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

World Health Organization

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?

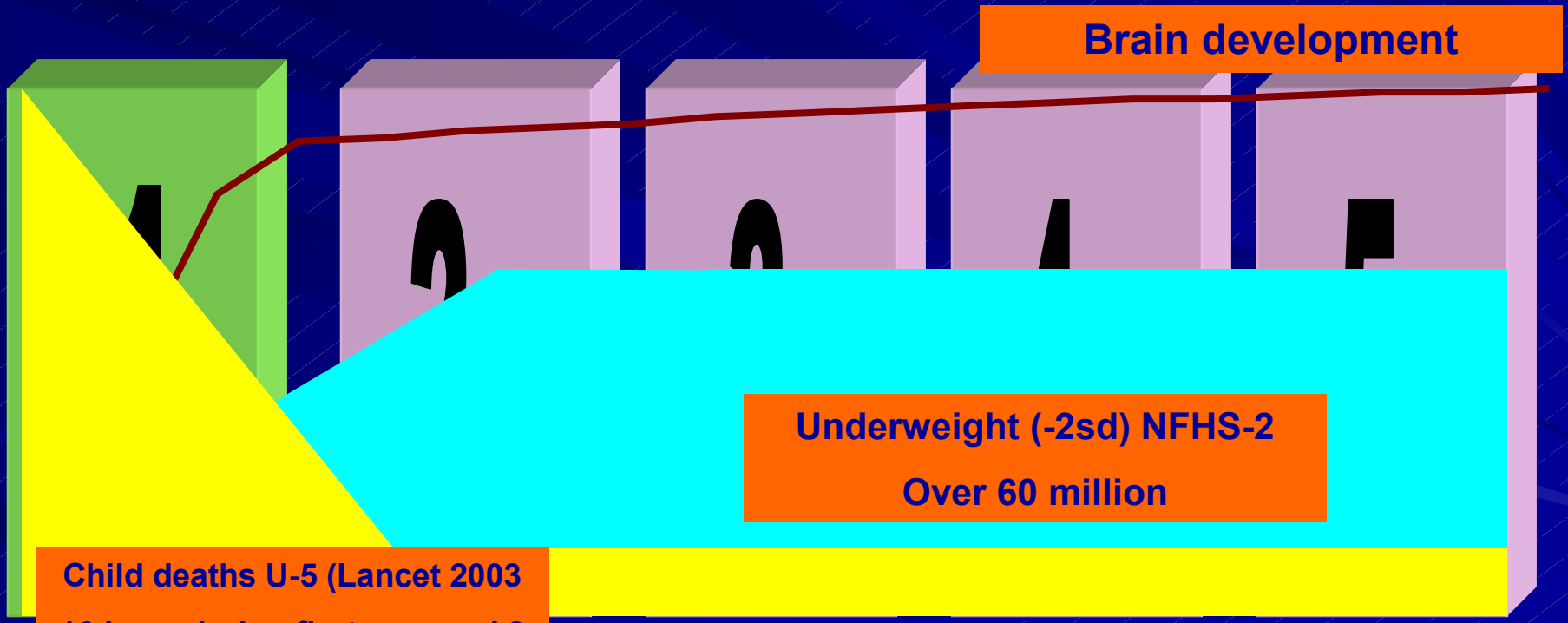
- Child undernutrition or failure of children to grow properly in early childhood , results in greatly increased child mortality.
- At more than 3000 infants a day, the death toll from undernutrition by far exceeds even the Tsunami or Bhuj.
- Those children that survive do so with a greatly reduced capacity to lead productive and healthy lives.

Which children grow healthy and well?

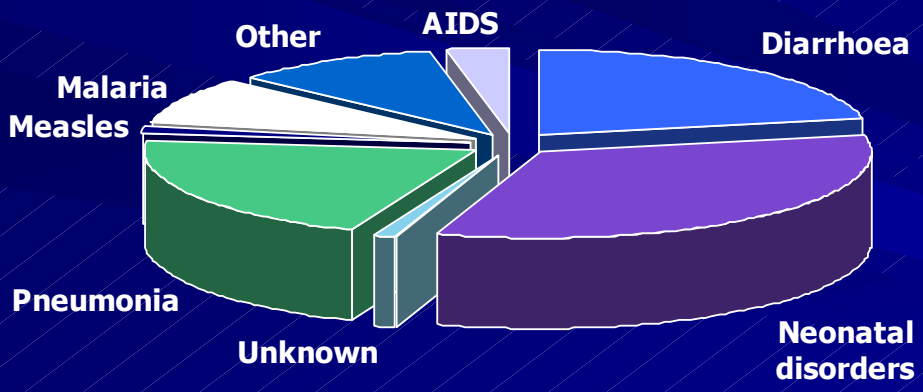
- Well nourished mothers
- Begin breastfeeding within one hour of birth and Exclusively breastfed for first six months
- Enough and right food to eat later
  - Complementary feeding ,continued breastfeeding
- Cared well
- Hygiene and sanitary environment
- Treated when sick

Focus INFNACY

- 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

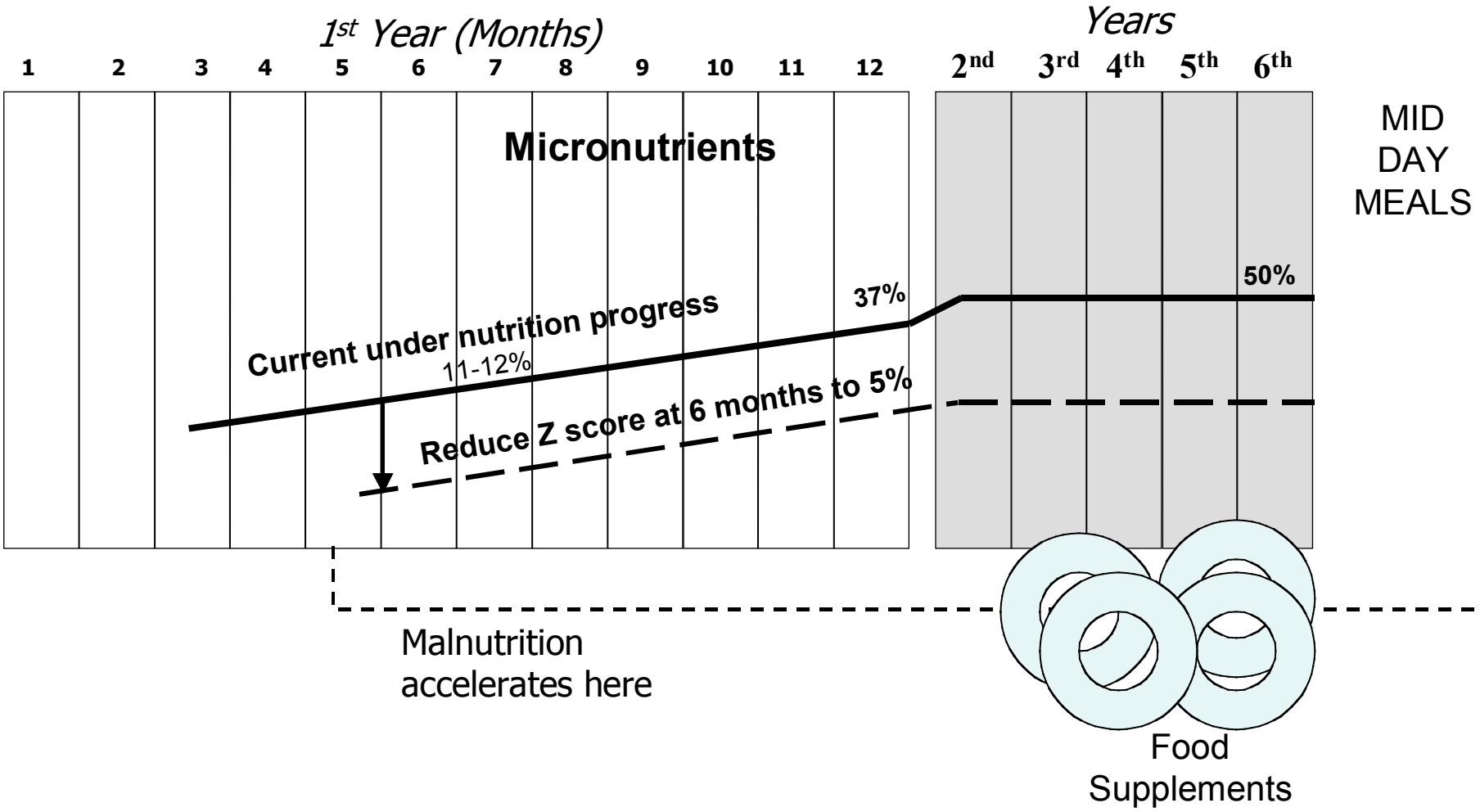


Neonatal sepsis
Diarrhoea
Pneumonia

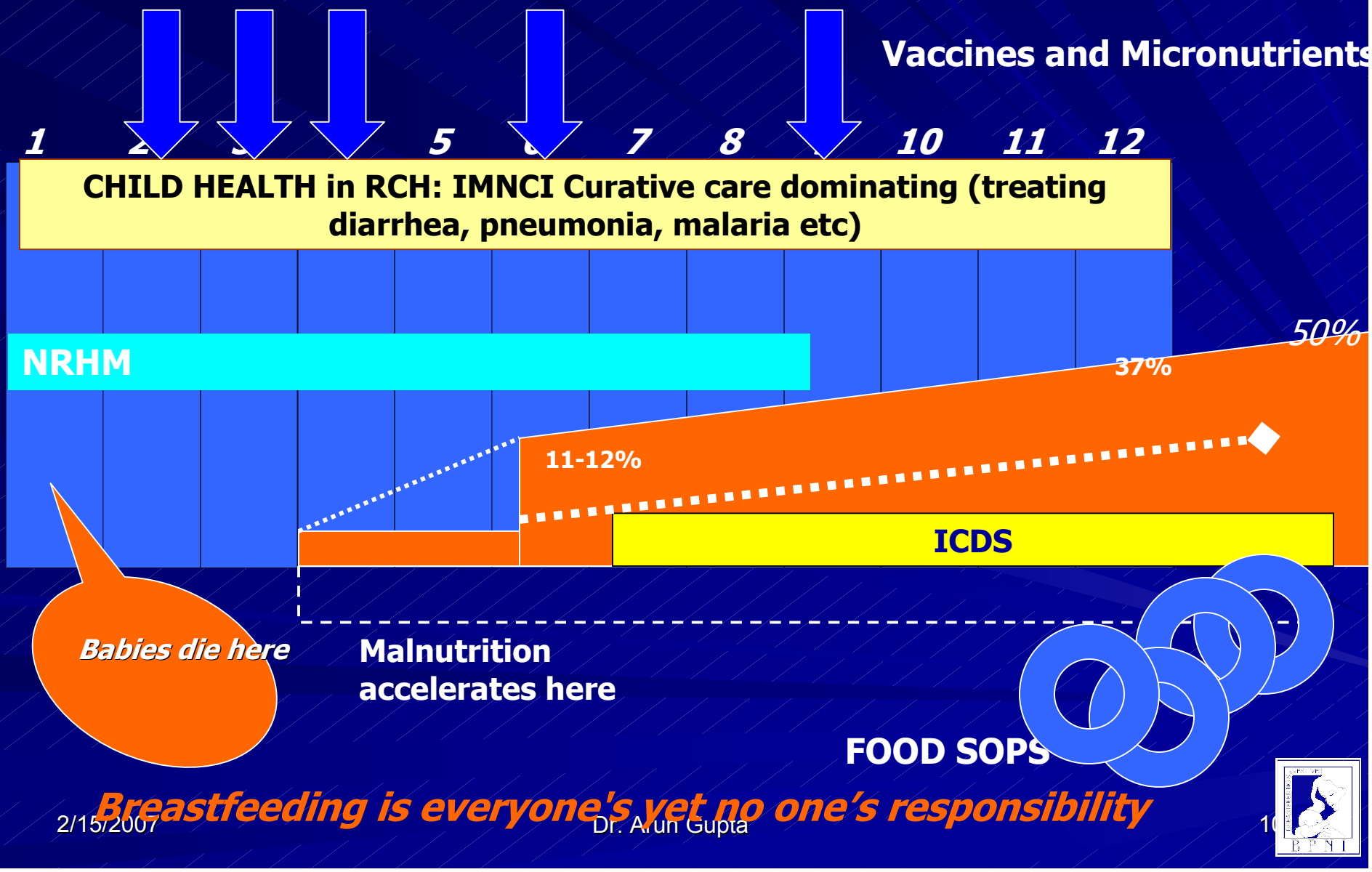
Breastfeeding is the No. 1 preventive intervention compared to any other intervention
Lancet Series on child survival, and now on newborn survival : 2003 and 2004

Source: Robert et al. LANCET 2003;361:2226-34

Age Specific Nutrition Inputs in Programmes

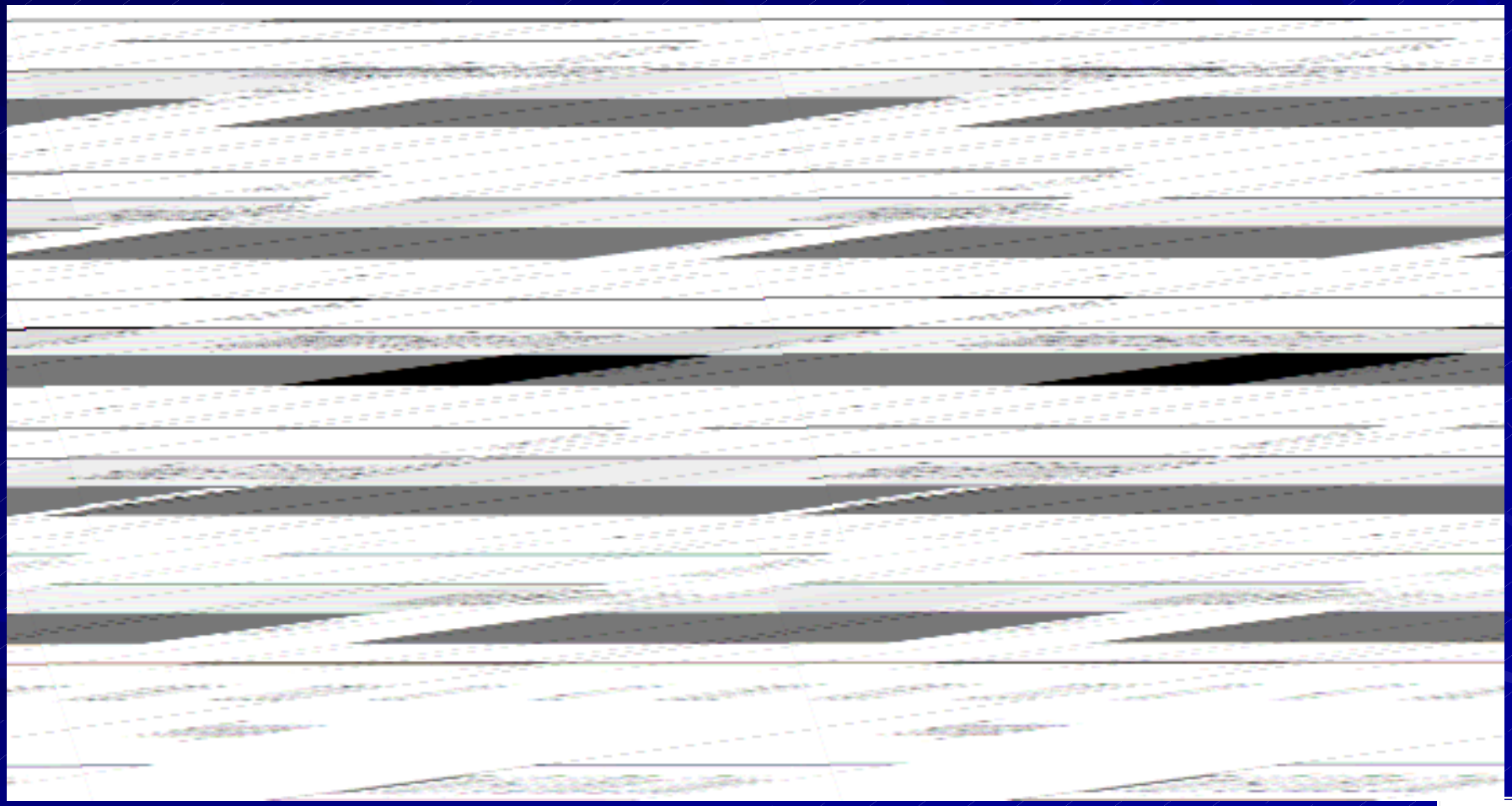


Opportunity in child health programme

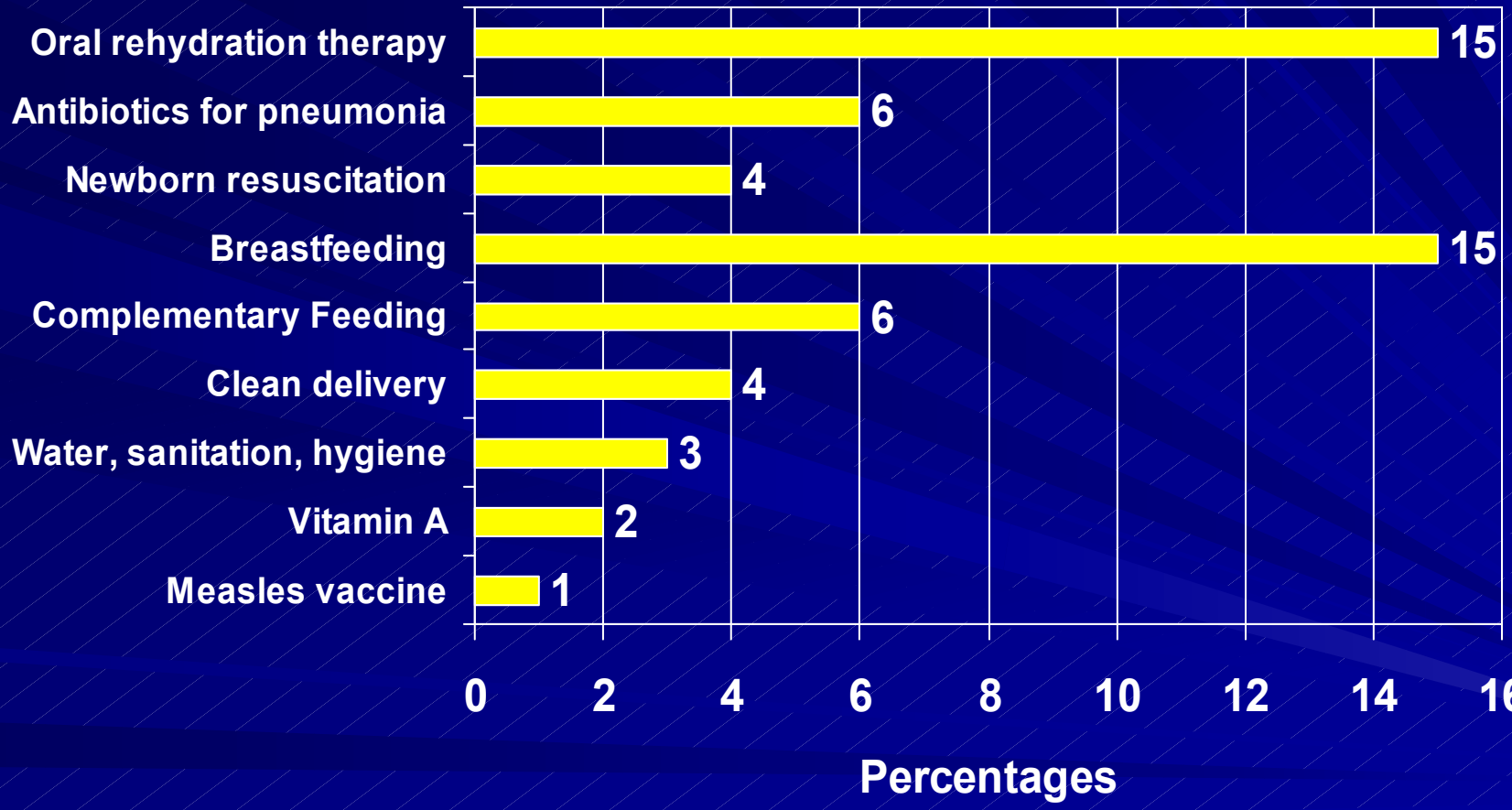


Breastfeeding is everyone's yet no one's responsibility

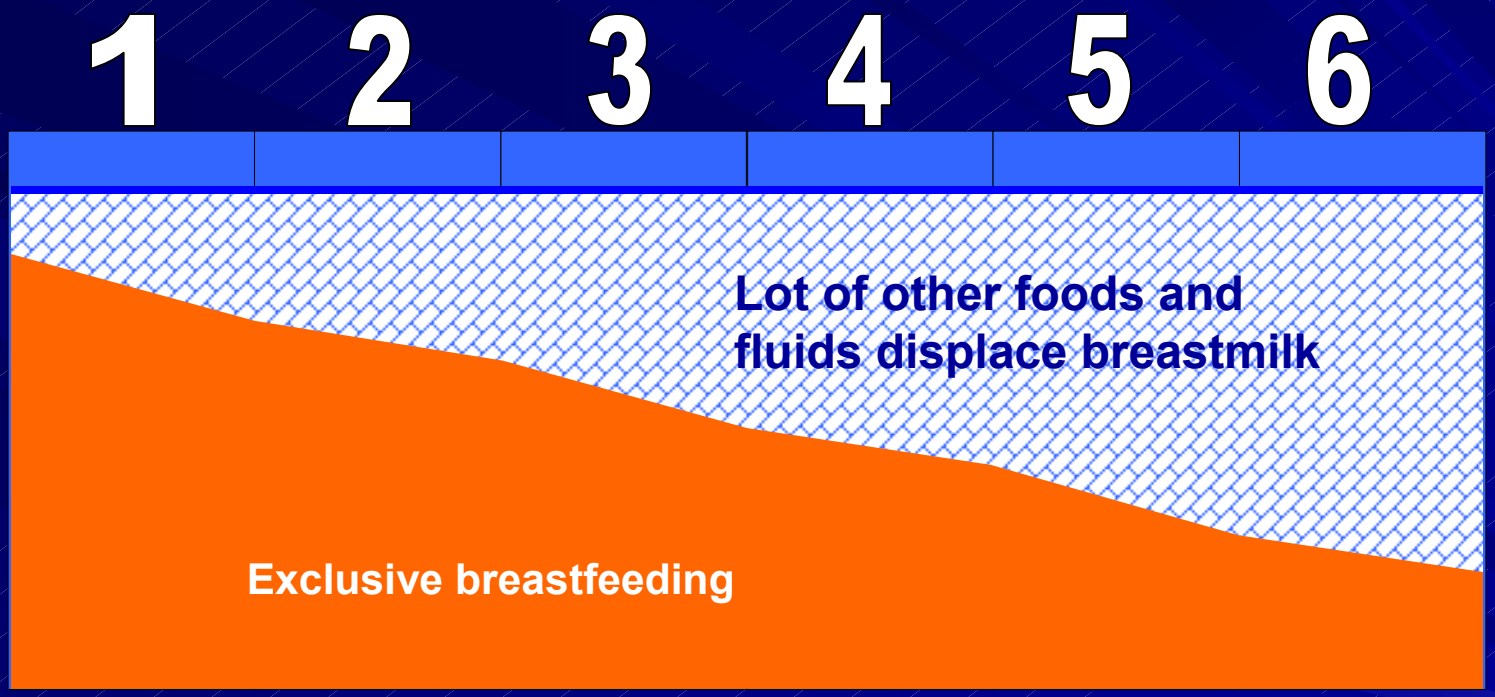
Status of infant Health Nutrition and Development (NFHS-3-22 states)

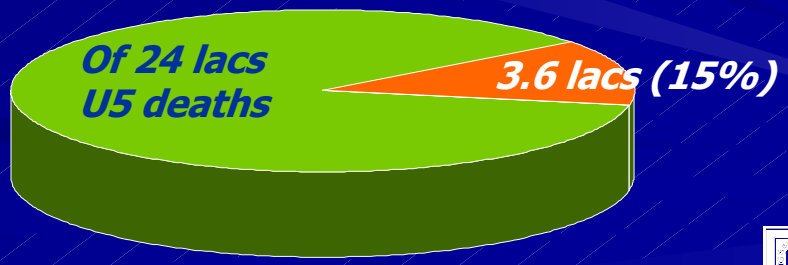


Lancet; 2003 U-5 child deaths (%) saved with key interventions in India

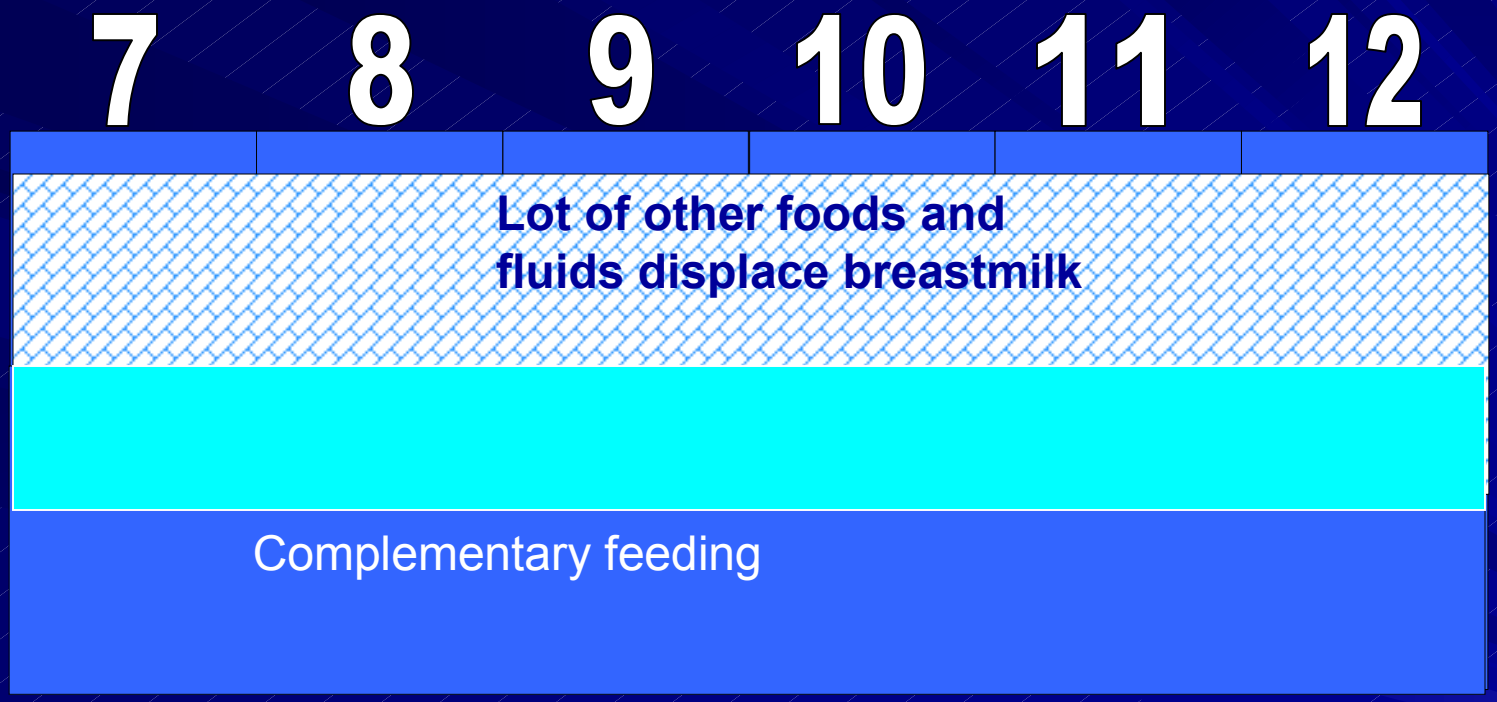


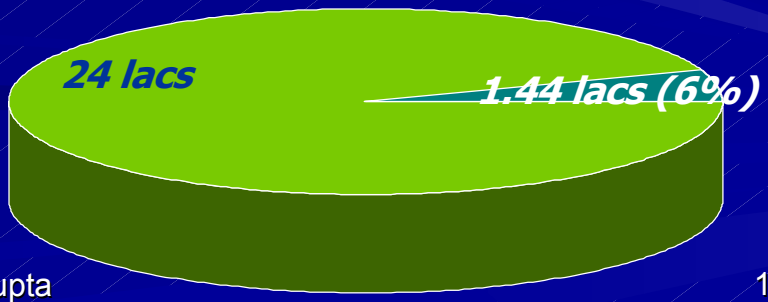
Deficits in nutrition inputs
First Six months



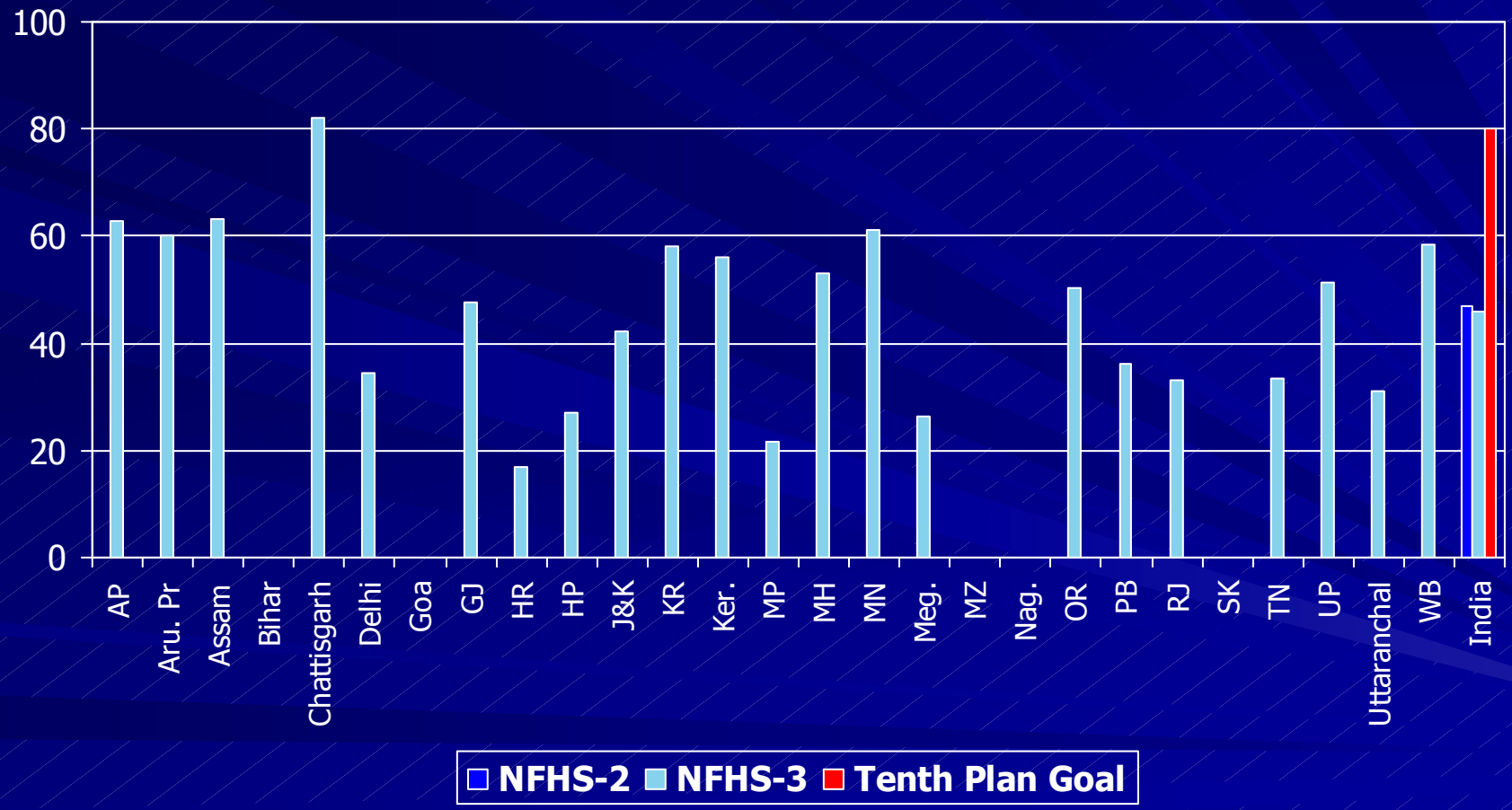


Deficits in nutrition inputs
7-12 months

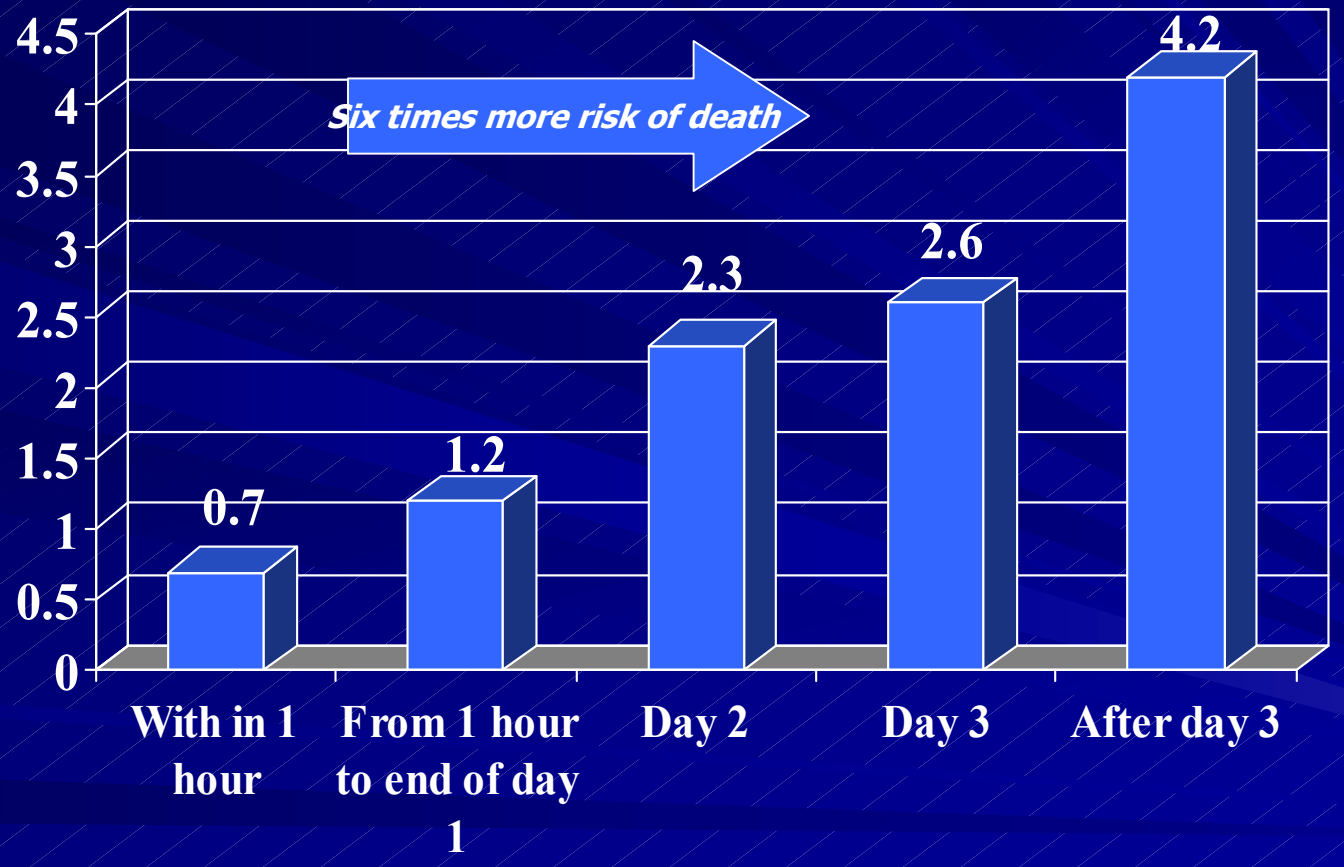




Trends in exclusive breastfeeding NFHS 2 & 3(22 states)

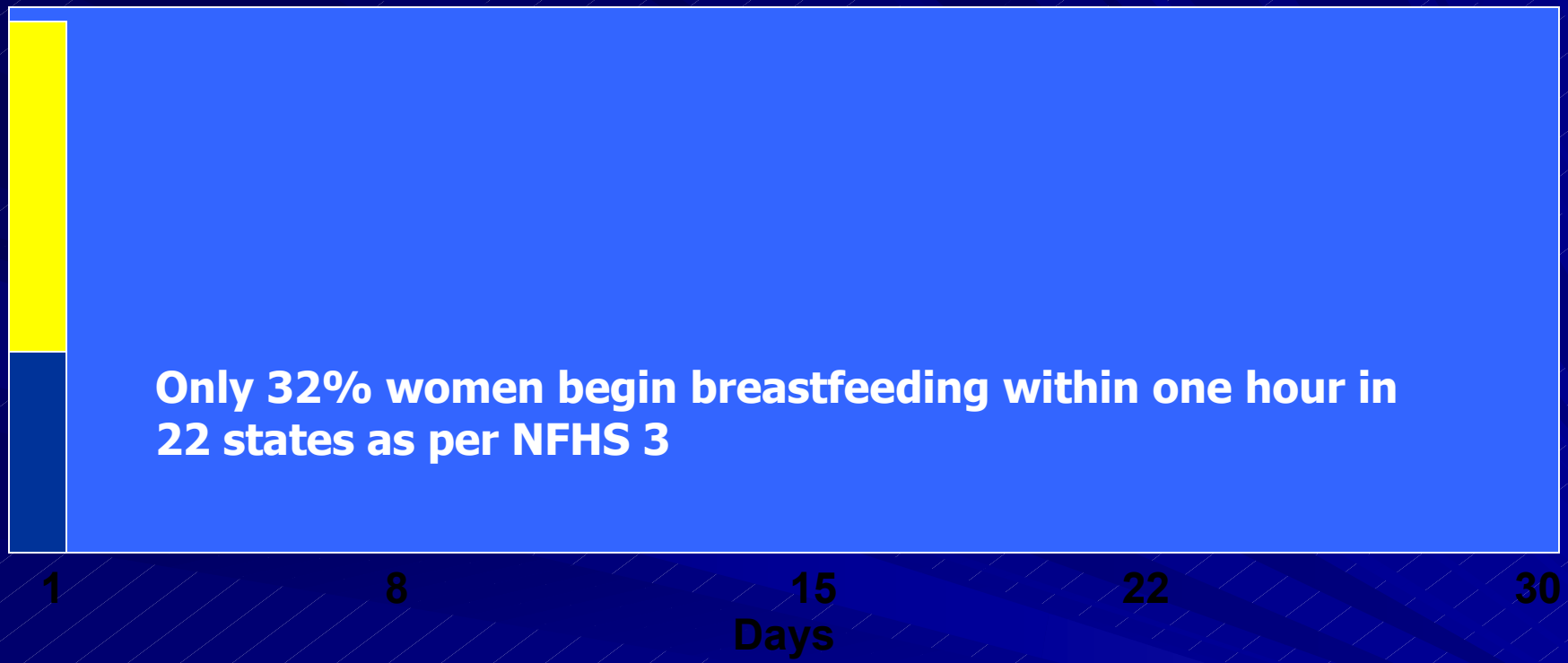


Risk of neonatal mortality according to time of initiation of breastfeeding



Pediatrics 2006;117:380-386

The First Hour Magic



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

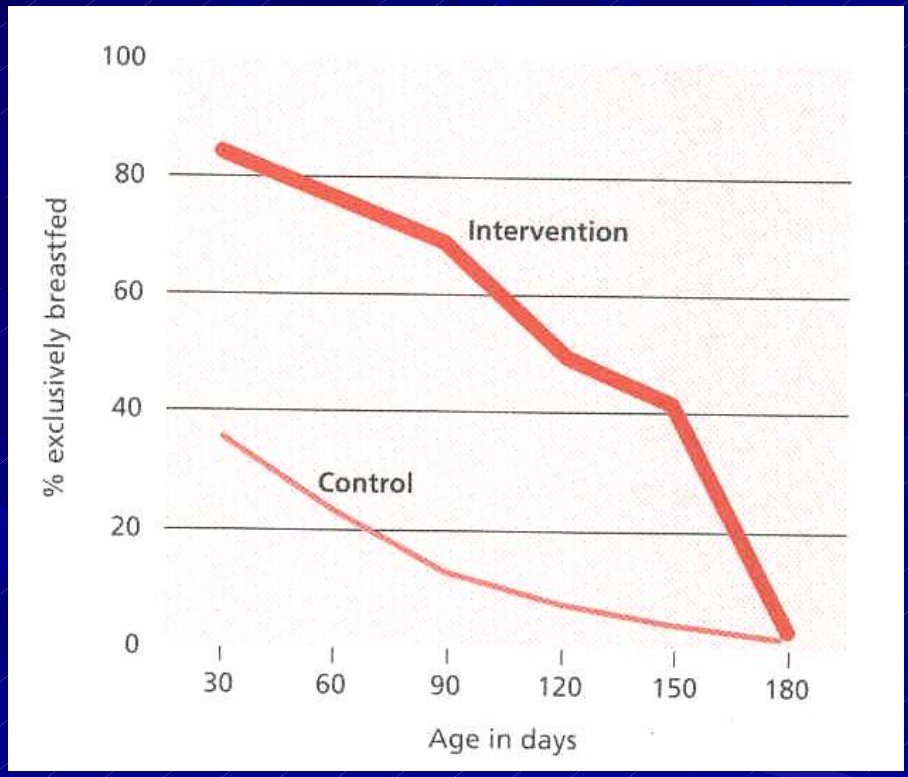
1. Education of all health workers, and setting up IYCF/breastfeeding support centers at 5000 population level.
2. Nutrition support and maternity benefits to women on Tamil Nadu model (Cash assistance) .
3. Incentives for HWs to support early initiation and exclusive breastfeeding

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

FEASIBILTY : 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.

Health policy and Planning 2005; 20(5):328-336.

A unique national consensus

Joint Statement on Infant and Young Child Feeding

ensuring

Optimal Infant Nutrition, Survival and Development

Abridged Report December 2006

FOCUS ON CHILDREN UNDER SIX

Dr. Arun Gupta

Part B: Maternity Entitlements

The Issue

Current WHO guidelines recommend that children should be exclusively breastfed during the first 6 months of life. In 2003, The Lancet published a child survival series, where breastfeeding was identified as the single most effective intervention to prevent child deaths, which could prevent 13 to 16 per cent of all such deaths. Thus, adequate breastfeeding (early, exclusive for months, and prolonged for two years) has a major potential impact on the high rates of malnutrition, IMRs and MMRs plaguing the country.

This issue is well understood and not under debate. Nevertheless, when it comes to actually supporting the close proximity of mother and child for a minimum period of 6 months, and up to 2 years if possible, India has little to offer, especially to women working in the informal sector (there are more than 130 million) and their children. Maternity entitlements and crèches are – the two key interventions that support breastfeeding – are practically missing in the entire [illegible] of interventions for promoting child health and nutrition. In contrast, a small number of women working in government employees may receive up to 6 months of paid maternity leave (and their husbands 15 days of paternity leave) to care for their first two children.

Delivering maternity entitlements to women working in very diverse, sometimes invisible situations is a difficult task. Nevertheless, there are feasible, specific interventions that should be taken up as a matter of priority within the 11th Plan. Some of these are discussed below.

Currently Available Benefits and Schemes

- National Maternity Benefits Scheme: Rs 500, all BPL women. Most recently – no restriction by age of mother or birth order.
- Maternity Benefits Act, ESI Act: 12 weeks, prevailing wage.
- State Schemes: Most recent (Tamil Nadu), Rs 1000 per month for 6 months – 3 months before and 3 months after delivery.
- Construction workers (TN): Rs 2000, through Rs 6000 demanded (Rs 80 per day for 180 days). Assured Rs 6000 for consistency with new scheme.

The current scope and coverage of these is examined. The Maternity Benefits Act, for example, does not rule out benefits for women working in the informal sector, but neither does it determine any mechanisms to enable women to avail them in the absence of a well-defined employer or employment.

Recommended Principles and Strategy

In terms of underlying principles for maternity entitlements, we recommend the following:

- All women – including adoptive mothers.
- Two weeks before and 6 months after child birth.
- Prevailing wages in case of those employed.
- Minimum wage for those working without wages.
- No discrimination on grounds of age, marital status, number of

Part D: Infant and Young Child Feeding (IYCF)

1. Reorganise resources and make wise investments. Currently most or our resources are directed to children aged more than 2 years, whether it is for immunisation or supplementary nutrition. There is a need to channel our resources to children aged between six months to one year or so. These resources should be used for IEC building, training, capacity development and counselling services for infant and young child feeding. These resources should also equal what we spend on immunisation services.

2. Efforts should be coordinated rather than an ad-hoc response to improve breastfeeding and complementary feeding practices. The National Guidelines on IYCF should be implemented in letter and spirit.

3. Ensure that interest in the issue is persistent and coordinated at the highest levels. Possible ways of doing so include creating an 'Authority on Infant Nutrition and Survival' led by the Prime Minister and ensuring that exclusive breastfeeding figures in development reports.

4. The 11th plan should aim at increasing coverage of children under Timely Initiation of Breastfeeding (TIBF), Exclusive Breastfeeding (EBF) for the first six months and timely complementary feeding (TCF) to over 80%.

5. "IYCF Counselling" should be included in the list of services that are delivered under ICDS/NRHM and ICDS.

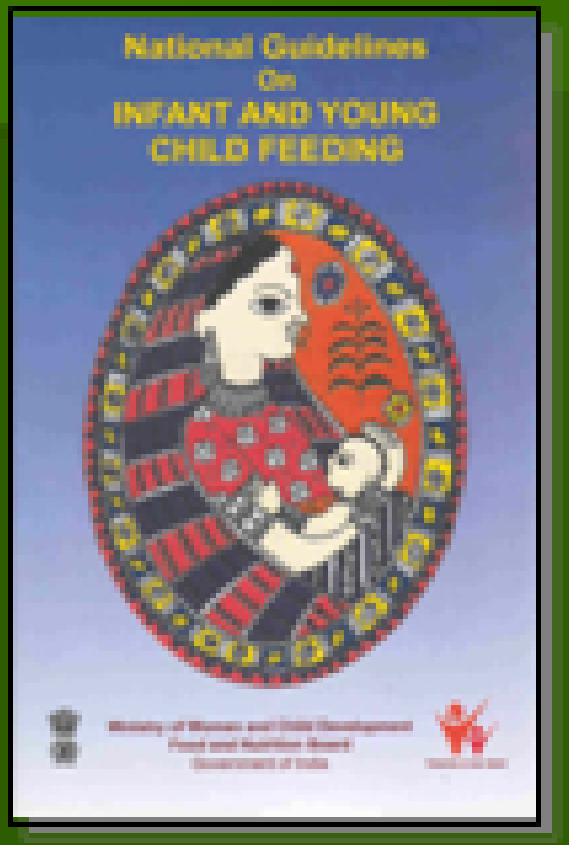
6. Skilled support at birth and for early and exclusive breastfeeding: provision of skilled support at birth and for the first few hours to ensure timely initiation of breastfeeding within one hour should be made an entitlement, both in the public and private sector.

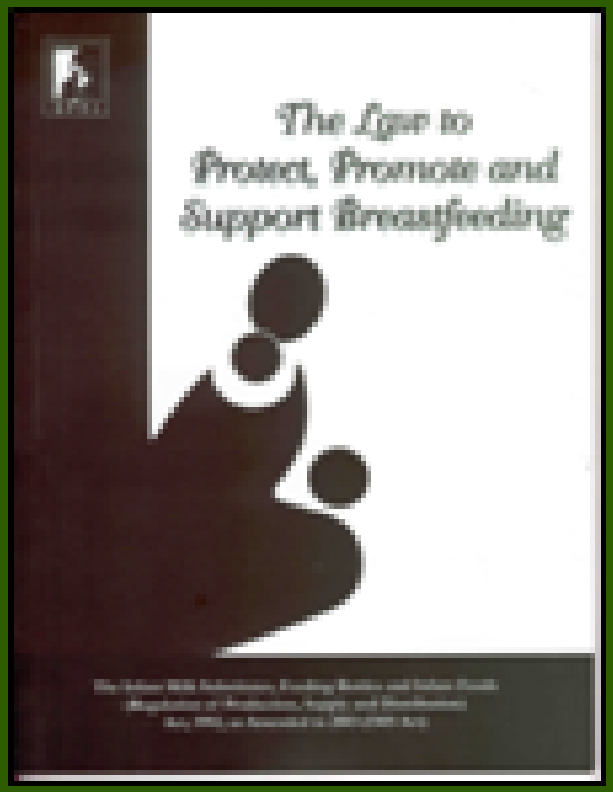
7. A mechanism to lead changes in implementation at the state level should also be put in place.

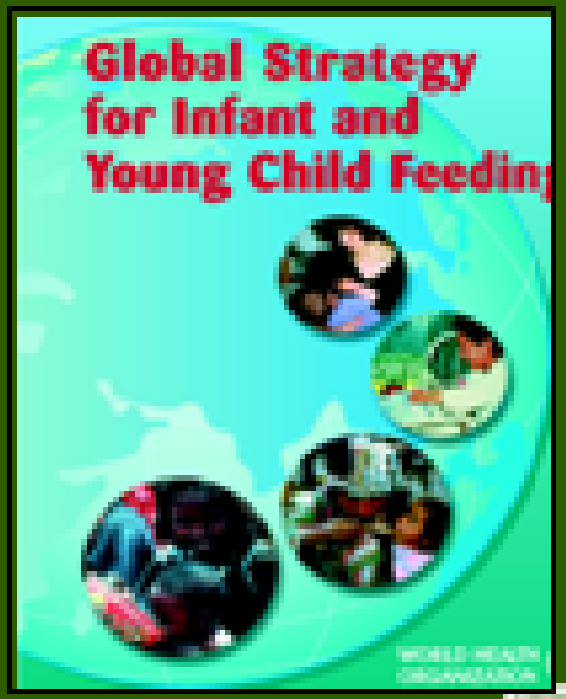
8. Finally there is a need for legislation as part of the overall legislation for preventing children's rights.

BPNI

National and global commitments







Fulfilling Breastfeeding Rights of women and children(CRC)

Breastfeeding gets a fillip

Breastfed infants should be the standard for measuring growth and development

- 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

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

"...This [earlier] reference was based 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 and 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 substantially from those of breastfed infants, the reason being, formula-fed infants gain more weight compared with breastfed infants. And the result — breastfed infants would appear to be lighter.

It is not a question of breastfed infants' growth just falling short of the 'ideal' as indicated in the growth reference, but the physiological factor that may push many a parent to

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 exclusive breastfed children representing both the developed and developing countries. And that is what makes the standard superior to the earlier reference.

Nutrition, not genetics

The release also underlines 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

Thank you