

## Elements of 'MAA' Programme, the 'Ten Steps' and the Current Status/Gaps

The MOHFW, Government of India launched the Mothers Absolute Affection (MAA) programme to promote breastfeeding in the health care facilities and ensure implementation of the WHO's "Ten Steps to Successful Breastfeeding". The MOHFW also launched Breastfeeding Report Cards for India and its States/UTs and Minister of Health and Family Welfare called for effective action to achieve universal coverage of early breastfeeding within one hour by 2022. Based on the updating of the 'Ten Steps' in 2018, and studies conducted in health facilities

of few States, the Breastfeeding Promotion Network of India (BPNI) has analyzed in detail what are the gaps that can be bridged in the implementation of MAA programme. BPNI provides its expert advice in the remarks section and believes this can facilitate action towards scaling up implementation of MAA programme and universalizing early breastfeeding within one hour of birth and exclusive breastfeeding in the health facilities; both public and private.

The Ten Steps 2018	MAA programme requirements	The Status/Gaps and remarks
1.a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.	The MAA programme requires adherence to the IMS Act and recommends a one-day sensitization programme for the Civil Surgeon, Chief Medical Officer, doctors and nurses to be sensitized <i>Not required for award.</i>	Very weak implementation Sensitization of CMOs/others is rare. No checks on use of formula, more so after C-section delivery. <b>Notify CMOs as 'authorized officers' to monitor the IMS Act and lead awareness in the district.</b>
1. b. Have a written infant feeding policy that is routinely communicated to staff and parents.	<i>Required for award, but otherwise not mentioned in the text.</i>	Not available <b>Notify standard policy</b>
1.c. Establish ongoing monitoring and data-management systems.	Appropriate data entry for early initiation of breastfeeding column in all delivery registers; monitoring of lactation and breast conditions, support to resolve any breastfeeding related problems. It provides setting up the National Resource Centre, which is supposed to evaluate the performance of health facilities. <i>Not required for award.</i>	Monitoring and data management systems are missing. <b>Notify that each hospital is expected to do</b>  Resource center/technical support unit not yet been set up <b>Establish TSUs at center and medical colleges in each state to facilitate assessments in health facilities.</b>
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.	The following trainings are outlined in MAA: <ul style="list-style-type: none"> <li>4-day IYCF comprehensive training package including all aspects of breastfeeding, complementary feeding, counseling, growth monitoring and breastfeeding in special situations, for ANM and nurses and the trainer's guide.</li> <li>One -day sensitization of Accredited Social Health Activists (ASHAs).</li> </ul> <i>Required for award.</i>	Inadequate training given to nurses/doctors, varying from a few hours to half a day. Support to mothers appears to be limited to urging mothers to breastfeed. <b>Scale up of staff competence required for achieving the objectives of MAA programme. At least 5 Nurses in maternity area may be skill trained and specifically notified to be responsible.</b>  <b>Develop a time-bound plan to ensure lactation support skills of the staff to be able to assist each woman delivering in</b>

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		<b>health facility. Package of training may be more focused on health care practices.</b>
3. Discuss the importance and management of breastfeeding with pregnant women and their families.	The key responsibility for communication and counselling of mothers/ caregivers is that of staff nurses, RMNCH+A counsellors and Medical Officers. ASHAs to give preliminary counselling at monthly mothers' meetings IEC material to be displayed in ANC clinics, ANC/delivery wards. <i>Required for award</i>	Only few mothers get ANC counselling on optimal breastfeeding practices. This is a critical step. <b>Notify to universalize and formalize this step</b>
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth	ANM, staff nurses and medical officers conducting delivery are responsible for breast crawl and initiating breastfeeding. <i>Required for award.</i>	Weak support systems especially in the case of C-section delivery. <b>Each hospital should have a designated staff or a lactation counsellor to assist mothers</b>
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.	Only mentioned in key messages to be delivered by ASHAs. <i>Not required for award.</i>	Weak support systems in the health facility – left to mothers to do the best they can. Staff not skilled enough. <b>Same as in Step 4</b>
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.	Mentioned as a key message to be delivered by ASHA. <i>Required for award.</i>	No checks on use of formula in health facility, more common in private, more so after C-section delivery, Nurses often believe that mother's milk is insufficient for the baby. The step relies on competence of the staff, which needed to be addressed. <b>Notify WHO Indications on use of formula and prohibit prescriptions of feeding bottles/formula during ANC.</b>  <b>Consider recording consent of parents to use infant formula for newborns.</b>
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.	Rooming-in and bedding-in to be provided to all healthy newborns. <i>Required for award.</i>	Many babies are separated; C-section delivery is the primary reason. <b>Same as in Step 2</b>
8. Support mothers to recognize and respond to their infants' cues for feeding.	Mentioned as a key component of counselling. <i>Required for award.</i>	Such support is generally missing. <b>Same as in Step 2</b>
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.	Not mentioned in guidelines. <i>Not required for award.</i>	Mothers are generally not informed about these risks. <b>Same as in Step 2</b>
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.	Link mothers to trained ANM in the community on discharge from the hospital or clinic. <i>Required for award.</i>	Lack of systematic follow-up plan and support. <b>Notify and formalize this action by the staff.</b>



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BPNI/IS- 1/Jan 2020

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.

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