

## Guidelines to provide counselling of women to improve breastfeeding and infant and young child feeding practices as a standard of care

(Adapted from WHO guidelines: Counselling of Women to Improve Breastfeeding Practices<sup>1</sup>)

S.No.	Specifics	Recommendations
1.	Target audience	<ul> <li>Breastfeeding counselling should be provided to all pregnant women and mothers with young children. It should also be a part of the disaster risk reduction strategies and should serve as a preparedness response during disasters.</li> </ul>
2.	Anticipatory counselling	<ul> <li>Breastfeeding counselling should anticipate and address important challenges and contexts for breastfeeding, especially in situations like return to work, first pregnancy, pregnancy with 2 or more babies, mental ill health, low birth weight, caesarian section delivery, humanitarian emergencies and breastfeeding in public.</li> </ul>
3.	When	<ul> <li>Breastfeeding counselling should be provided in both the antenatal and postnatal period and up to 24 months or longer.</li> <li>Counselling during pregnancy is very important to enable the mother to initiate breastfeeding within one hour of birth, stay together with the baby, and establish skin-to-skin contact, proper attachment and position to maintain breastfeeding.</li> <li>Counselling during the postnatal period helps in practicing and sustaining exclusive breastfeeding for the first six months, and continued breastfeeding along with complementary feeding after six months.</li> </ul>
4.	Frequency	<ul> <li>Breastfeeding counselling should be provided at least six times, and additionally as needed. The schedule may be, 1st-Antenatal, 2<sup>nd</sup>-immediately after birth within 2-3 days, 3<sup>rd</sup>- at 1-2 week after birth, 4<sup>th</sup>- at 3-4 month, 5<sup>th</sup>-at 6 months for CF and 6<sup>th</sup>-after 6 months. In addition, every 2-3 months from 6-24 months. The schedule may be aligned to the home visits in Home Based Newborn Care programme and Home Based Young Child Care programme.</li> </ul>
5.	Mode	• Breastfeeding counselling should be provided through <b>face-to-face counselling.</b> It may be complemented but <b>NOT replaced by telephone</b> counselling and /or other technologies.
6.	By whom	<ul> <li>Appropriately trained health-care professionals and community-based lay and peer breastfeeding counsellors should provide Breastfeeding counselling as a continuum of care.</li> <li>A cascade training for skills and competence both in the health system and community along with supportive supervision is necessary.</li> <li>Lactation consultants or highly trained counsellors could play a role in supervision and helping mothers with heightened needs/intense counselling and support.</li> </ul>



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 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 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.

<sup>&</sup>lt;sup>1</sup> WHO 2018. Guideline: Counselling of Women to Improve Breastfeeding Practices.

https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf?ua=1 accessed on May 2, 2019