

Empower parents, enable breastfeeding

Now and for the future!

Cost of Inadequate Breastfeeding is
Too High to be Ignored!

Objectives of WBW 2019

- 1** To raise awareness of people on the gaps in policy and programmes and cost of inadequate breastfeeding
- 2** To advocate for improvements in the policy and programmes to bridge the gaps that exist



Introduction

To ensure optimal child health, survival, nutrition and development the [WHO and UNICEF recommend](#) initiating breastfeeding within one hour of birth, exclusive breastfeeding for the first 6 months and continued breastfeeding for 2 years or beyond along with adequate and appropriate complementary feeding after 6 months of age and [skin-to skin contact](#) immediately at birth. [Lancet series in 2016](#) provided global evidence analysis on why to invest in breastfeeding.

In India, breastfeeding is inadequate as only 55% babies are exclusively breastfed 0-6 months and 41% are able to begin breastfeeding within an hour of birth. According to a [new study on cost of not breastfeeding](#) and an [accompanying tool](#), annually, inadequate breastfeeding results in 100,000 preventable child deaths (mainly due to diarrhoea and pneumonia), 34.7 Million cases of diarrhoea, 2.4 Million cases of pneumonia, and 40,382 cases of obesity in India. Health impact on mothers is more than 7000 cases of breast cancer, 1700 of ovarian cancer and 87000 of type- 2 diabetes. Formula feeding of children aged 0-23 months results in more than INR 25393.77 crores family costs to buy formula (which is 19.4% of nominal wages for individual family) and INR 727.18 crores spending on health care due to illness.

To increase breastfeeding, women need to be informed accurately and supported at home, health facilities and work place and to breastfeed wherever they are. This year's World Breastfeeding Week theme is to create an enabling environment for women. This is the India's action folder, which especially focuses attention on the **three** neglected policies and programmes on breastfeeding for example in governance, funding, services in the health care facilities and during disasters.



Photo credit: Nupur Bidla

RESULTS OF INADEQUATE BREASTFEEDING: INDIA (ANNUALLY)

Preventable Child Deaths

100,000

Cases of Diarrhoea
34,791,524

Cases of Pneumonia
2,470,429

Cases of Obesity
40,382



Cases of Breast Cancer
7,976

Cases of Ovarian Cancer
1,748

Cases of Type II Diabetes
87,855

Health Care Costs

₹ 727.18 crores*

Household Costs of Formula Feeding

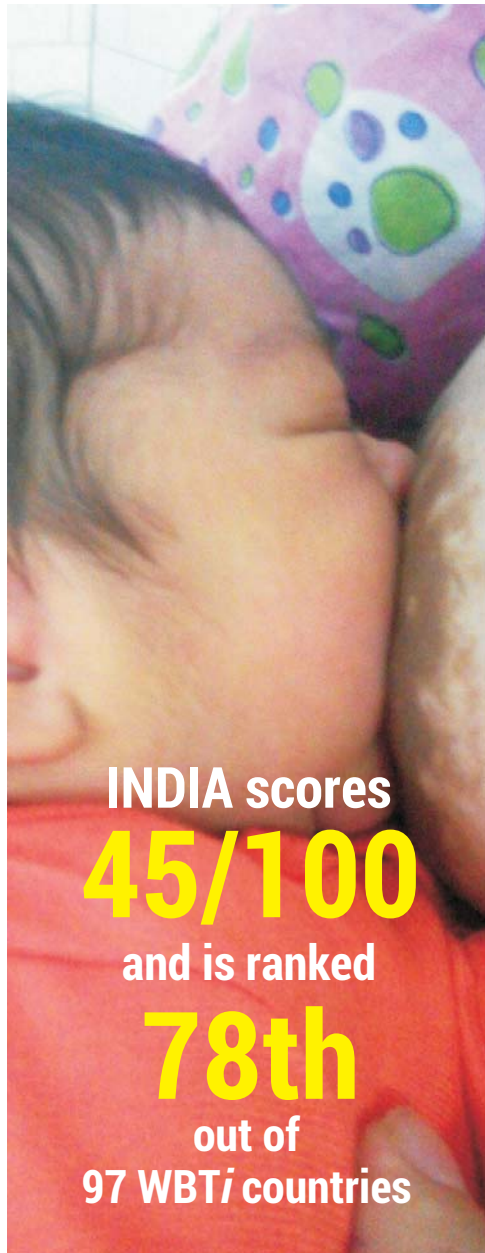
₹ 25393.77 crores*

* Extrapolated from the tool, ['The Cost of Not Breastfeeding Tool'](#) (1 US\$ = INR 68.5672 as on 16 July 2019)

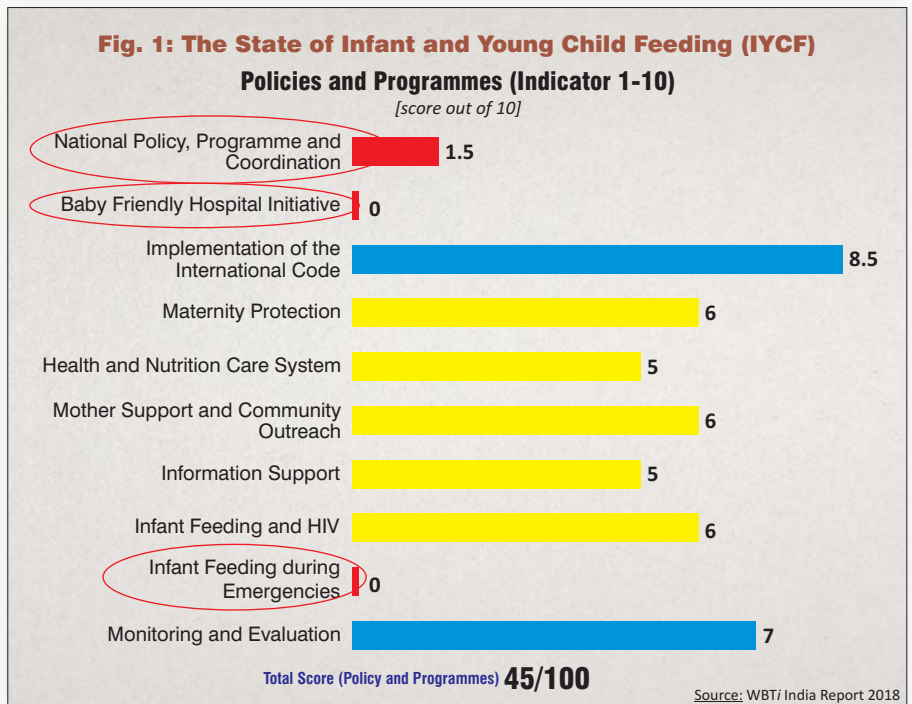
Status of Policies and Programmes on Breastfeeding in India

The *Global Breastfeeding Collective* recommends use of the World Breastfeeding Trends Initiative (WBTi) to monitor policy and programmes at country level. In 2018, the *WBTi* documented several gaps in India's policy and programmes on breastfeeding & infant and young child feeding (IYCF).

It revealed that India scored low on all of these, and very low on national governance and funding, Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding and infant feeding during disasters. (Fig.-1)



INDIA scores
45/100
and is ranked
78th
out of
97 WBTi countries



Three areas stand out in the 2018 India report. These are in 'Red' colour-code. (Colour coding is done in ascending order of performance from Red-Blue-Yellow-Green).

1. **India lacked an officially adopted 'policy' or a 'plan of action' and funding for it.** There is a National Steering Committee on breastfeeding and IYCF but its decisions were not implemented in last 3 years. This programme was launched in 2016 with the key objective of improving breastfeeding practices in the health facilities with maternity services.
2. The BFHI is still to take up a concrete

shape through Ministry of Health and Family Welfare, Government of India's Mothers' Absolute Affection (MAA) programme. **Presently, it is common to see women struggling for good information or support** for effective breastfeeding techniques, both in health facilities and communities. Infant formula is often used unnecessarily.

3. While babies are the most vulnerable in any disaster, **India did not address their feeding**, which is crucial for their survival in such circumstances. Guidelines, plan of action, and support do not exist.

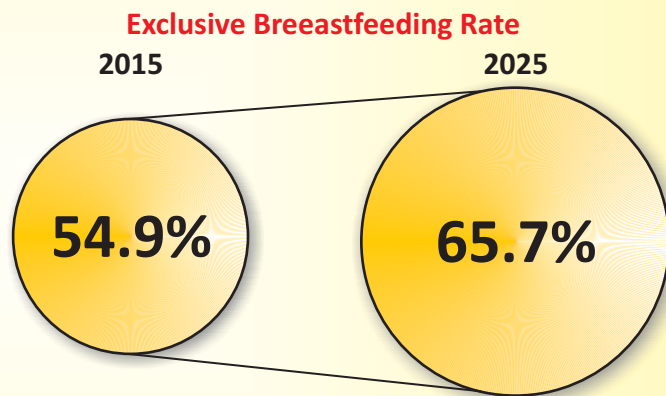
Three areas stand out in the 2018 INDIA report & coded 'RED'

Target for India 2025

The World Health Assembly has set a target to increase global exclusive breastfeeding rate from 38% in 2012 to 50% in 2025 globally. It means that every country has to contribute wherever they are at the moment. According to the [WHO tool](https://www.who.int/nutrition/trackingtool/en/) for tracking

<https://www.who.int/nutrition/trackingtool/en/>.

India will have to reach 65.7% by 2025.



Action Ideas for Bridging the Gaps

The gaps in policy and programmes result in inadequate breastfeeding and the losses associated with it.

India has enacted a national legislation the *Infant Milk Substitutes, Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003*, to ensure accurate information to all women and control the marketing of substitutes. This provides a policy support for action. Action has to happen both at National and State level to bridge the gaps found in governance and funding, services in health facilities and during emergencies.

The three areas flagged 'Red' require URGENT and decisive action, which can help increase **INDIA'S** score when WBTi assessment is done again in 2021, and also improve its rank among the WBTi countries. In addition IMS Act needs to be effectively enforced. Following recommendations could be most helpful.

What can policy makers/ programme managers do at National and State level?

1. Revitalise the National Steering Committee on breastfeeding and IYCF
2. Organise a national workshop to develop a national plan of action with participation of all states. [Available tools](#) of the World Breastfeeding Costing Initiative (WBCi) can be used to develop the plan and budgets.
3. The Ministry of Finance, Economic Advisory Council to the Prime Minister (EAC to PM) could examine the issue in the context of economic losses and facilitate allocation of dedicated budget to implement the plan.
4. Appoint a full time-designated officer at the Centre.
5. Issue a Gazette notification to nominate CMOs as “authorized officer” at the district level to enforce & implement the IMS Act.
6. Strengthen the implementation of MAA programme by assessment, grading and awarding the health facilities.
7. Appoint dedicated lactation support staff in maternity facilities.
8. Involve private health facilities in MAA programme.
9. Ensure implementation of [the competency based curriculum](#) on breastfeeding in the undergraduate medical teaching.
10. Prepare a plan of action to address infant feeding during disasters, which includes lactation support staff as a part of rapid response, rather than rushing commercial baby foods.



Photo credit: IndiaSpend/Swagata Yadavar

Action Ideas for Bridging the Gaps

1. Check in your state if it addresses infant feeding during disasters.
2. Conduct simple research to find out what happened with feeding of babies when disasters struck in past 6-12 months.
3. Check your hospital for adherence to **'Ten steps to successful breastfeeding'** (Use the [self-assessment tool](#))
4. Use infant formula only if medically indicated (WHO guidance)
5. Raise awareness about the inadequate breastfeeding and its results with local media, and programme persons on child health and nutrition.
6. Write to your Members of Parliament/Legislative Assembly for awareness and support.
7. Share your actions on social media. Share your action report with BPNI.

What can civil society, breastfeeding advocates, health workers, hospitals do?



Photo credit: Neelima Thakur



Photo credit: Nupur Bidla

What can Parents do?

1. Find out if lactation counselling/support is available in the maternity hospital where any one known to you is expecting to deliver.
2. Find out if the hospitals adhere to **'Ten Steps to Successful Breastfeeding'**.
3. Share what you find with BPNI.



IndiaSpend/Swagata Yadavar

Photo credit: IndiaSpend/Swagata Yadavar

<https://www.indiaspend.com/breastfed-right-how-shrirampurs-babies-escape-malnutrition/>

Baby Friendly Hospital Initiative: Ten Steps to Successful Breastfeeding (WHO 2018)

Critical management procedures

- 1a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
- 1b. Have a written infant feeding policy that is routinely communicated to staff and parents.
- 1c. Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.



Photo credit: IndiaSpend/Swagata Yadavar

Key clinical practices

3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Source: <https://www.who.int/nutrition/bfhi/ten-steps/en/>



Breastfeeding Promotion Network of India (BPNI) WBTi Global Secretariat Office

Address: BP-33, Pitampura, Delhi 110 034. Tel: +91-11-27312705/06, 42683059

 bpni@bpni.org  <http://www.bpni.org>

 [@bpniindia](https://twitter.com/bpniindia)  [@bpni.org](https://www.facebook.com/bpni.org)

 <https://www.youtube.com/user/bpniindia>

About BPNI

The Breastfeeding Promotion Network of India (BPNI) is a 28 years old 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 policy analysis, advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Coordinating Office for International Baby Food Action Network (IBFAN), South Asia. BPNI also serves as the global secretariat for World Breastfeeding Trends Initiative (WBTi) programme, that analyses policy & programmes and galvanises action at country level.

BPNI's Ethical Policy

BPNI does not accept funds or any support from the companies manufacturing baby foods, feeding bottles or infant feeding related equipments. BPNI does not associate with organizations having conflicts of interest. We request every one to follow this ethical stance while celebrating World Breastfeeding Week.

Acknowledgements

This action folder has been produced by the BPNI with the support of the UNICEF India. BPNI profusely thanks Swagata Yadavar/Indiaspend for allowing to use their pictures.

Written and edited by: Dr. J.P. Dadhich and Dr. Arun Gupta

Reviewed by: Dr Praveen Kumar, Dr Omesh Khurana, Dr CB Dasgupta and Ms Gayatri Singh

Designed by: Amit Dahiya