Infant and Young Child Feeding for Enhancing Child Growth and Development

The National Workshop on Adoption of New WHO Child Growth Standards, Government of India, New Delhi, India
8-9 February 2007

Dr Arun Gupta MD FIAP, BPNI 8 Feb.2007
Objectives

- Why adopt new growth standards?
- Share an update
- Bring sharp focus on current thinking to tackle infant under-nutrition
- Enhance understanding of infant nutrition and gaps
- Call for a Rapid action and acceleration
- Share a National plan of action on IYCF as a strategic and supportive intervention to address nutrition inputs during infancy and fulfill rights of children
New WHO growth standards

The international growth standards established by the WHO in April 2006 directly confront the notion that ethnicity is a major factor in how children grow. The new standards demonstrate that children born in different regions of the world, when given an optimum start in life, have the potential to grow and develop within the same range of height and weight for age.

(ECHUI 2006 Global Framework for Action)
Why should we adopt new charts?

The new Child Growth Standards is a crucial development in improving infant and young child nutrition globally. Unlike the old growth charts, the new standards (1) describe how children "should grow," (2) establish breastfeeding as the biological "norm," and (3) provide international standards for all healthy children, as human milk supports not only healthy growth, but also optimal cognitive development and long-term health.

BPNI and IBFAN ASIA endorse the adoption of these standards.
Why Children Should Grow Healthy?

Child undernutrition or failure of children to grow properly in early childhood, results in greatly increased child mortality.

At more than 3000 infants a day, the death toll from undernutrition by far exceeds even the Tsunami or Bhuj.

Those children that survive do so with a greatly reduced capacity to lead productive and healthy lives.
Which children grow healthy and well?

- Well nourished mothers
- Begin breastfeeding within one hour of birth and Exclusively breastfed for first six months
- Enough and right food to eat later
  - Complementary feeding, continued breastfeeding
- Cared well
- Hygiene and sanitary environment
- Treated when sick
Malnutrition strikes in infancy from 11% at 0-6 months reaches its peak by 23 months, then flat.

36 million under three/nearly 60 million U-5 are underweight and undernourished thus underdeveloped

2.4 million children die and 2/3rd in first year
Three Major Killers in India

- Neonatal sepsis
- Diarrhoea
- Pneumonia

Breastfeeding is the No. 1 preventive intervention compared to any other intervention. Lancet Series on child survival, and now on newborn survival: 2003 and 2004.

Source: Robert et al. LANCET 2003;361:2226-34
Age Specific Nutrition Inputs in Programmes

1st Year (Months)

1 2 3 4 5 6 7 8 9 10 11 12

- Micronutrients
- Current under nutrition progress
- Reduce Z score at 6 months to 5%

Years

2nd 3rd 4th 5th 6th

- MID DAY MEALS

- 11-12% current undernutrition progress
- 37% nutrition input
- 50% nutrition input

Malnutrition accelerates here

Food Supplements
Opportunity in child health programme

1. CHILD HEALTH in RCH: IMNCI Curative care dominating (treating diarrhea, pneumonia, malaria etc)
2. NRHM
3. ICDS
4. NRHM
5. FOOD SOPS
6. Breastfeeding is everyone’s yet no one’s responsibility
7. Babies die here
8. Malnutrition accelerates here
9. 11-12%
Status of infant Health Nutrition and Development (NFHS-3-22 states)
Lancet; 2003 U-5 child deaths (%) saved with key interventions in India
Deficits in nutrition inputs
First Six months

1 2 3 4 5 6

Lot of other foods and fluids displace breastmilk

Exclusive breastfeeding

Of 24 lacs U5 deaths
3.6 lacs (15%)
Deficits in nutrition inputs 7-12 months

Lot of other foods and fluids displace breastmilk

Complementary feeding

24 lacs

1.44 lacs (6%)
Trends in exclusive breastfeeding
NFHS 2 & 3 (22 states)
Risk of neonatal mortality according to time of initiation of breastfeeding

- Six times more risk of death

With in 1 hour: 0.7
From 1 hour to end of day: 1.2
Day 2: 2.3
Day 3: 2.6
After day 3: 4.2

*Pediatrics 2006;117:380-386*

Dr. Arun Gupta
The First Hour Magic

Only 32% women begin breastfeeding within one hour in 22 states as per NFHS 3

Pediatrics 2006: This effect is independent of exclusive breastfeeding and new estimates even say reduction could be 31%
Glaring gaps in policy and programmes of IYCF

- That’s the reasons why NFHS 3 does not show very encouraging results
- All 10 areas of action need to be acted upon
- India’s 6th position in South Asia puts us to shame

MWCD initiated and A Plan is now developed to deal with it
Call For **Rapid Action**

- Take action on the for implementing the plan of action on IYCF. *(offered for comments)*
- Immediate action on infant under nutrition it is compelling, children cant wait long term solutions.
- Look at current efforts and focus on acceleration in areas that have greatest need. E.g ORT and BREASTFEEDING
Supportive interventions

- Redesign programmes to have nutrition as key input in health programming.
- Nutrition should be adequately reflected at all levels e.g. staff at center and states: Ideally a department of nutrition.
- Provide adequate budget heads for
  1. Education of all health workers, and setting up IYCF/breastfeeding support centers at 5000 population level.
  2. Nutrition support and maternity benefits to women on Tamil Nadu model (Cash assistance).
  3. Incentives for HWs to support early initiation and exclusive breastfeeding
Supportive interventions

- Initiate effective growth monitoring every month for first 12 months and with an aim to prevent underweight at 1 year and clear context of health, nutrition, development and survival of infants.

- Create a strategic network of IYCF resource support centers at the national, state and district level and linked functionally to provide comprehensive research and training support to both the MOHFW and MWCD at all levels.

- 11th plan should monitor, on a regular basis, state specific action and goals for IYCF indicators, 1st hour breastfeeding, exclusive breastfeeding 0-6 m, and complementary feeding with continued breastfeeding after 6 m.

- ICMR should develop district models for mainstreaming Infant and Young Child Feeding in health and nutrition programmes.
FEASIBILITY: The impact of community interventions: Improving infant feeding in rural Haryana, India

- Bangladesh, IMR lowered by 32% with Exclusive breastfeeding going up from 39 to 70%
- Ghana, Bolivia, Madagascar demonstrated.

The impact of community interventions: Improving infant feeding in rural Haryana, India through multiple contacts is feasible and improves uptake of other child health interventions. Reduced diarrhea significantly. Concluded that it is feasible and can be scaled up.


2/15/2007

Dr. Arun Gupta
A unique national consensus

Joint Statement on Infant and Young Child Feeding
ensuring
Optimal Infant Nutrition, Survival and Development

Right to Food Campaign
Part B: Maternity Entitlements

Dr. Arun Gupta
National and global commitments

Fulfilling Breastfeeding Rights of women and children (CRC)

June 3, 2006
Dr. Arun Gupta
Breastfeeding gets a fillip

Breastfed infants should be the standard for measuring growth and development

The World Health Organization has, after more than 25 years, corrected a serious anomaly in the child growth reference chart.

"...This [earlier] reference was used on data from a limited sample of children from the United States. It contains a number of technical and biological drawbacks that makes it less adequate to monitor the rapid changing rate of early childhood growth," WHO press release stated.

Several limitations

The growth reference that the press release refers to was prepared in the late 1970s for infants and children less than five years of age based on a limited sample from just one country.

To make it worse, the growth reference was based on children who were mostly formula-fed.

It is well known that the growth patterns of formula-fed infants deviate significantly from those of breastfed infants. Before the reason being: formula-fed infants gain more weight compared with breastfed infants.

It is not a question of breastfed infants' growth being short of the 'ideal,' as indicated in the growth reference, but the physiological factor that may push many a parent to choose formula feeding.

Earlier growth reference was based on children who were mostly formula-fed.

Feeding children with breast milk substitute is one of the earliest contributors to obesity.

Body mass index and motor development milestones have been included in the standard, which describes how children in different regions grow, the new standard describes how children should grow when all their needs are met.

The new standard would be universally applicable as it was derived from a large sample of breastfed children representing both the developed and developing countries. And this makes the standard appropriate for the earlier reference.

Nutrition, not genetics

The release also underscores the fact that children's growth up to age five is dictated, among other things, by nutrition and feeding practices rather than genetics or ethnicity.

"The new standards are based on the breastfed child as the norm for growth and development," the release stressed. WHO reiterates that breastfed infants should be the standard.

ADVANTAGE BREASTFEEDING: Breastfed children are less likely to become obese adults, though certain lifestyle changes at a later stage can tilt the scales. — PHOTO: REUTERS