



# Exclusive Breastfeeding: the Gold Standard

**SAFE, SOUND, SUSTAINABLE**

**E**xclusive breastfeeding means starting breastfeeding as early as possible within one hour of birth and babies receiving only breastmilk for the first six months. It is the safe, sound, and sustainable way to feed an infant for the first six months of life. But breastfeeding is important for more than six months and should continue for 2 years or beyond along with appropriate and adequate complementary feeding starting after six months.<sup>1</sup> Babies grow and develop best when they are fed in this way. Mothers can achieve both exclusive and continued breastfeeding when they know how valuable it is, when they know how to do it, and when they are given the necessary support.

Experts now agree that breastmilk can provide all that a baby normally needs for the first six months and no extra drinks or feeds are needed during this period<sup>2,3</sup>. *Exclusive breastfeeding means that the infant receives only breastmilk, from his or her mother or a wet nurse, or expressed breastmilk, and no other foods or drinks<sup>4</sup>.*

Many mothers find that exclusive breastfeeding for the first six months is quite simple. They do not need to worry whether the baby is getting enough nourishment or whether it is the right thing and there is none of the inconvenience or expense of preparing other unnecessary feeds.

Unfortunately, in India, exclusive breastfeeding is rare. So this year's World Breastfeeding Week aims to help everyone to understand about exclusive breastfeeding, to believe in its benefits, and to find ways to support and encourage mothers to do it for the first six months in enabling family and community environments.

India is one of the first countries to harmonise the global recommendations on infant and young child feeding by enacting a legislation<sup>5</sup>, which mandates all mothers should be supported to succeed in achieving exclusive breastfeeding for the first six months through accurate and updated information. The Act controls the marketing practices of baby foods and feeding bottles. Baby food manufacturers are no longer permitted to promote their products like infant formula, infant foods (complementary/cereal foods) for consumption below the age of two.

## References

- 1 WHO/UNICEF Global Strategy for Infant and Young Child Feeding. 2002 World Health Organization, Geneva <[www.who.int/gb/EB\\_WHA/PDF/WHA55/EA5515.pdf](http://www.who.int/gb/EB_WHA/PDF/WHA55/EA5515.pdf)>
- 2 The optimal duration of exclusive breastfeeding: A systematic review. 2001 World Health Organization, Geneva WHO/FCH/CAH/01.23, and WHO/NHD/01.08
- 3 Butte NF, Lopez-Alarcon MG, Garza C. Nutritional adequacy of exclusive breastfeeding for the term infant during the first 6 months of life. 2002 World Health Organization, Geneva <[www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)>
- 4 Indicators for assessing breastfeeding practices. World Health Organisation, Geneva WHO/CDD/SER/91.14
- 5 The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003. <[www.bpni.org/cgi1/imsact2003text.asp](http://www.bpni.org/cgi1/imsact2003text.asp)>

## The Golden Bow

The Golden Bow is a symbol for the "Gold Standard", that is the ideal, of exclusive and continued breastfeeding.



One loop represents the mother and the other represents the child. The knot symbolises the father, family and society which support them. One of the ends is for timely complementary food after six months, the other is for spacing births 3-5 years apart.

The Golden Bow is a joint outreach initiative of UNICEF and WABA. **Make your own to wear it proudly and tell others of its many meanings.**

# World Breastfeeding Week 2004



# Value of Exclusive Breastfeeding

## Breastfeeding includes:

**First six months:** Exclusive breastfeeding (means only breastmilk and no other food or drinks<sup>1</sup>)

**After 6 months to 2 years or beyond:** continued breastfeeding along with adequate and appropriate complementary feeding.

## Exclusive breastfeeding is:

- **SAFE** because it contains protective factors, more in *colostrum*, which help to prevent and fight infections, such as diarrhoea and pneumonia, it is the 'first immunisation' for the child. It also reduces the risk of allergic conditions, particularly asthma.
- **SOUND** because it contains right amount of nutrients and they are of special quality contributing to sound and sustainable development of the baby. It also contains right amount of water for the baby making it a 'miracle of nature'. Formula and other foods contain nutrients in different amounts, and of very different quality.
- **SUSTAINABLE** because it helps a household's food security. So long as an infant's mother is there, breastmilk is available. A woman can make good milk from any kind of food that she eats.

## Exclusive breastfeeding and child survival

According to the Global Strategy for Infant and Young Child Feeding, jointly developed by the WHO and UNICEF, and adopted by the World Health Assembly in May 2002, "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 of life....."

Unhygienic and unsafe environments place children at risk of death. Ingestion of unsafe water, inadequate availability

**Colostrum** is critical for protection from diseases in the newborn baby. Early start within one hour ensures colostrum intake and establishment of exclusive breastfeeding.

of water for hygiene, and lack of access to sanitation contribute to about 1.5 million child deaths. Most deaths occurring due to diarrhoea are also due to this situation.<sup>2,3</sup>

Infants aged 0-5 months who are not breastfed have seven-fold and five-fold increased risks of death from diarrhoea and pneumonia, respectively, compared with infants who are exclusively breastfed.<sup>4</sup> At the same age, non-exclusive rather than exclusive breastfeeding results in more than two-fold increased risk of dying from diarrhoea or pneumonia.<sup>5</sup> Infants aged 6-11 months who are not breastfed also have an increased risk of such deaths.<sup>6</sup>

According to the recent evidence published in Lancet, (Fig.1) universal practice (90 percent) of exclusive breastfeeding for the first six months and continued breastfeeding for 6-11 months could save about 13-15 percent deaths in children under 5 years of age in India, which means well over 300,000 child deaths could be saved in one year.<sup>7</sup>

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1. Indicators for assessing breastfeeding practices. World Health Organisation, Geneva WHO/CDD/SER/91.14
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3. Ezzati M, Lopez AD, Rodgers A, Vander Hoorn S, Murray CJL and the Comparative Risk Assessment Collaborating Group. Selected major risk factors and global and regional burden of disease. *Lancet* 2002;360:1347-60
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5. Arifeen S, Black RE, Antelman G, Baqui A, Caulfield L, Becker S. Exclusive breastfeeding reduces acute respiratory infection and diarrhoea deaths among infants in Dhaka slums. *Pediatrics* 2001; 108:E.67
6. WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. *Lancet* 2000; 355:451-55
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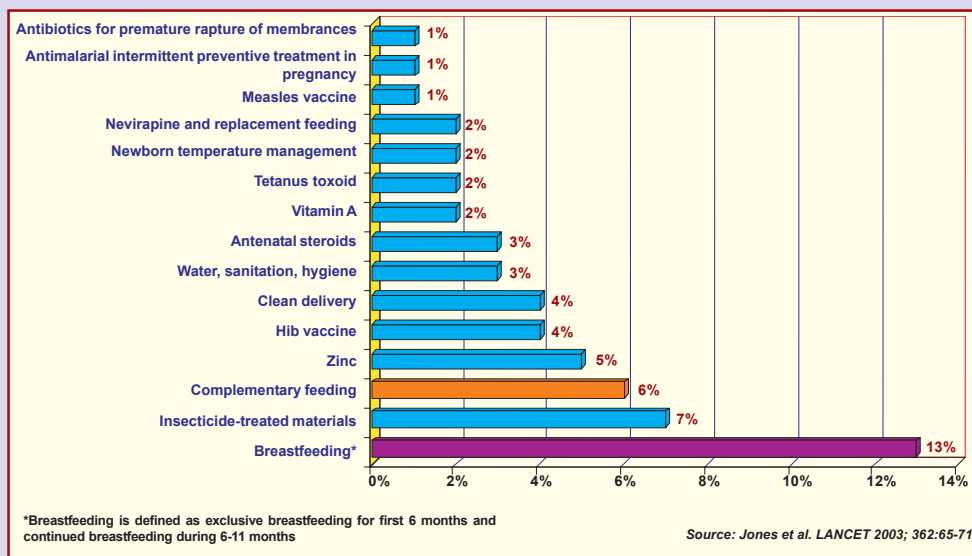


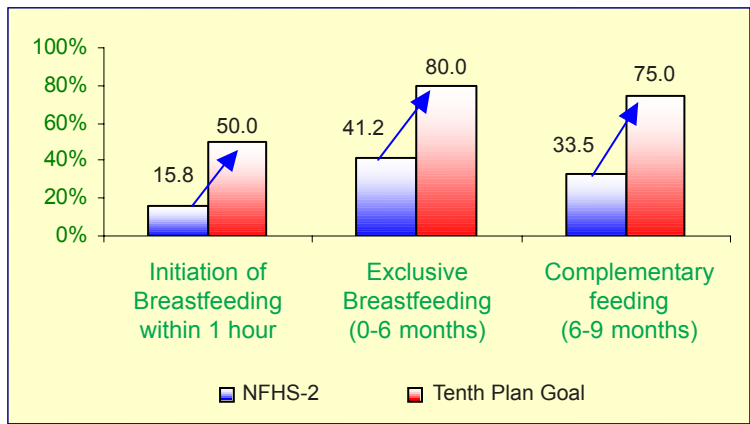
Fig. 1: U-5 child death (%) saved with universal coverage of preventive interventions

# Tenth Five Year Plan Goals

## Infant and Young Child Feeding

For the first time in its 10th Plan, the Government of India has included State specific goals, to improve infant and young child feeding practices to reduce Infant Mortality Rates (IMR), malnutrition and promote integrated early child development. The 10<sup>th</sup> Plan goals aim to increase rate of initiation of breastfeeding within one hour to 50% from the current level of 15.8%, to increase the exclusive breastfeeding rate to 80% during the first 6 months from the current level of around 41% and increase the rate of complementary feeding to 75% from the current level of 33.5%. Fig. 2 shows the status of infant and young child feeding according to the NFHS-2 (1999) and the 10th plan goals. The RCH and ICDS, major child health and development programmes of India have rightly laid more emphasis on early and exclusive breastfeeding.

For state specific goals and other trends on infant and young child feeding visit our website [www.bpni.org](http://www.bpni.org) and go to



Note: NFHS 2 data for exclusive breastfeeding is the average of 0-3 & 4-6 months period.

Fig. 2: NFHS-2 (1999) and the Tenth Plan Goal

### The Global Strategy for Infant and Young Child Feeding

The *Global Strategy* calls upon all governments for urgent action to develop, implement, monitor and evaluate a comprehensive national strategy, along with a with a plan of action with clearly defined goals and objectives, timelines, allocation of responsibilities, and measurable indicators for tracking progress.

## ACHIEVING HIGH RATES OF EXCLUSIVE BREASTFEEDING FOR THE FIRST SIX MONTHS – OF COURSE WE CAN DO IT!

High rates of exclusive breastfeeding are achievable through skilled counselling on infant and young child feeding by the care providers or by peer counsellors who are adequately trained. Following are key studies that have demonstrated this. Interested readers can refer to these for detailed information. Summary finding are available at [www.bpni.org/cgi/achieving.pdf](http://www.bpni.org/cgi/achieving.pdf).

### References

1. *Effect of Community-based Promotion of Exclusive Breastfeeding on Diarrhoeal Illness and Growth: A Cluster Randomized Control Trial.* Bhandari Nita, Rajiv Bahl, Sarmila Mazumdar Jose Martines, Robert E Black, Maharaj K Bhan. *Lancet* 2003; 361: 1418-1423.
2. *Effect of Counselling on Infant and Young Child Feeding by Trained Community Workers on Exclusive Breastfeeding: A Study from 235 Villages in 3 Blocks of District Bhuj, Gujarat.* BPNI (Unpublished Data, 2004)
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4. *Efficacy of Home-based Peer Counselling to Promote Exclusive Breastfeeding: A Randomised Controlled Trail.* Morrow Al, Guerrero ML, Shults J, Calva JJ, Lutter C, Bravo J, Palacios GR, Morrow RC, Butterfoss FD. *The Lancet* 1999;353:1226-1231.



# Achieving the Gold Standard

## Exclusive Breastfeeding as the Societal Norm

To be able to breastfeed exclusively, and to resist the pressure and temptation to give other feeds, mothers need accurate knowledge, caring and supportive environments. This is possible when everyone including health and child care professionals, family and community members are accurately informed and when exclusive breastfeeding for the first six months is the societal norm.

### Breastfeeding works best

→ **When** a mother and baby have skin-to-skin contact immediately after delivery and the baby starts breastfeeding within an hour or so<sup>1</sup>. This stimulates breastmilk production and the baby gets colostrum.



→ **When** the baby is properly attached at the breast and can suckle effectively, with slow deep sucks<sup>2</sup>.

→ **When** the baby can suckle whenever he or she wants – day

and night. This is called demand feeding or baby-led feeding. This is easiest if the baby is near the mother, in her bed or in a sling.

→ **When** the baby may continue suckling for as long as he or she wants at each feed and is allowed to decide if he

or she wants one breast or two.

→ **When** the baby does not have a pacifier (or dummy), which make him or her less interested in suckling at the breast.



All this ensures adequate supply of breastmilk and helps reduce the perception/feeling of 'Not Enough Milk', one of the most common reasons for which mothers resort to artificial feeding.

If a baby breastfeeds in this way, there is plenty of milk, and the baby is more contented and grows well. He or she passes urine at least 6 times a day (24 hours), and soft abundant stools – though after the first week or so there is nothing to worry about if stools are not passed every day.

Breastfeeding in this way also promotes emotional bonding between the mother and baby, which helps her to enjoy mothering, and improves her self-esteem. It helps the baby to realise maximum benefits of mother's milk.

### References

- 1 Evidence for the Ten Steps to Successful Breastfeeding. Division of Child Health and Development, World Health Organization WHO/CHD/98.9 <[www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)>
- 2 Woolridge MW. The "anatomy" of infant sucking. Midwifery 1986, pages 164-171

### Good Attachment Helps Exclusive Breastfeeding

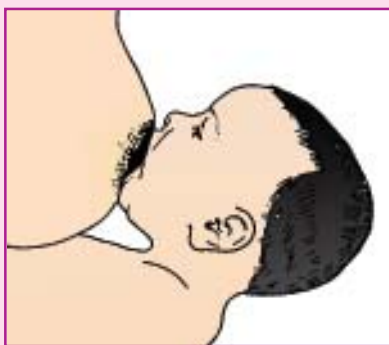
- more areola visible above baby's mouth than below
- baby's mouth wide open
- lower lip turned out
- chin touching breast

### Effective Suckling

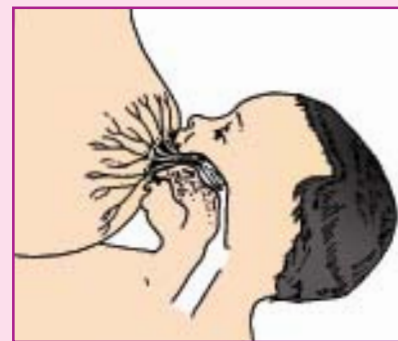
- slow deep sucks, sometimes pausing

### Good Position

- baby's body straight (not bent or twisted)
- baby facing breast, start with nose to nipple (looking up at her eyes)
- baby's body close to mother's body
- baby's whole body supported (not just the head, or the bottom).



Baby suckling in the correct position



Correct suckling position: The breast is stretched into a "teat" in the baby's mouth

## Exclusive Breastfeeding in Special Situations

### Low birth weight (LBW) babies

In India about one-third babies are born LBW and exclusive breastfeeding for the first six months is critical for their survival, growth and development. These babies need more help and support to succeed in exclusive breastfeeding. **Term LBW babies** grow well and are healthier when they are fed breastmilk exclusively. Other forms of nutrition support may be needed in the early days before the baby's condition is stable<sup>1</sup>. Supplements such as calcium and phosphate, if needed, can be given with breastmilk. The iron stores that they get before birth from their mothers are smaller than normal, so iron supplements may be needed from about 8 weeks of age<sup>1</sup>. **Premature babies (Pre-term LBW)** who are eight weeks premature can start suckling at the breast. Babies who are 4 weeks premature can feed themselves entirely at the breast. Feeds may need to be more frequent and take longer than with larger babies. If an infant cannot take all its feeds from the breast, the mother can express breastmilk and cup feed. Mothers who have learned how to express and cup feed are often very good at teaching and helping others.



**Exclusive breastfeeding and HIV.** In India less than 1% women test HIV +ve. 10-20% of infants of HIV positive mothers may become infected through breastfeeding. Mothers who are HIV positive need counselling to help them to decide the best method of infant feeding in their particular situation. They then need skilled help to carry out their chosen method as safely as possible<sup>2</sup>. Artificial feeding has dangerous consequences in such situations. As it is well known that 'mixed feeding' has the highest risk of transmission, methods recommended to reduce the risk include:

- breastfeed exclusively;
- breastfeed with a good technique to prevent mastitis and sore nipples;
- stop breastfeeding early, as soon as replacement feeding is accessible, feasible, affordable, sustainable and safe, or at about 6 months.

**Mothers who do not know their HIV status should breastfeed according to the "Gold Standard".**

### References

- 1 Coutsoudis A, Pillay K, Kuhn L, Spooner E, Tsai Wei-Yann and Coovadia HM for the South African Vitamin A Study Group. Method of feeding and transmission of HIV-1 from mothers to children by 15 months of age: prospective cohort study from Durban, South Africa. *AIDS* 2001; 15:379-387
- 2 Hypoglycaemia of the newborn: A review of the literature. World Health Organization, Division of Child Health and Development. WHO/CHD/97.1 <[www.who.int/chd/publications/imici/bf/hypoglyc/htm](http://www.who.int/chd/publications/imici/bf/hypoglyc/htm)>

## The Delhi Declaration on Infant and Young Child Feeding



### Calls for the following TEN urgent actions:

1. Promoting exclusive breastfeeding through comprehensive interventions at three levels family/community, services and policy - supported by training and capacity development.
2. Promoting optimal complementary feeding practices, along with sustained breastfeeding including the use of indigenous foods.
3. Creating baby friendly communities supportive of mothers, fostered by family/community support groups and trained counsellors.
4. Revitalizing the Baby Friendly Hospital Initiative (BFHI) including strengthening the pre-service curriculum at all levels.
5. Reviewing and updating national guidelines on infant and young child feeding, including infant feeding and HIV, and during emergency situations.
6. Developing clear national and local plans of action for optimal infant and young child feeding, integrated into the broader policy and programme framework, with exclusive breastfeeding for the first six months as a key health and development indicator. There should be clear and sufficient government financial allocations.
7. Enacting or strengthening national legislation to stop all commercial promotional practices which undermine optimal feeding practices.
8. Monitoring and organising campaigns to raise awareness of irresponsible marketing practices of the infant feeding industry.
9. Ensuring adequate maternity protection for all women through appropriate legislation to ensure optimal feeding practices.
10. Campaigning for toxic free environments through linking with environment and other groups.

**Adopted at the "Asia Pacific Conference on Breastfeeding and National Convention of BPNI" November 30-December 3, 2003, New Delhi, attended by over 500 participants from 38 countries.**

# Ideas for Action

## For Governments and Policy Makers

1. Based on the Global Strategy, develop and disseminate national strategy and guidelines on infant and young child feeding for states and all concerned. Ensure resources for implementing these guidelines.
2. Support development of sustainable funding for national mechanisms to organize, support and monitor activities on infant and young child feeding.
3. Ensure effective implementation of the IMS Act 1992 (as Amended in 2003).
4. Build exclusive breastfeeding for the first six months as a key indicator for measuring progress in monthly reports (MPRs) or others for child health and development programmes.
5. Support maternity leave for six months to ensure exclusive breastfeeding for the well being of the mother and the child.



## For Health and Child Care Professionals and Associations

1. Respect the IMS Act 1992 (as Amended in 2003) in letter and spirit.
2. Update your knowledge and skills on counselling on infant and young child feeding.
3. Explain to women, how to ensure exclusive breastfeeding for the first six months by effective suckling.
4. Discuss about exclusive breastfeeding during antenatal and postnatal clinics.



## For BPNI groups and other NGOs

1. Develop district level networks involving several partners to protect, promote and support district level action, including organising mother support networks in the community.
2. Conduct rapid surveys and bring it to the attention of district administration, health authorities, politicians, partners in the movement and media.
3. Organise public awareness events and recognize women who successfully breastfed exclusively, let them share with others how they did it.
4. Mobilize support for having creche facilities / local community based child care arrangements at work sites responding to women's needs.



## For Women in employment

1. Discuss exclusive breastfeeding issues with your employers and make them aware of its advantages.

### What is BPNI

BPNI is a registered, non-profit, independent national organization with international collaboration and works towards protecting, promoting, and supporting breastfeeding and appropriate complementary feeding of infants and young children since 1991. BPNI works to protect, promote and support breastfeeding in India with the broad goal of empowering all women to breastfeed their infants exclusively for first 6 months of life and to continue breastfeeding for two years or beyond along with adequate and appropriate complementary feeding through advocacy, training, education, information, research and social mobilization. BPNI also works in close liaison with International Baby Food Action Network (IBFAN) and World Alliance for Breastfeeding Action (WABA).

### BPNI Policy on Funds

BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant food (*cereal foods*).

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