

Timely Initiation of Breastfeeding within 1st Hour of Birth

Giving the Best Chance of Life and Health!



Timely initiation of breastfeeding within one hour of birth is essential as it ensures that baby is immunized with 'live fluid' to sustain life. Right after birth the sucking reflex is most active and babies are more alert during the first 30-60 minutes and if babies are put to mother's breast within this period, chances of exclusive breastfeeding increase.

Babies have a fundamental right to adequate nutrition and care, which includes the correct nutrition immediately after birth. Only breastfeeding within the first hour of birth ensures this right.

To initiate breastfeeding within one hour, women need accurate information and assistance at the time of birth, especially to ensure that the baby is in the right sucking position. Health care providers have the responsibility to provide practical help and support both at home and in hospitals (both public/private). Women should have an entitlement to such a support, as without it they cannot help the baby realize its right to adequate nutrition and care.



International Baby Food Action Network (IBFAN)-Asia

How does it benefit baby and the mother?

It ensures the intake of first milk from the breast, which is thick and yellowish in colour (colostrum), as the first feed which provides protection against infection (called first immunization of the baby), the other benefits are:

- Early initiation builds on the baby's innate reflexes. Babies who start breastfeeding at this time continue to breastfeed exclusively and thus adopt optimal feeding practices later.
- The baby learns to recognise his/her mother's smell.
- The baby is calmer and his/her breathing and heart rate are steadier.
- The process of emotional bonding starts.
- The mother's body helps to keep the baby warm, especially important for small and low birth weight babies and saving them from *hypothermia*, one of the important causes of deaths.
- The mother's body produces the hormone *oxytocin* and the flow of milk is enhanced.
- The mother's commensal (normal) bacteria start colonizing the baby's skin and gut, which helps to protect the baby against the harmful bacteria in the environment.
- Early initiation of breastfeeding has also been shown to help reduce post-partum bleeding, a major cause of maternal mortality in developing countries.

The current evidence to support this action

A recent study of more than 10,000 newborn babies from rural Ghana has shown that if all babies started breastfeeding within one hour, it would cut 22% of all neonatal deaths. This figure would rise to 41% if newborn babies of 2-28 days were counted. This effect was independent of the effect of exclusive breastfeeding. The study estimates that of the four million babies who die in the developing world each year in the first month of life, almost one million newborn children could be saved. (*Pediatrics*,

Take the advantage of feeding the baby with colostrum

Colostrum, the sticky, yellowish-white milk is available for first 3-5 days and is eventually replaced by mature milk. It has high levels of antibodies, vitamin A, vitamin K and other protective factors, and thus is called babies' first immunization. Although colostrum is secreted in small quantities (30-90 ml), it is sufficient to meet the energy requirements of normal newborns during the first few days of life. Thus, in the first few days the requirement of the baby is little and is met by even a few minutes of suckling at the breast.

2006; 117; 380-386). The study has also shown that each day's delay in the start of breastfeeding led to a significant increase in deaths, such was the effect of pre-lacteal feeds i.e. giving other foods and fluids before beginning to breastfeed.

A recent analysis of this study (*Am J Clin Nutr* 2007;86: 1126-31) has shown that those newborns who initiated breastfeeding within 1 hour were less likely to die of neonatal sepsis than those who didn't. Each day's delay in the start of breastfeeding led to a significant increase in the risk of infection deaths increased with increasing delay in initiation of breastfeeding; overall late initiation (after day 1) was associated with a 2.6-fold risk. Additionally, partial breastfeeding during first month was associated with a 5.7-fold adjusted risk of death as a result of infectious disease after adjusting with the effect of early breastfeeding. Authors concluded that breastfeeding promotion programs that focus on early initiation of breastfeeding and exclusive breastfeeding in the neonatal period could significantly reduce the burden of infectious disease-related mortality.

The State of the World's Breastfeeding: South Asia Report Card

The Global Strategy for Infant and Young Child Feeding sets

Mothers need help to make correct attachment at the breast and proper body positioning!

Ensuring proper body position

- The mother should be in a comfortable position. The mother could lie on her side if it is more comfortable.
- The mother should have skin to skin contact with the baby so that she can hold the baby close, with his/her face and chest facing the mother and the mouth opposite to the nipple.
- The baby's head neck and back should be in a straight line.

Ensuring correct attachment

- Baby's mouth should be wide open and baby's tongue is down and forward.
- Touch the nipple around the mouth of the baby, the baby will turn his/her mouth towards the stimulus and open it. This indicates the baby's readiness to accept the breast.

- Baby's chin should be touching the breast.
- Baby's lips should be wide open and a good part of the areola (the brownish area around the nipple) should be in the baby's mouth. Make sure that he/she is not sucking just on the nipple.
- After a few rapid sucks he/she should start to suck and swallow in a regular rhythm for a few minutes. Then the baby may stop for a little rest before sucking again.
- Babies usually come off the breast by themselves when they have finished the feed. However, if the baby does not do this, or just falls asleep with the breast in his/her mouth, you can take him/her off by just breaking the suction with a finger in the corner of his/her mouth.
- It is common for nipples to feel a little tender as they get used to their new function, especially for the first few days. This should ease as the milk starts to flow and the baby is attached properly.

ten target areas of action including a strong national level coordination. Action areas included national policy and plan on infant and young child feeding with assured funds, BFHI, health and nutrition care programmes, the Code, maternity protection, community outreach, information support, infant feeding in difficult circumstances like HIV and emergencies, and monitoring and evaluation. IBFAN Asia facilitated country level assessment of the implementation of the 10 areas of action, using the World Breastfeeding Trends Initiative (WBTi). These country report cards and complete analytical report including what action should be taken in each area is available at <http://www.worldbreastfeedingtrends.org/documents.php> or from IBFAN office. Each country gets a grading and ranking based on its performance on 15 indicators; including 10 mentioned above and 5 of the resultant infant and young child feeding practices. Individual country reports cards highlight how each one lags behind in many of the ten areas requiring action. http://ibfanasia.org/Reports/South_Asia_Report.pdf

Initiation of breastfeeding within one hour a report card of South Asian countries reveals that it varies from 24% to 75% in different countries. In India, it is dismal 24%, Bangladesh 24%, Pakistan's 26%, Nepal's 31% and Sri Lanka with 75% is at the top. The data at national level is not available from Afghanistan, Bhutan and Maldives.

Exclusive breastfeeding during 0-6 months report in South Asian countries reveals that it varies from 10% to 68% in different countries. In Maldives, it is 10%, in Bangladesh 46%, India 47%, Pakistan 50%, Sri Lanka 58% and Nepal with 68% is at the top. The data at national level is not available from Afghanistan and Bhutan.

What influences TIBF?

The following factors affect women's decision to begin breastfeeding within one hour:

1. The misconception (which many doctors also believe) that the mother may not be able to produce adequate amounts of milk
2. Lack of support from the health care system
3. Societal norms, values and beliefs
4. Parental or partners' attitude
5. Women's and communities' knowledge
6. Misconceptions about colostrum
7. Inadequate skills/knowledge of frontline workers
8. 'Fixed' hospital routines like beginning with formula feeding at birth, or sugar/glucose water, which directly contributes to failure to begin breastfeeding within one hour.

A correct attachment is crucial to success

The trick to successful breastfeeding is getting the baby to suckle in correct position at the breast or 'latch on' well. This way it helps effective transfer of mother's milk from a mother to her baby. The baby should take enough of areola (the brownish area around the nipple) into the mouth for maximizing milk transfer. This is essential because breastmilk is stored in ducts under areola. A correctly attached baby takes the nipple as well as the areola inside the mouth and uses suction to pull out the breast tissue to form a teat. This stimulates production of two hormones. One, *prolactin* that is responsible for milk secretion from the glands, and two *oxytocin*, which makes milk flow from ducts in the breast into the baby's mouth. Therefore, effective suckling is what controls the whole process of milk production and milk transfer. As the baby sucks and takes out milk, the breasts start making more milk. More suckling makes more milk.



Major benefit to mothers

As the baby sucks on the nipple, the mother produces high level of oxytocin, which also helps contract the uterine muscles and keeps the uterus firm thereby minimizing bleeding. TIBF thus prevents bleeding which is one of the leading causes of maternal morbidity and mortality.

How to make TIBF possible?

1. **Assist the mother at the time of birth** to initiate the process of breastfeeding. Babies are most active during first hour of birth, and then they tend to go to sleep. Health workers should seize this time as an opportunity to initiate breastfeeding and should stay with the mother, help and support her practically, with a clear objective of achieving TIBF.
2. **The baby and the mother should be roomed in together after delivery.** At this time the inborn rooting and sucking reflexes of the newborn babies help them find the nipple, latch-on and start the first feed. Common nursery routines, such as weighing the infant, cord-care, eye care etc. can be delayed until after the initial breastfeed. In case of caesarian section breastfeeding may be started within one hour in case of spinal, and as early as the mother is out of the effect of general anesthesia. Experts also advise that operation can be performed under spinal or epidural anesthesia to avoid sedative effects of general anesthesia.
3. **Avoid giving pre-lacteal feeds:** A pre-lacteal feed is any other food such as water, other liquids, and ritual foods given before the first breastfeed. Pre-lacteal feeds inhibit the lactation process, and can be dangerous to newborn health, so should not be given. Many communities believe that these are essential, it is therefore necessary to study local customs to determine how best one can get rid of this practice.
4. **Avoid artificial nipple/teats:** Babies suck absolutely differently on the breast and bottle nipple. It causes "nipple confusion" when the breastfed baby sucks from bottle nipple. Consequently, the baby may actually start refusing the breast.



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Action Recommendations

1. **Consider at birth support to achieve TIBF to be an 'entitlement' of mothers and babies.** Immediate initiation of breastfeeding after birth is a newborn's right to food and survival and it requires support from health care providers.
2. **Build capacity of health workers.** To improve TIBF rates and thus survival of newborn babies a high quality trained workforce is required. Most breastfeeding difficulties can be overcome if all the medical professionals and family level workers have the 'duty' and 'capacity' to assist all mothers at birth, in initiating breastfeeding early and follow up to support exclusive breastfeeding. This is true for all births either at home or at the health facilities, both in public and private sector.
3. Establish 'Breastfeeding support centers' in both public and private health facilities managed by a trained and Infant and young child feeding counseling specialist. They should be trained in the "Infant and Young Child Feeding Counseling: A Training Course - The 3 in 1 Course" (*an Integrated Course on Breastfeeding, Complementary feeding & Infant Feeding & HIV - Counseling*) [Developed jointly by **BPNI, UNICEF and the Government of India**].

Frequently Asked Questions by Mothers

Q. What should I do, "I don't have enough milk"?

Answer: All women can produce enough milk to successfully feed their babies. In the first few days the requirements of your baby are little and are met even by a few minutes of suckling at the breast. As your baby sucks and takes out milk, the breasts start making more milk. The more often you feed the baby, more milk you will make.

Q My family members want me to throw away the first breastmilk, what should I do?

Answer: The initial milk coming during 3-4 days after birth is very rich in protective elements, but if the customs want you to throw a drop of milk and then start Breastfeeding it does no harm, if timely initiation of breastfeeding within 1 hour is ensured. Benefits of the first few days' milk i.e. colostrum would be ensured in this way and you could also follow your customs. You can also share with family members the benefits of early beginning.