

## Cost of Inadequate Breastfeeding is Too High to be Ignored!

**New Delhi, 31 July 2019:** Breastfeeding Promotion Network of India (BPNI) joins the rest of the world to commemorate the 27th World Breastfeeding Week from the 1st to 7th August 2019. This year's theme is "***Empower parents, enable breastfeeding: Now and for the future-Cost of Inadequate Breastfeeding is Too High to be Ignored***" 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.

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.

**In India, breastfeeding is inadequate as only 55% of 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 the cost of not breastfeeding](#) and an [accompanying tool](#), annually, inadequate breastfeeding results in 100,000 preventable child deaths (mainly due to diarrhea and pneumonia), 34.7 Million cases of diarrhea, 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.

The total health system cost of not breastfeeding estimated for India as calculated by the above-mentioned tool is **732.43 Crore**. This cost attributable to not breastfeeding includes the cost of avoidable health care treatment of type 2 diabetes morbidity in mothers' i.e. **30.01 Crore**, Cost of avoidable health care treatment of childhood diarrhea i.e. **513.09 Crore**, Cost of avoidable health care treatment of childhood ARI/pneumonia i.e. **189.32 Crore**. These costs here are *extrapolated from the tool, ['The Cost of Not Breastfeeding Tool'](#)* .

**The World Health Assembly has set a target to increase global exclusive breastfeeding rate from 38% in 2012 to 50% in 2025 globally. To contribute to this goal India has to achieve a 65.7% exclusive breastfeeding rate by 2025 as per the [WHO tracking tool](#).**

According to the World Breastfeeding Trends Initiative (WBTi) Arrested Development Report (2018) that assessed breastfeeding policy and programs on 10 indicators, India scored poorly on three major indicators on National Policy, Programme, and Coordination, Baby-Friendly Hospital Initiative and Infant feeding during emergencies. That intends India lacks an official policy and budgeted plan of action on breastfeeding-IYCF, health facilities struggle to follow WHO's [Ten steps to successful breastfeeding](#) that affects the support services to



mothers during the antenatal and postnatal period and mothers and babies aren't supported for breastfeeding during disasters.

*"At the moment India lacks an official policy and budgeted plan of action on breastfeeding/IYCF. Women still struggle for correct information and practical support at health facilities and in communities. Commercial influence of formula companies on health staff and parents still remains an issue even though a legal framework exists that bans the promotion of baby food up to 2 years. Our policymakers need to take immediate actions to improve the current state of affairs in this area" says Dr. Arun Gupta, Central Coordinator, BPNI*

*" What I see in my day today practice is that families who do not get practical help when they are facing challenges while breastfeeding, give up pretty quickly. It's one thing telling a mother that her milk supply is adequate and another showing her how to assess if her baby is well fed. A cesarean mom will not be able to latch on her baby by simply knowing that she can do it unless someone guides her family in how to latch on the baby! Telling a family that their baby in NICU needs breastmilk and then having no one in the hospital who knows how to help with colostrum expression, will result in mum thinking she had no milk. So, if we want our breastfeeding rates to go up, we need to have skilled breastfeeding support available to all families if and when they need it!" says " Dr. Shacchee Baweja, Pediatrician and Lactation Consultant, BLK Hospital, Delhi*

India has enacted national legislation the Infant Milk Substitutes, Feeding Bottles, and Infant Foods (Regulation of Production, Supply, and Distribution) Act (IMS Act) 1992, and Amendment Act 2003, to ensure accurate information to all women and control the marketing of substitutes. But, despite being a criminal law, violations are rampant. Our health care providers are soft targets of these companies for sponsorships, fellowship, scholarships, and research, etc.

*"Ministry of Health and Family welfare need to designate civil surgeons at the district level to enforce the IMS Act " says Ajay Kumar, Legal Consultant , BPNI*

BPNI hopes Government of India take the following actions to improve breastfeeding rates of the country contributing to good infant and young children's health and development:

1. Accelerate the implementation of MoHFW's Mother's Absolute Affection -MAA Programme by setting up national and state-level technical support units and awarding health facilities based on WHO's [Ten steps to successful breastfeeding](#) including private hospitals.
2. Appoint a dedicated lactation support staff in all maternity facilities to support pregnant and lactating mothers.
3. Issue Gazette notification to nominate CMOs as "authorized officer" at the district level to enforce & implement the IMS Act.



4. National Disaster Management Authority (NDMA) and the Ministry of Health and Family Welfare may prepare a convergent 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.

**Documents for the editors:**

[Action Folder \(WBW 2019\)](#)

[Ten steps to successful breastfeeding \(revised 2018\)](#)

[Global Strategy for Infant and Young Child Feeding. WHO/UNICEF 2013](#)

[WHO recommendation on skin-to-skin contact during the first hour after birth](#)

[Breastfeeding series: The Lancet](#)

[The cost of not breastfeeding: global results from a new tool. Dylan D Walters, Linh T H Phan, Roger Mathisen. Health Policy and Planning, 24 June 2019](#)

[The Cost of Not Breastfeeding](#)

[Breastfeeding Advocacy Toolkit](#)

[WBTi India 2018](#)

[Global targets tracking tool. WHO](#)

**For more information and quotes contact:**

Dr. Arun Gupta, Central Coordinator, BPNI, 9899676306, [arun.ibfan@gmail.com](mailto:arun.ibfan@gmail.com)

Dr. J P Dadhich, Director Technical, BPNI, 9873926751, [jpdadhich@bpni.org](mailto:jpdadhich@bpni.org)

Nupur Bidla, Manager Communication & Campaigns BPNI, 9958163610, [nupurbidla@gmail.com](mailto:nupurbidla@gmail.com)