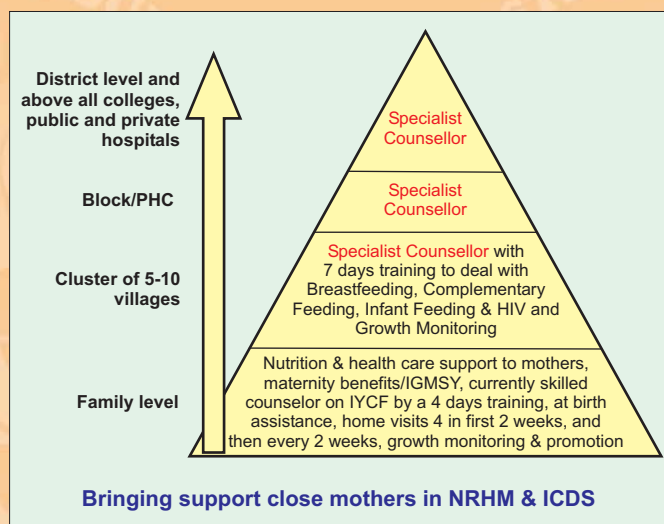
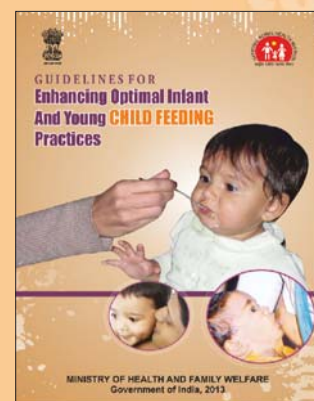
home contacts and village drives using relevant IEC. Village drives using relevant IEC, would include improving knowledge and skill base of nutrition counselors, supervisors and frontline workers. Institutions/voluntary organizations with expertise on IYCF practices like Breastfeeding Promotion Network of India (BPNI) would be engaged.

<http://bpni.org/WBW/2013/Broad-Framework-of-Implementation-ICDS-Mission.pdf>

Ministry of Health and Family Welfare, Government of India, National Rural Health Mission (NRHM)'s guidelines

“Enhancing Optimal Infant and Young Child Feeding Practices (2013)” also acknowledge community outreach and home based care of mothers through home visits and **one to one counseling and group counseling** as key interventions to achieve optimal infant and young child feeding practices. These guidelines recommend creating community counselors and skill train them with use of Infant and Young Child Feeding Counseling: A Training Course, “4 in 1” Training Course. (An Integrated course in Breastfeeding, Complementary feeding, HIV & Infant Feeding, and Growth monitoring.

[Http://www.nrhm.gov.in/images/pdf/programmes/child-health/guidelines/Enhancing-optimal-IYCF-practices.pdf](http://www.nrhm.gov.in/images/pdf/programmes/child-health/guidelines/Enhancing-optimal-IYCF-practices.pdf)



Action ideas

For mothers support from family, community, workplace, health facility and legislation in both natural and emergency situations is indispensable. **We must pledge as a responsible community to make it possible for all pregnant and lactating women because they are most vulnerable at that time.**

1. **Develop a petition “Bring support close to mother” and get 100 or more signatures and submit to Political party functionaries or District Magistrate for taking action.**
2. Organize a rally/street theatre in your community for building awareness among people about support, mothers need to breastfeed.
3. Conduct a simple assessment “How close is support to mothers” by interviewing 10-20 mothers and write to governments and media.
4. Organise a local meeting in hospital/health centre/project area/wards/OPDs/resource centres and show the “Lalitpur video to all concerned. <http://www.youtube.com/watch?v=2eCLOjiOeCo>
5. Involve local schools and colleges and conduct drawing/painting/debate competition over the theme.

Report your activity during the WBW 2013 to BPNI to become eligible for the World Breastfeeding Week Award and for wider dissemination of your work. You may upload it at <http://www.facebook.com/Babies-Need-Mom-Not-Man-Made/301758009914509/> or sent it to bpni@bpni.org or post it to BPNI

Endnotes:

1. Working Group for Children under Six. Strategies for Children under Six', Economic & Political Weekly 2007;42:87-101.
http://www.righttofoodindia.org/data/strategies_for_children_under_six_epw.pdf
2. Dr.Y.P.Gupta, Dr.Amita Bardhan, Baby Friendly community initiative project, Dept.Paed B.R.D. Medical College, Gorakhpur, Govt. of U.P. and UNICEF (UP)
3. Dr.Y.P.Gupta, Dr.Amita Bardhan, Baby Friendly community initiative project, Dept. Paeds B.R.D. Medical College, Gorakhpur, Govt. of U.P. and UNICEF (UP) November 2006 to December 2012
4. The Twelfth Five Year Plan(2012-2017), Planning Commission of India
http://planningcommission.gov.in/plans/planrel/12thplan/pdf/vol_3.pdf
5. ICDS MISSION: The Broad Framework For Implementation, MOWCD, GOI; Page 15
<http://bpni.org/WBW/2013/Broad-Framework-of-Implementation-ICDS-Mission.pdf>
6. “Enhancing Optimal Infant and Young Child Feeding Practices”; Nation Rural Health Mission (NRHM) guidelines 2013; Ministry of Health and Family Welfare; Government of India
<http://www.nrhm.gov.in/images/pdf/programmes/child-health/guidelines/Enhancing-optimal-IYCF-practices.pdf>

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 is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) and Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia

BPNI Policy on Funds

As a policy, BPNI does not accept funds of any kind from the companies producing infant milk substitute, feeding bottles, related equipments, or infant foods (cereal foods) or from those who have been ever found to violate the IMS Act or the International Code of Marketing of Breast-milk-Substitute or from organization/industry having conflict of interest.

Acknowledgements

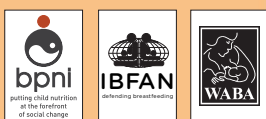
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