

# Closing the Gap

***Breastfeeding Support for All Women Giving Birth in  
Maternity Hospitals in India, both Public and Private Sector***



WABA | WORLD BREASTFEEDING WEEK 2024

## OBJECTIVES OF WBW 2024

- To inform the gaps that exist about support for breastfeeding in the health facilities.
- To share the tools and resources to close these gaps.
- To discuss with government and health professionals on how to equalize the benefits of breastfeeding among all mothers and babies.
- To enlist action ideas and share among those who need these (hospital administrators, healthcare providers, policymakers).



# INTRODUCTION

The MoHFW-Government of India, WHO and UNICEF recommend

1. initiation of breastfeeding within one hour of birth,
2. exclusive breastfeeding (only breastfeeding, nothing else) for the first six months of life and
3. continued breastfeeding till 2 years of age or beyond along with appropriate complementary feeding after six months of age.

We are all aware of the benefits of breastfeeding to the family, mothers, babies and the nation as a whole.

There is a huge body of evidence that makes it clearer how India would benefit. A 2019 international study on the cost of not breastfeeding estimates that in India, 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 and India spends INR 727.18 crores on health care due to illness. [1]

Optimal feeding has the potential to simultaneously reduce the risk or burden of under-nutrition and overweight, obesity or diet-related NCDs (including type 2 diabetes, cardiovascular disease and some cancers). Despite the unparalleled value, the breastfeeding rates remain low in India.

Evidence of the benefit of early breastfeeding including in cesarean births is enough. [2] Review of the global evidence reveals that implementing 'Ten Steps' is beneficial to enhance early and exclusive breastfeeding. [3]

This action folder provides you with data on early breastfeeding and institutional births, the National and international guidance, 10 steps to successful breastfeeding and actions to implement these, 6 tools, and finally with some recommendations/ action ideas for different target audiences. All this can certainly assist you in closing the gap.

## Current Status of Early Breastfeeding Rates

According to the NFHS-5 (2021), 88.6% of women give birth in hospitals, but only 41.6% can start breastfeeding within an hour of birth. (Fig. 1)

There are variations among all the States but need to close the gap between institutional births and early breastfeeding rates is underlined. (Fig. 2)

## National and International Guidance

- The Government of India launched the Mothers Absolute Affection (MAA) programme in 2016 to improve breastfeeding in the hospitals.
- The WHO and UNICEF provide "Ten Steps to Successful Breastfeeding [4]" for the maternity health facilities.
- The MoHFW's National Guidance on Lactation Management Centres recommends lactation support staff at the delivery points.

Fig. 1: Current Status of Early Breastfeeding and Institutional births in India Based on NFHS-5 (2021)

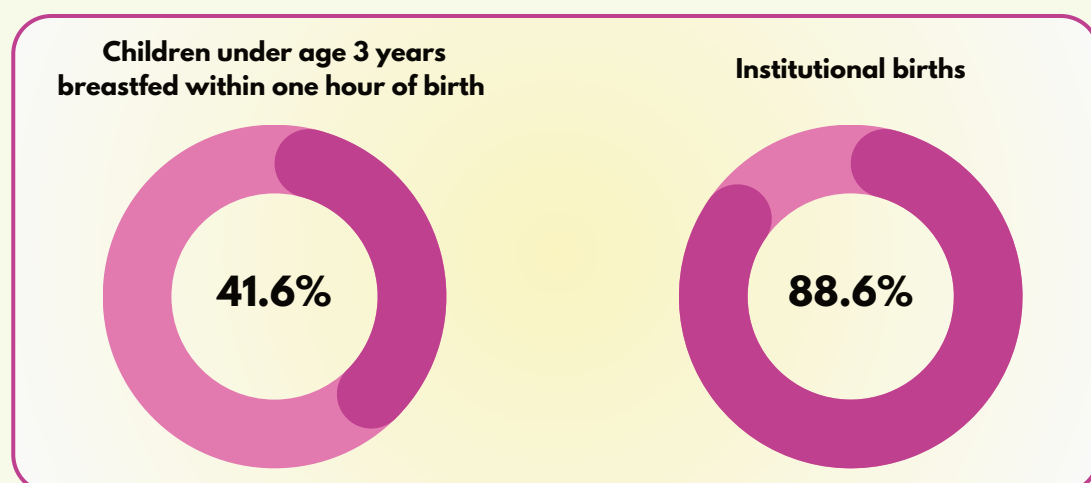
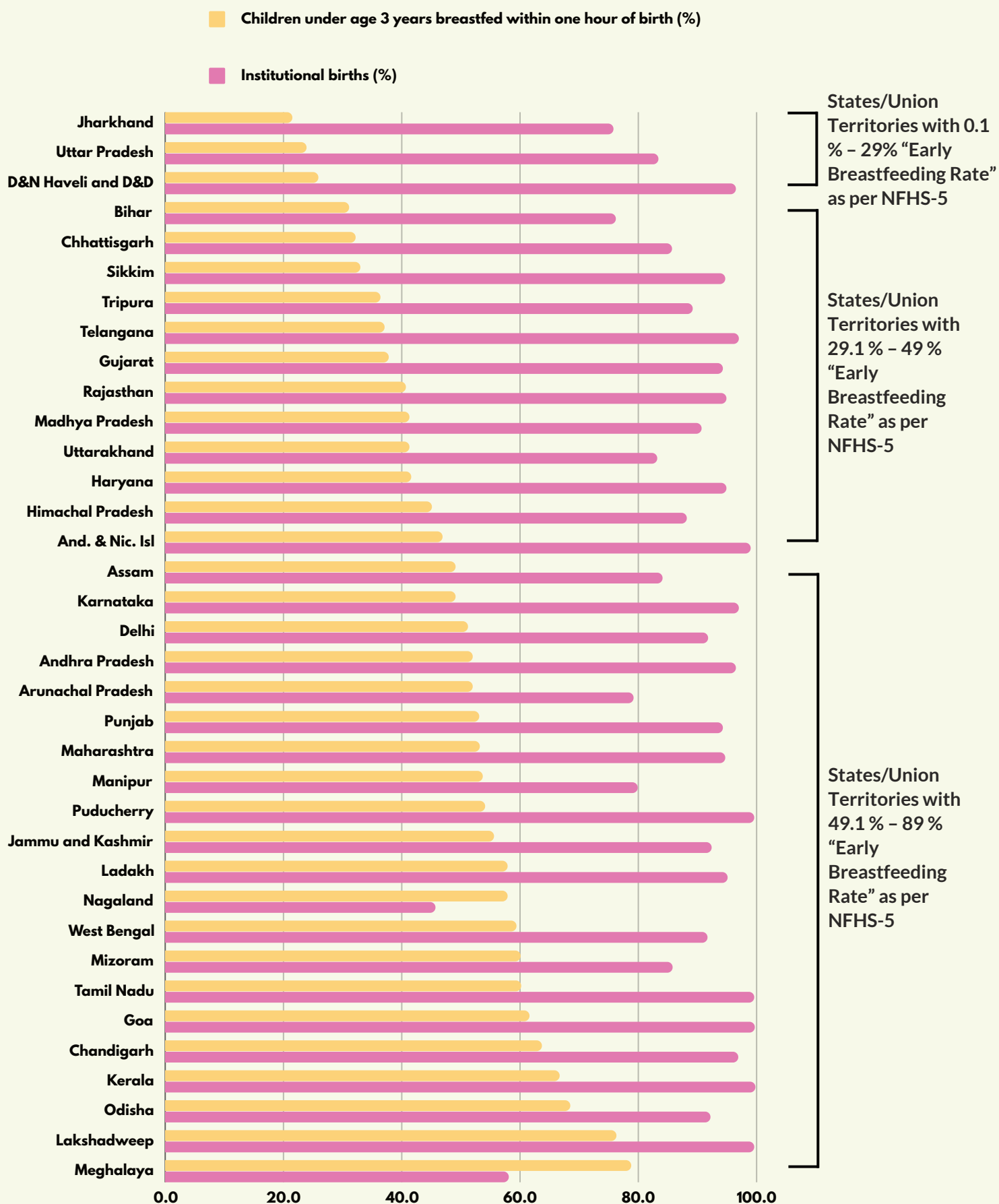


Fig. 2: State-wise Data on Early Breastfeeding and Institutional Deliveries Based on NFHS-5 (2021)



This data illustrates the gap that needs to be closed within the healthcare system.

# CHALLENGES

Opportunity for action lies in the health facilities as majority of births take place there. A World Bank Study in the South Asia [5], including India, identified challenges and barriers. Separation of babies from mothers especially in caesarean section births, more so in the private sector; inadequately trained health

staff; unnecessary use of infant formula due to commercial influence of baby food industry on health facilities; inadequate counselling and support to mothers during antenatal and postnatal periods are some of the barriers to successful of breastfeeding.

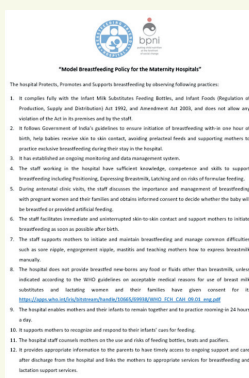
## BPNI'S 6 TOOLS FOR CLOSING THE GAP

The MAA programme guidance urges hospitals to follow policies and practices, like e.g. implementing the *Infant Milk Substitutes Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act)*, written breastfeeding policy, data management system, competent staff by training of staff in breastfeeding counselling, antenatal counselling on breastfeeding, support at birth to initiate breastfeeding, breastfeeding friendly practices like rooming-in, avoiding food other

than breastmilk. Based on the MAA programme/Ten Steps, BPNI launched the **"Breastfeeding Friendly Hospital Accreditation Programme"**, which is a volunteer effort for maternity hospitals to improve breastfeeding support in the hospitals. In partnership with the Association of Healthcare Providers of India (AHPI) this is in operation. For more information, please click here <https://www.bfhi-india.in/home.php>

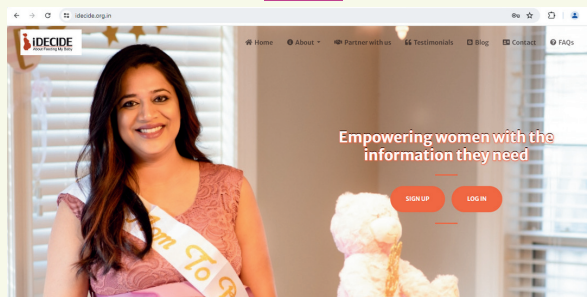
## THE 6 TOOLS

### Tool-1



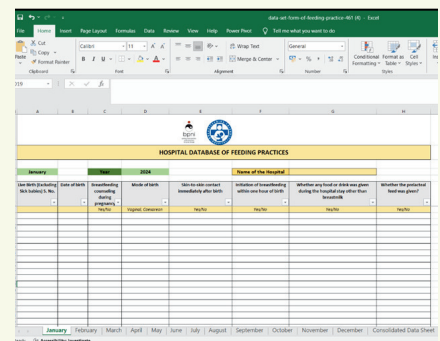
The model breastfeeding policy for hospitals

### Tool-2



'i-DECIDE about feeding my baby' for antenatal education

### Tool-3

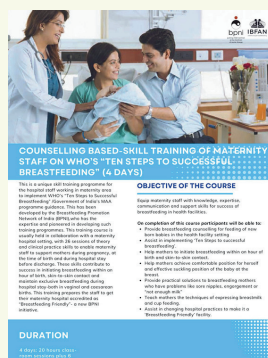


Monitoring breastfeeding data in the maternity hospitals

### Tool-4

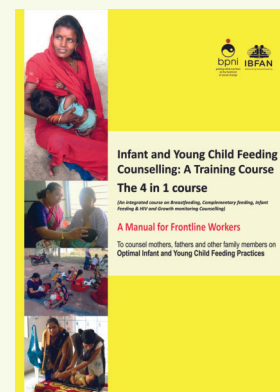
Sl.No	Indicators	Notes
1	Presence of written policy for successful breastfeeding, complementary feeding and feeding bottles identified as per WHO guidelines	Step 1 & 2
2	Presence of written policy for successful breastfeeding, complementary feeding and feeding bottles identified as per WHO guidelines	Step 1 & 2
3	Presence of written policy for successful breastfeeding, complementary feeding and feeding bottles identified as per WHO guidelines	Step 1 & 2
4	Percentage of mothers breastfed within an hour of birth to register model of delivery	Step 4.5
5	Percentage of mothers breastfed within an hour of birth to register model of delivery	Step 4.5
6	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
7	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
8	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
9	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
10	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
11	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
12	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
13	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
14	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
15	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
16	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
17	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
18	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
19	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5
20	Percentage of mothers given artificial feeds, bottles and pacifiers in the facility	Step 5

18 indicators to monitor programmes



4-Days Counselling Based-Skill Training of Maternity Staff on WHO's "Ten Steps to Successful Breastfeeding"

### Tool-6



4-Days Skilled counselling training for ANM and other community workers

Tool 1 to 4 can be downloaded free, for tool 5 & 6 (Paid training programme), kindly contact BPNI at [bpni@bpni.org](mailto:bpni@bpni.org)



The "Breastfeeding Friendly Hospital" accreditation continues to motivate & inspire all health care providers - nursing officers, postgraduate residents, doctors and staff in the Antenatal OPD, Labour room/ OT, Pediatric Ward, Postnatal Wards & NICU to continue to support exclusive breastfeeding for all mothers-baby dyads & encourage strict implementation of the Ten-Steps of the MAA Programme in the hospital

**Command Hospital (Southern Command),  
Pune, Maharashtra**



Early skin to skin contact, online data monitoring, getting accredited itself is a constant motivation for us to continue breastfeeding friendly practices

**Ankura Hospital for Women and Children,  
Boduppal, Hyderabad**



**Table 1: The Ten Steps, MAA Programme and Actions to Implement**

The Ten Steps 2018 (WHO)	MAA programme requirements	Action to implement
<b>1.a. Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.</b>	Adherence to the IMS Act ,one-day sensitization programme for the Civil Surgeon, Chief Medical Officer, doctors and nurses	<ul style="list-style-type: none"> <li>Hospital staff awareness and follow</li> </ul>
<b>1. b. Have a written infant feeding policy that is routinely communicated to staff and parents.</b>	Required for award.	<ul style="list-style-type: none"> <li>Adapt from Model Policy (Tool-1)</li> </ul>
<b>1.c. Establish ongoing monitoring and data-management systems.</b>	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.	<ul style="list-style-type: none"> <li>Use Tool-3 Monitoring and data</li> <li>Use Tool-4 for programme monitoring</li> </ul>
<b>2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.</b>	<p>The following trainings are outlined in MAA:</p> <ul style="list-style-type: none"> <li>4-day IYCF comprehensive training package for ANM and nurses and the trainer's guide. (Tool-6)</li> <li>One -day sensitization of Accredited Social Health Activists (ASHAs).</li> </ul>	<ul style="list-style-type: none"> <li>In addition use Tool-5 to ensure staff competence and skills in the hospital settings</li> </ul>
<b>3. Discuss the importance and management of breastfeeding with pregnant women and their families.</b>	The key responsibility of staff nurses, RMNCH+A counsellors and Medical Officers.	<ul style="list-style-type: none"> <li>Use Tool-2 to educate pregnant women preparing for breastfeeding</li> <li>Government can notify to universalize this step</li> <li>Use Tool-5 for skill development</li> </ul>
<b>4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth</b>	ANM, staff nurses and medical officers conducting delivery are responsible	<ul style="list-style-type: none"> <li>Each hospital should have a designated staff or a lactation counsellor to assist mothers at birth. Use Tool-5 for skill development</li> </ul>
<b>5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.</b>	Key messages to be delivered by ASHAs.	<ul style="list-style-type: none"> <li>Ensure Staff to be skilled enough.- Use Tool-5 for hospital staff to support</li> </ul>
<b>6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.</b>	Message to be delivered by ASHA.	<ul style="list-style-type: none"> <li>Build competence of the hospital staff, use Tool-5</li> </ul>
<b>7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.</b>	Rooming-in and bedding-in to be provided to all healthy newborns.	<ul style="list-style-type: none"> <li>Avoid separation in C-section birth, use Tool-5 for skill development</li> </ul>
<b>8. Support mothers to recognize and respond to their infants' cues for feeding.</b>	Mentioned as a key component of counselling.	<ul style="list-style-type: none"> <li>Use Tool-5 to increase staff competence</li> </ul>
<b>9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.</b>	Not mentioned	<ul style="list-style-type: none"> <li>Hospital staff can assist/counsel- Use Tool-5 for skill development</li> </ul>
<b>10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.</b>	Link mothers to trained ANM or other skilled persons in the community on discharge from the hospital.	<ul style="list-style-type: none"> <li>Notify and formalize this action by the hospital staff.</li> <li>Use Tool-6 to teach ANMs/other workers.</li> </ul>

# ACTION IDEAS TO CLOSE THE GAP



## Governments

- Conduct periodic assessments of hospitals in each State.
- Take steps to effectively monitor and implement the legal provisions for the IMS Act.
- Strengthen MAA programme implementation by data collection at the hospitals.
- Strengthen lactation services to provide a lactation support staff at delivery points.
- Partner with private sector hospitals with maternity facilities to implement MAA programme/Ten Steps.

## Hospital Administrator

- Establish a committee in the hospital to review data every 3 to 6 months.
- Institutionalise protocols for consistent data collection on early breastfeeding in the hospitals, use the tool-3 and adapt.

## Professionals Associations: Paediatricians, Obstetricians, Neonatologists and Nurses

- Ensure that data collection and analysis in the hospitals and corrective actions are taken after the review.
- Ensure mother's own milk banking in the maternity hospitals.
- Ensure that unnecessary use of powdered milk formula is avoided, and WHO guidance is used for giving substitutes and preparing them.
- Ensure all mothers are assisted at birth.
- Initiate steps to practically universalise, antenatal breastfeeding education.

## BPNI Members /Individuals /Civil Society Organisations

- Engage with any of the above to advocate for closing the gap
- Organise a seminar to introduce the tools (May use resources on BPNI website)
- Introduce the 'Breastfeeding Friendly' Hospital Accreditation programme to hospitals with maternity services.

### References

- [1] Walters D, Phan L, Mathisen R. The Cost of Not Breastfeeding: Global Results from a New Tool. Health Policy and Planning. 2019 June 24. Available from: <https://www.aliveandthrive.org/en/country-stat/india>
- [2] <https://www.bfhi-india.in/evidence-on-c-section-and-early-breastfeeding>
- [3] Pérez-Escamilla, R., Martinez, J. L., and Segura-Pérez, S. (2016) Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal & Child Nutrition, 12: 402–417. <https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12294>
- [4] Ten steps to successful breastfeeding (revised 2018) <https://www.who.int/nutrition/bfhi/ten-steps/en/>
- [5] World Bank. 2019. South Asia-Baby-Friendly Hospital Initiative in South Asia: Implementing Ten Steps to Successful Breastfeeding-India, Nepal, and Bangladesh Challenges and Opportunities (English). Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/916891573111241173/South-Asia-Baby-Friendly-Hospital-Initiative-in-South-Asia-Implementing-Ten-Steps-to-Successful-Breastfeeding-India-Nepal-and-Bangladesh-Challenges-and-Opportunities>

## ABOUT BPNI

The Breastfeeding Promotion Network of India (BPNI) is a 32 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 serves as the global secretariat for World Breastfeeding Trends Initiative (WBTI) programme, that analyses policy & programmes and galvanises action at country level in different regions of the world. BPNI is part of the International Baby Food Action Network (IBFAN)

## 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. BPNI request everyone to follow this ethical stance while celebrating World Breastfeeding Week.

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