Scaling up Exclusive Breastfeeding

The World Health Organization (WHO) and UNICEF jointly developed the Global Strategy for Infant and Young Child Feeding, which was adopted on 18 May 2002 by the World Health Assembly and endorsed by UNICEF Executive Board in September 2002. It recognizes that all infants should be exclusively breastfed for the first six months followed by introduction of appropriate complementary feeding along with continued breastfeeding for two years or beyond. This strategy aims to set in motion national actions to improve infant and young child feeding practices worldwide, having their impact on child health, development and survival.

According to the strategy *"Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices occur during the first year……..".* We are talking about 7 million infant deaths each year. According to the recent child survival data published in Lancet 2003 *(Jones et al. LANCET 2003; 362:65-71)*, promotion of exclusive breastfeeding for first six months and continued breastfeeding for 6-11 months is the single most effective intervention that reduces under 5-child mortality by 13-15 percent.

WHO and UNICEF estimate that improved breastfeeding practices could save some 1.5 million children a year. During the 1990s, modest improvements were made in exclusive breastfeeding for the first four months of life, with rates increasing from 48 to 52% in the developing world (based on 37 countries with trend data). Timely complementary feeding (at 6 to 9 months) has also improved, with levels increasing from 43% to 49% between 1990 and 2000. The proportion of infants still breastfeeding at one and two years of age increased only slightly. *(Labbok et al :To be published)*

One study from Bangladesh confirmed the importance of increasing exclusive breastfeeding rates for enhancing infant survival. Although breastfeeding was nearly universal, interventions to improve infant feeding practices could result in a considerable reduction in infant mortality, almost one-third when prevalence of exclusive breastfeeding in the first 4 months of life was increased to nearly 80%. *(S Arifeen et al, Pediatrics 2001; 108:67)*

Despite overall improvements in breastfeeding patterns made during the 1990s, fewer than half of all infants are being exclusively breastfed for up to four months, and only about half are receiving complementary foods in a timely manner. Although global levels of continued breastfeeding are relatively high at one year of age (79%), only around half of infants are still breastfeeding at two years of age. Thus, the current breastfeeding patterns are still far from the recommended levels. *(UNICEF, 2001)*

Much has been learned about effective interventions to enhance the practice of exclusive breastfeeding during the first six months. In the year 2005, a review by Cochrane collaboration on breastfeeding interventions concluded that

to enhance optimal breastfeeding practices, women need support in several areas such as maternity benefits at work place, community support, Health care support and IEC campaigns. *(The CDC Guide to Breastfeeding interventions, 2005)*. Here are some successful examples;

In rural communities of Gambia, incorporating traditional beliefs and practices into modern messages on optimal breastfeeding and including elders and husbands, as an expanded target groups are found highly influential in matters regarding patterns of child feeding. *(Semega-Janneh IJ, Bohler E, Holm H, Matheson I, Holmboe-Ottesen G. Health Policy Plan. 2001 Jun;16(2):199-205.)* This was further supported by *Ingram J & Johnson D (Midwifery. 2004 Dec;20(4):367-79.)* who stated that health professionals should be opportunistic about involving other family members in discussions about breastfeeding whenever possible, both antenatally and postnatally.

A systematic review of thirty studies concluded that educational programmes were most effective single intervention to increase the rates of initiation of breastfeeding and exclusive breastfeeding. In contrast written materials such as pamphlets did not significantly increase breastfeeding *(Jeanne et. al, Ann Fam Med 2003; 1:70-80)*. A study from Infant feeding study group *(Bhandari et al, Health Policy Plan 2005; 20(5): 328-36)* suggested, using multiple available opportunities and workers for counseling caregivers, is not only feasible but also improved the impact and coverage of ongoing services.

All of these studies address that mothers need interpersonal and skilled support to initiate and sustain optimal breastfeeding and complementary feeding practices, which require skilled training in infant and young child feeding at various levels. A study by *(Albernaz E, Victora CG. Rev Panam Salud Publica. 2003 Jul;14(1):17-24.)* also suggested that face-to-face counseling, given during different time periods, led to significant changes in the rate of exclusive breastfeeding. Analysis of the studies suggests that the support to the mothers must continue after hospital discharge and must include guidance on breastfeeding techniques and ways to resolve problems that occur.

In this document, we provide summary findings of few studies, which have demonstrated significant improvement in rates of exclusive breastfeeding through skilled counselling on IYCF by the healthcare system workers or by peer counsellors who were adequately trained in infant and young child feeding counselling. Now the need of the hour is to provide counseling and skilled support by health care facilities to all mothers as a standard of care. This would help building trust in the community to possibly improve utilization of these services.

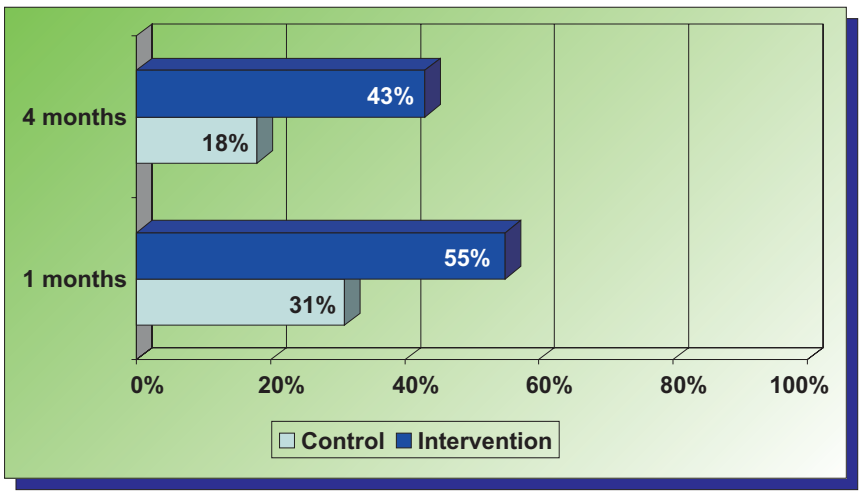
The Impact of Lactation Centers on Breastfeeding Patterns, Morbidity and Growth: A Birth Cohort Study.

Barros FC, Semer TC, Tonioli Filho S. Tomasi E, Victora CG. Acta Paediatr 1995;84:1221-6.

In a study in Brazil the lactation centres were found beneficial to ensure exclusive breastfeeding for longer duration.

In this longitudinal study 605 infants were followed from birth up to the age of 6 months. Here all infants were delivered at the hospital and were in rooming-in during their hospital stay, and referred to the lactation centers in the 1st week after hospital discharge. Infants who have been taken to a lactation center by 4 months postpartum were considered the intervention group (N=289). Participating mothers were visited at home when the babies were 1,4 and 6 months old.

More than half of the mothers had taken their child to a center and 2/3rd had attended 3 or more times. The centers provided individual counseling, group consultations (4 mother-infant pairs at a time) and assistance with specific breastfeeding problems. Among those infants in the intervention group who had attended a lactation center, 55% were exclusively breastfed at 1 month postpartum ($p<0.001$), 43% at 4 months ($p<0.001$) and 15% at 6 months ($p<0.001$). In contrast, 31% of infants in the control group who had not attended a center were exclusively breastfed at 1 month postpartum, 18% at 4 months and 6% at 6 months. Infants who had attended a center more frequently than others had better breastfeeding patterns: 23% of those attending 5 or more times were exclusively breastfed at 6 months of age. Younger women and 1st time mothers were more likely than other women to attend a center.

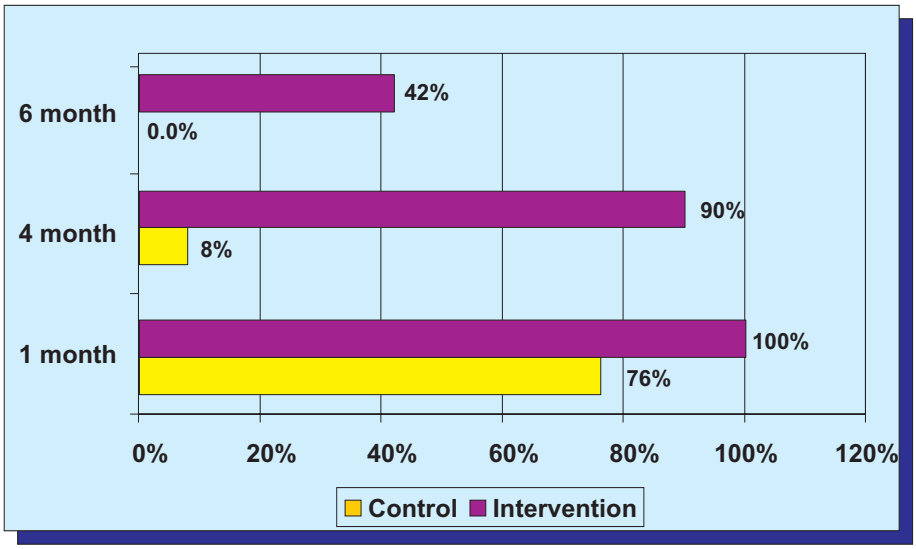


Evaluation of Breastfeeding- support Programme with Health Promoters' Participation

Alvarado MR, Atalah SE, Diaz FS, Rivero VS, Labbe DM and Escudero PY. Food and Nutrition Bulletin. 1996;17:1:49-53.

A study done on low-income women in Chile found that frequent postnatal clinic check-ups and home visits by peer educators increased the prevalence and duration of exclusive breastfeeding.

The intervention group consisted of pregnant women from an area covered by health project run by an NGO working in community health and the control group was drawn from women from a nearby area with similar socioeconomic characteristics covered by public health center. The intervention group mothers received counseling and education on breastfeeding from health professionals and peer educators. Health promoters visited the women at home in the last 3 months of pregnancy and in the maternity wards following delivery in order to give support to mothers. The health promoters also organised 2- hour workshops on breastfeeding techniques, which were attended by mothers twice during pregnancy and monthly during their infant's 1st six months of life. Mothers and infants in the intervention group also received follow-up care at the health center 3 times during 1st month post partum and monthly for the next 5 months. Those in the control group visited the clinic at 1,2,4, and 6 months postpartum.



At one month of age 100 % of the infants in the intervention group and 76% of those in control group were exclusively breastfed.

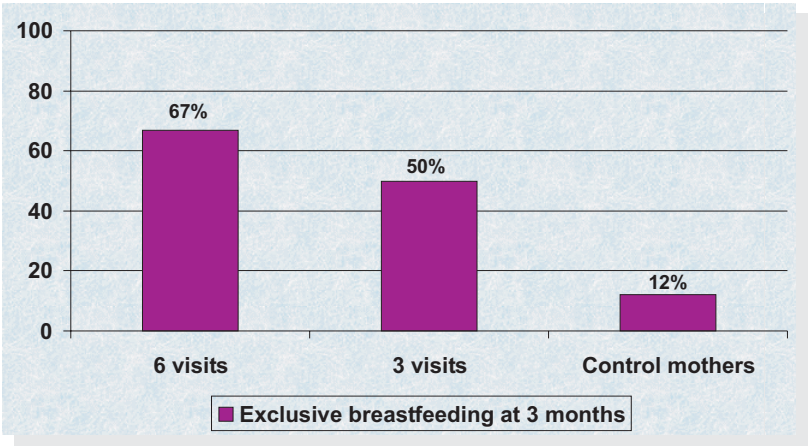
In intervention group 90 % at four months of age, and 42 % at six months of age were still exclusively breastfed while in control group this percentage fell of rapidly with 8 % of infants at four months, and none at six months of age were found exclusively

Efficacy of home-based peer counselling to promote exclusive breastfeeding: a randomised controlled trial.

Ardythe L Morrow, M Lourdes Guerrero, Justine Shults, Juan J Calva, Chessa Lutter, Jane Bravo, Guillermo Ruiz-Palacios, Robert C Morrow gand Frances D Butterfossa. The Lancet 1999; 353:1226-1231

In a randomised controlled study early and repeated contact with peer counsellors was associated with a significant increase in breastfeeding exclusivity and duration among mothers and infants residing in peri-urban Mexico City.

Two intervention groups with different counselling frequencies, six visits (44) and three visits (52), were compared with a control group (34) that had no intervention. Home visits were made during pregnancy and early post partum by peer counsellors recruited from the same community and trained by La Leche League. At 3 months post partum, exclusive breastfeeding was practiced by 67% of six-visit, 50% of three-visit, and 12% of control mothers (intervention groups vs controls, p<0·001; six-visit vs three-visit, p=0·02). Duration of breastfeeding was significantly (p=0·02) longer in intervention groups than in controls, and fewer intervention than control infants had an episode of diarrhoea (12% vs 26%, p=0·03).



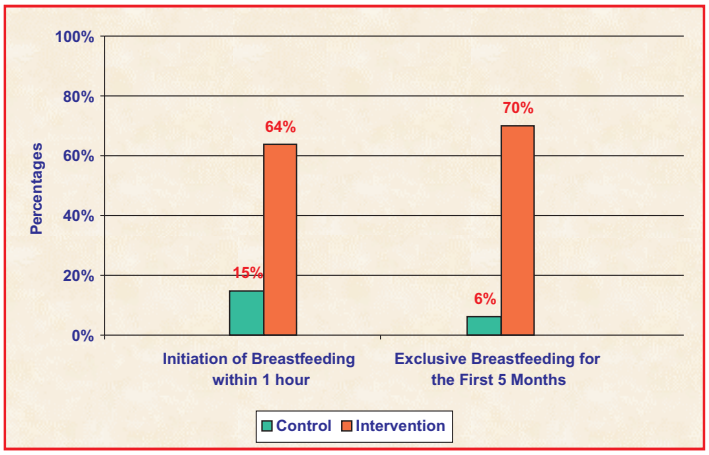
6 Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: a randomized controlled trial

Rukhsana Haider, Ann Ashworth, Iqbal Kabir and Sharon RA Huttly. The Lancet 2000; 356:1643-1647

In Bangladesh, Hospital-based strategies for breastfeeding promotion cannot reach the lactating mothers because about 95% of them have home deliveries, with the intervention of trained peer counsellors, mothers could be enabled to breastfeed exclusively for the recommended duration of 5 months.

Women were enrolled during the last trimester of pregnancy in the intervention group, 15 home-based counselling visits were scheduled, with two visits in the last trimester, three early postpartum (within 48 hours, on day 5, between days 10 and 14), and fortnightly thereafter until the infant was 5 months old. Peer counsellors were local mothers who received 10 days' training.

Peer counselling significantly improved breastfeeding practices. For the primary outcome, the prevalence of exclusive breastfeeding at 5 months was 202/228 (70%) for the intervention group and 17/285 (6%) for the control group (difference=64%; 95% CI 57%71%, p>0·0001). For the secondary outcomes, mothers in the intervention group (64%) initiated breastfeeding earlier than control (15%) mothers and were less likely to give prelacteal and post lacteal foods. At day 4, significantly more mothers in the intervention group breastfed exclusively than controls.



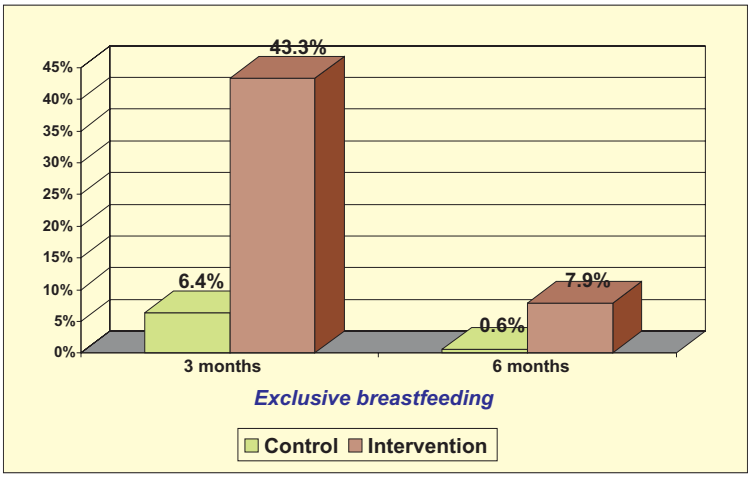
7 Promotion of Breastfeeding Intervention Trial (PROBIT): a randomized trial in the Republic of Belarus.

Kramer MS, Chalmers B, Hodnett ED, Sevkovskaya Z, Dzikovich I, Shapiro S, Collet JP, Vanilovich I, Mezen I, Ducruet T, Shishko G, Zubovich V, Mknuik D, Gluchanina E, Dombrovskiy V, Ustinovitch A, Kot T, Bogdanovich N, Ovchinikova L, Helsing E; PROBIT Study Group (Promotion of Breastfeeding Intervention Trial). JAMA. 2001 Jan 24-31;285(4):413-20.

Health care worker assistance with initiating and maintaining breastfeeding and lactation and postnatal breastfeeding support intervention increased the duration and degree (exclusivity) of breastfeeding and decreased the risk of gastrointestinal tract infection and atopic eczema in the first year of life.

The Promotion of Breastfeeding Intervention Trial (PROBIT), a cluster-randomized trial conducted with a 1-year follow-up in thirty-one maternity hospitals and polyclinics in the Republic of Belarus. A total of 17 046 mother-infant pairs consisting of full-term singleton infants weighing at least 2500 g and their healthy mothers who intended to breastfeed were enrolled and 16491 (96.7%) of them completed the entire 12 months of follow-up. Sites were randomly assigned to receive an experimental intervention (n = 16) modeled on the Baby-Friendly Hospital Initiative of the World Health Organization and United Nations Children's Fund, which emphasizes health care worker assistance with initiating and maintaining breastfeeding and lactation and postnatal breastfeeding support, or a control intervention (n = 15) of continuing usual infant feeding practices and policies.

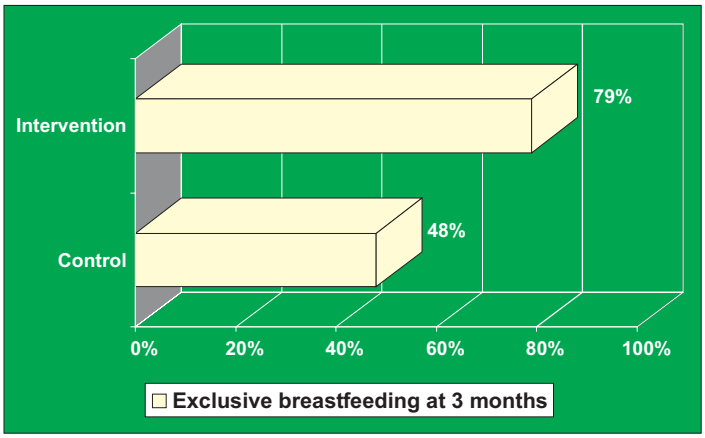
Infants from the intervention sites more likely to be exclusively breastfed at 3 months (43.3% vs 6.4%; P<.001) and at 6 months (7.9% vs 0.6%; P =.01), and had a significant reduction in the risk of 1 or more gastrointestinal tract infections (9.1% vs 13.2%; adjusted OR, 0.60; 95% CI, 0.40-0.91) and of atopic eczema (3.3% vs 6.3%; adjusted OR, 0.54; 95% CI, 0.31-0.95).



6 Effect of community-based promotion of exclusive breastfeeding on diarrhoeal illness and growth: a cluster randomised controlled trial

Nita Bhandari, Rajiv Bahl, Sarmila Mazumdar, Jose Martines, Robert E Black and Maharaj K Bhan, the other members of the Infant Feeding Study Group. The Lancet 2003; 361:1418-1423

Promotion of exclusive breastfeeding until age 6 months in India through existing primary health-care services was found feasible, reduces the risk of diarrhoea, and did not lead to growth faltering.



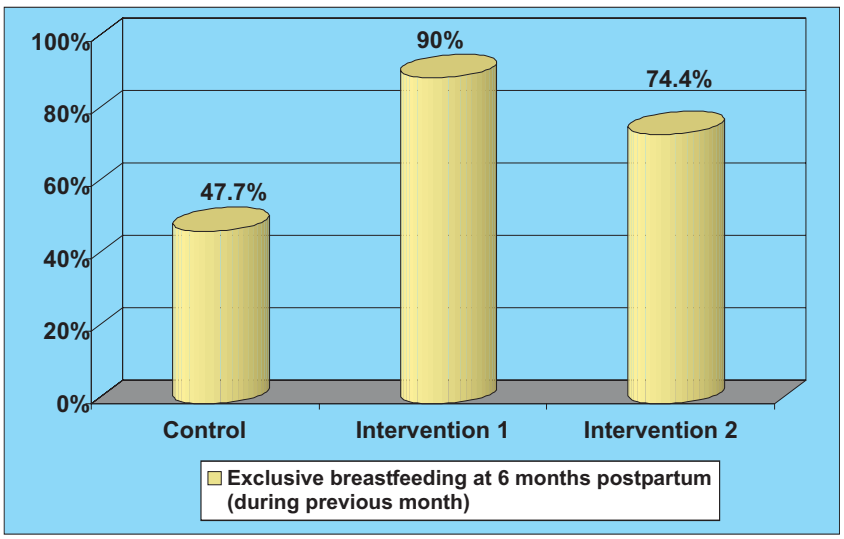
In this study of the feasibility, effectiveness, and safety of an educational intervention to promote exclusive breastfeeding was tested in pair-matched eight communities and randomization of one of each pair was done to receive the intervention. Training of health and nutrition workers was done in the intervention communities to counsel mothers for exclusive breastfeeding at multiple opportunities. 1115 infants born in the 9 months after training were enrolled 552 in the intervention and 473 in the control communities. At 3 months, exclusive breastfeeding rates were 79% (381) in the intervention and 48% (197) in the control communities (odds ratio 4·02, 95% CI 3·015·38, p<0·0001). The 7-day diarrhoea prevalence was lower in the intervention than in the control communities at 3 months (0·64, 0·440·95, p=0·028) and 6 months (0·85, 0·720·99, p=0·04).

7 Lactation counseling increases exclusive breast-feeding rates in Ghana.

Aidam BA, Perez-Escamilla R, Lartey A. J Nutr. 2005 Jul;135(7):1691-5.

In a randomized trial to assess the effect of lactation counseling on EBF, a 100% increase in EBF rates was attributed by this counseling.

Pregnant women attending prenatal clinics in Tema were randomly assigned to 1 of 2 intervention groups (IG) or to a control group (C), as follows: 1) EBF support given pre-, peri-, and postnatally (IG1; n = 43); 2) EBF support given only peri- and postnatally (IG2; n = 44); or 3) nonbreast-feeding health educational support (C; n = 49) that had an equal amount of contact with lactation counselors. Two educational sessions were provided prenatally, and 9 home follow-up visits were provided in the 6 months postpartum period. Infant feeding data were collected monthly at the participant's home. The 3 groups did not differ in sociodemographic characteristics. At 6 months postpartum, 90.0% in IG1 and 74.4% in IG2 had exclusively breast-fed during the previous month. By contrast, only 47.7% in C were doing so (P = 0.008). Similarly, the percentage of EBF during the 6 months was significantly higher (P = 0.02) among Ig1 and IG2 (39.5%) than among C (19.6%).



Conclusion

Mothers need good accurate information, timely counseling, building confidence when they have a 'feeling' of not enough milk, assistance to initiate breastfeeding within one hour and making proper sucking position to allow effective sucking; solution of problems if they do arise and counseling on adequate and appropriate complementary feeding, infant feeding options and support in case if mother is HIV positive. These all need practical help and support from all quarters especially health care providers.

Often mothers give up breastfeeding due to feeling of 'not enough milk', which needs building their confidence and counseling. Working women can also successfully exclusive breastfeed their child for 6 months when counseled on their individual situation and taught hand expression of breastmilk. Increasing exclusive breastfeeding rates requires a behavior change and is a process that can be achieved through skillful acts. It is not the same as delivery of some vaccine and health protection. It needs inputs both from services and families.

While there is good evidence to show what works, it is high time to apply this knowledge and scale up efforts to univeraslize Exclusive breastfeeding in all countries through provision of counselling by skilled/trained health workers or peer counselors. Revitalization of BFHI seems to be another startegy that should be a part of national vision of reducing neonanal and child morbity and mortalitry. Initiatives like this will require local and regional capacity building. Establishing lactation management clinic or breastfeeding support centers can also meet with these needs. Mainstreaming of infant and young child feeding in the existing child helath and dvelopment programming is neccssary to achive optimal helath and development outcomes of infants and young children.

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Designed by: Amit Dahiya

Printed by: D.K. Fine Art Press (P) Ltd. Delhi-52

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The International Baby Food Action Network (IBFAN) is a 1998 Right Livelihood Award recipient. It consists of more than 200 public interest groups working together around the world to save lives of infants and young children and bring lasting change in infant feeding practices at all levels. IBFAN aims to promote the health and well-being of infants and young children and their mothers through protection, promotion and support of optimal breastfeeding and infant and young child feeding practices. IBFAN works for the universal and full implementation of International Code of Marketing of Breast-milk Substitute and subsequent relevant World Health Assembly (WHA) resolutions.

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