



PRAANAHA

WORLD BREASTFEEDING WEEK (AUGUST 1-7)

Closing the Gap: Breastfeeding Support for All



**Upgraded Department of Community Medicine and Public
Health**

King George's Medical University, UP, Lucknow

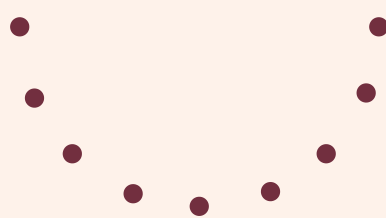
"Breastfeeding is not just nourishment; it's the first embrace of life, a bond that nurtures both body and soul, laying the foundation for a healthier future."



Overview of World Breastfeeding week

- Since 1992, World Breastfeeding week is been celebrated every year (August 1-7) in more than 170 countries supported by WHO and UNICEF.
- The theme for 2024 is **Closing the gap: Breastfeeding support for all.**
- The campaign celebrated breastfeeding mothers in all their diversity, throughout their breastfeeding journeys, while showcasing the ways families, societies, communities and health workers can have the back of every breastfeeding mothers.

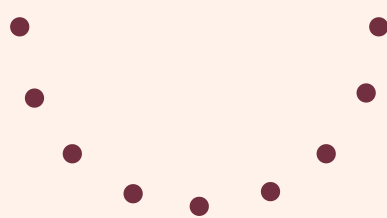




Understanding Breastfeeding



- **Breastfeeding is one of the most effective ways to ensure child health and survival.**
- **Breastmilk is the ideal food for infants, provides all energy and nutrients that the infant needs for the first months of life.**
- **Breastfeeding promotes bonding between mother and baby, fostering emotional security and attachment.**
- **It also offers critical immune protection, with antibodies that help guard against common childhood illnesses.**
- **Breastfeeding supports enhanced cognitive development.**



The Lifelong Impact of Breastfeeding

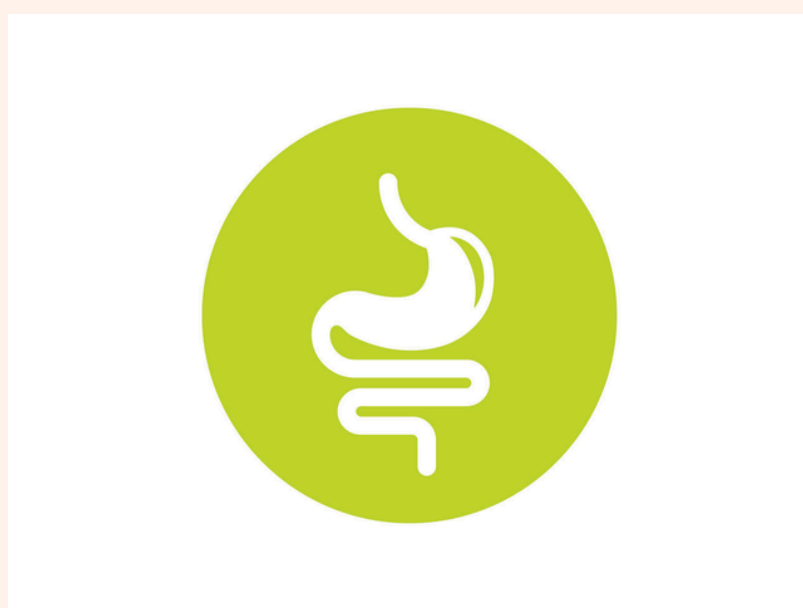
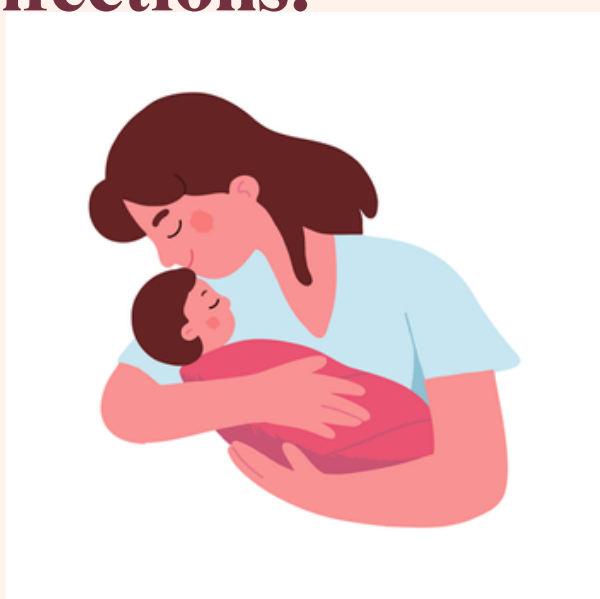
- For infants, breast milk provides optimal nutrition, containing all the essential nutrients needed for healthy growth and development during the first six months of life.
- Breastfeeding is associated with a reduced risk of Sudden Infant Death Syndrome (SIDS) and has been linked to long-term health benefits, including a lower likelihood of obesity, type 2 diabetes, and cardiovascular diseases later in life.

NUTRITIVE VALUES OF HUMAN MILK	
Protein (g)	1.1
Fat (g)	3.4
Energy (Kcal)	65
Carotene (mcg)	41
Thiamine (mg)	0.02
Riboflavin (mg)	0.02
Folic acid(mcg)	1.3
Vitamin C (mg)	3



The Lifelong Impact of Breastfeeding

- For mothers, breastfeeding aids in faster postpartum recovery by helping the uterus contract and reducing postpartum bleeding.
- It provides protection against gastrointestinal infections.
- Protects the newborn from acquiring infections and reduces newborn mortality.
- Reduced risk of mortality due to diarrhoea and other infections.

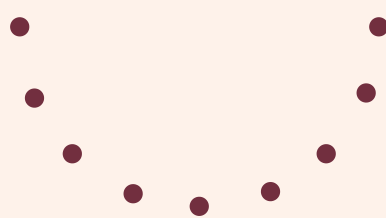




What is Exclusive Breastfeeding? (EBF)

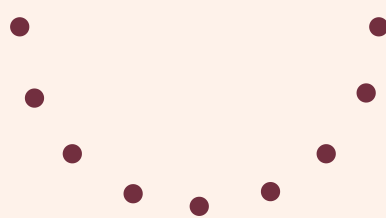
- Giving an infant only breastmilk, with the exception of drops or syrups consisting of vitamins, mineral supplements, or drugs.
- No food or drink other than breastmilk – not even water.
- The WHO recommends exclusive breastfeeding for 6 months and continued breastfeeding until 2 years of age along with complementary foods.



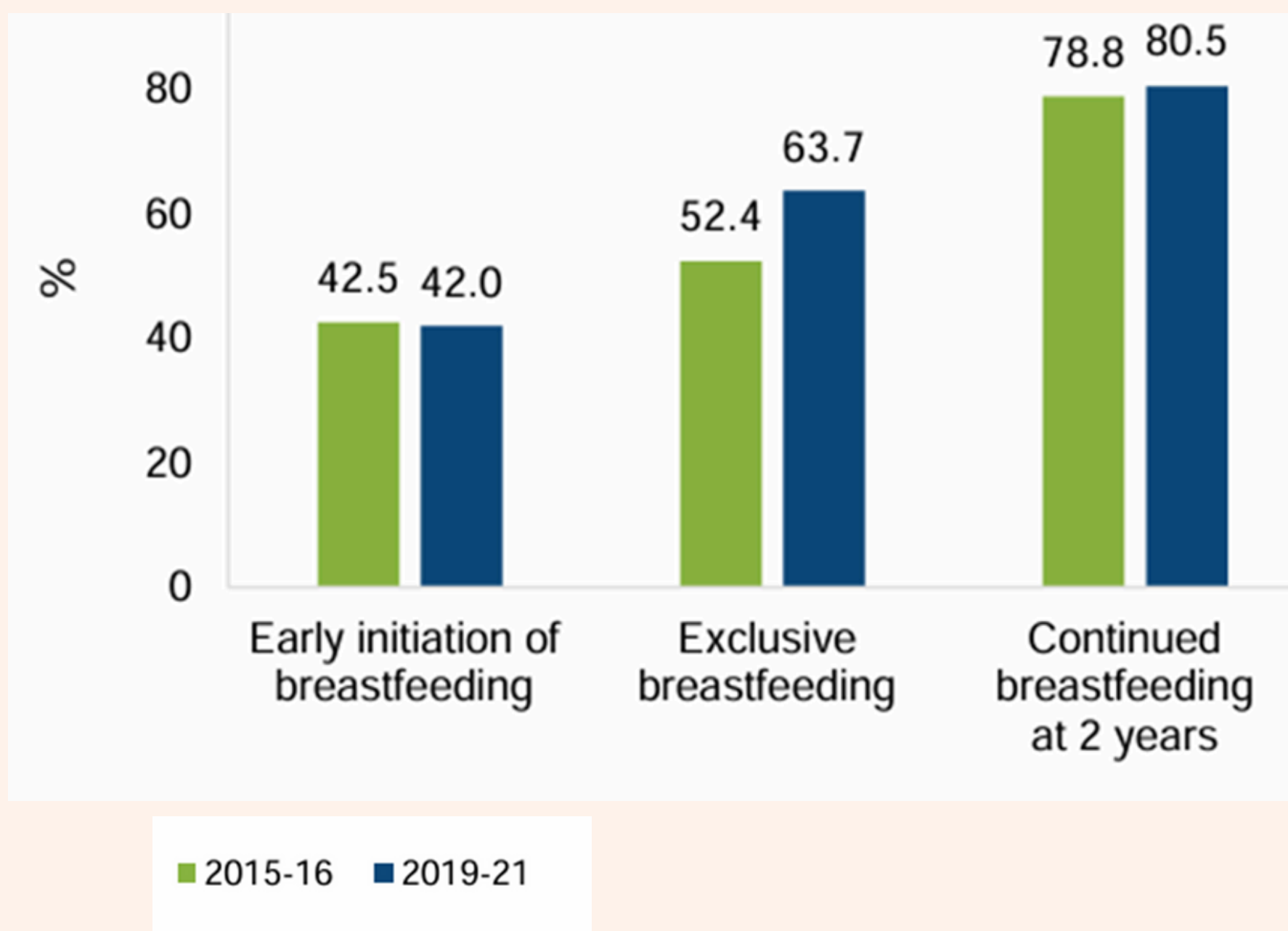


Key facts: Globally

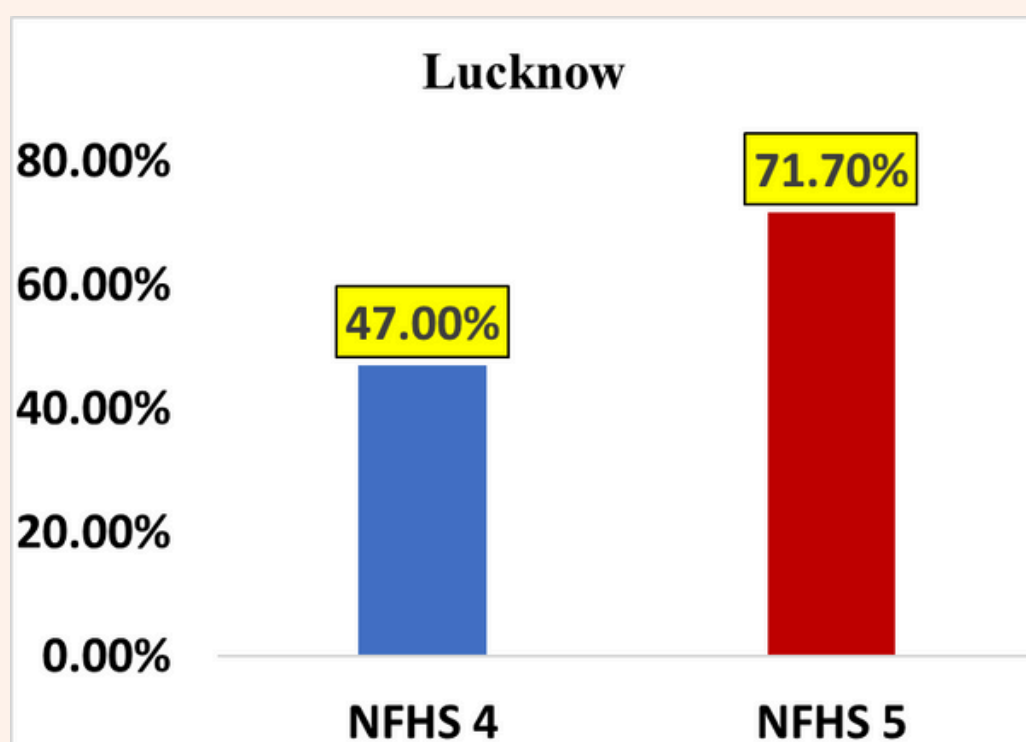
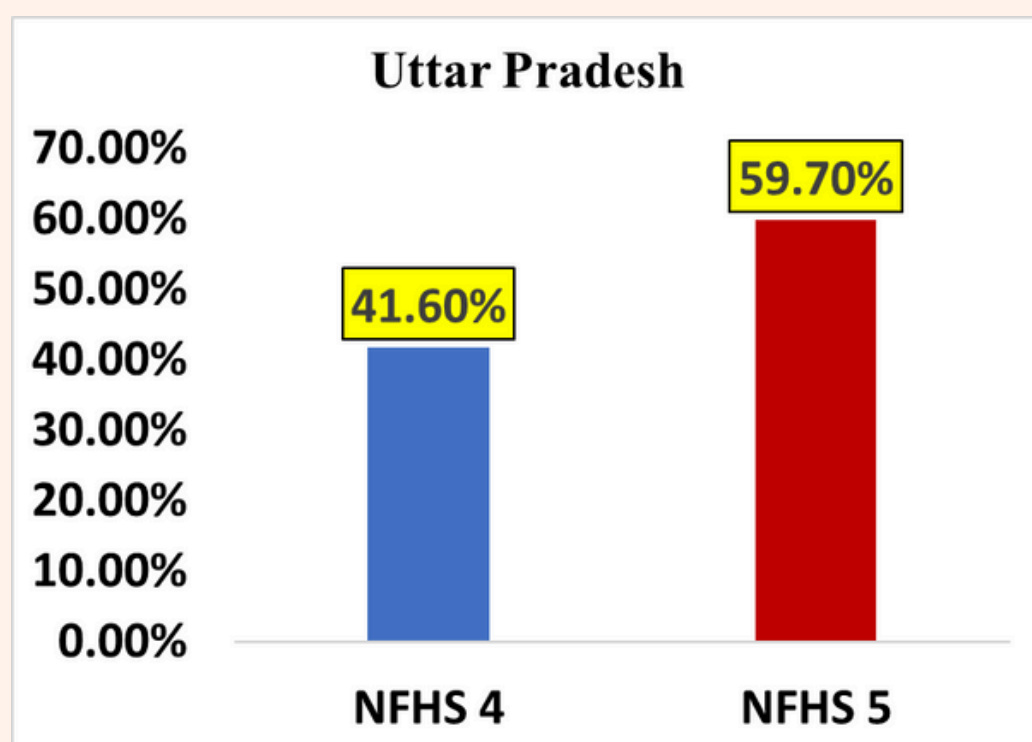
- **Undernutrition is associated with 45% of child deaths.**
- **Globally in 2022, 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and 37 million were overweight or obese.**
- **About 44% of infants 0–6 months old are exclusively breastfed.**
- **In many countries less than a fourth of infants 6–23 months of age meet the criteria of dietary diversity and feeding frequency that are appropriate for their age.**
- **Over 820 000 children's lives could be saved every year among children under 5 years, if all children 0–23 months were optimally breastfed. Breastfeeding improves IQ, school attendance, and is associated with higher income in adult life.**



Breast feeding practices in India: Current trends and statistics as per NFHS 4 (2015-16) and NFHS 5 (2019-21)



Children under age 6 months exclusively breastfed (%) in Uttar Pradesh and Lucknow

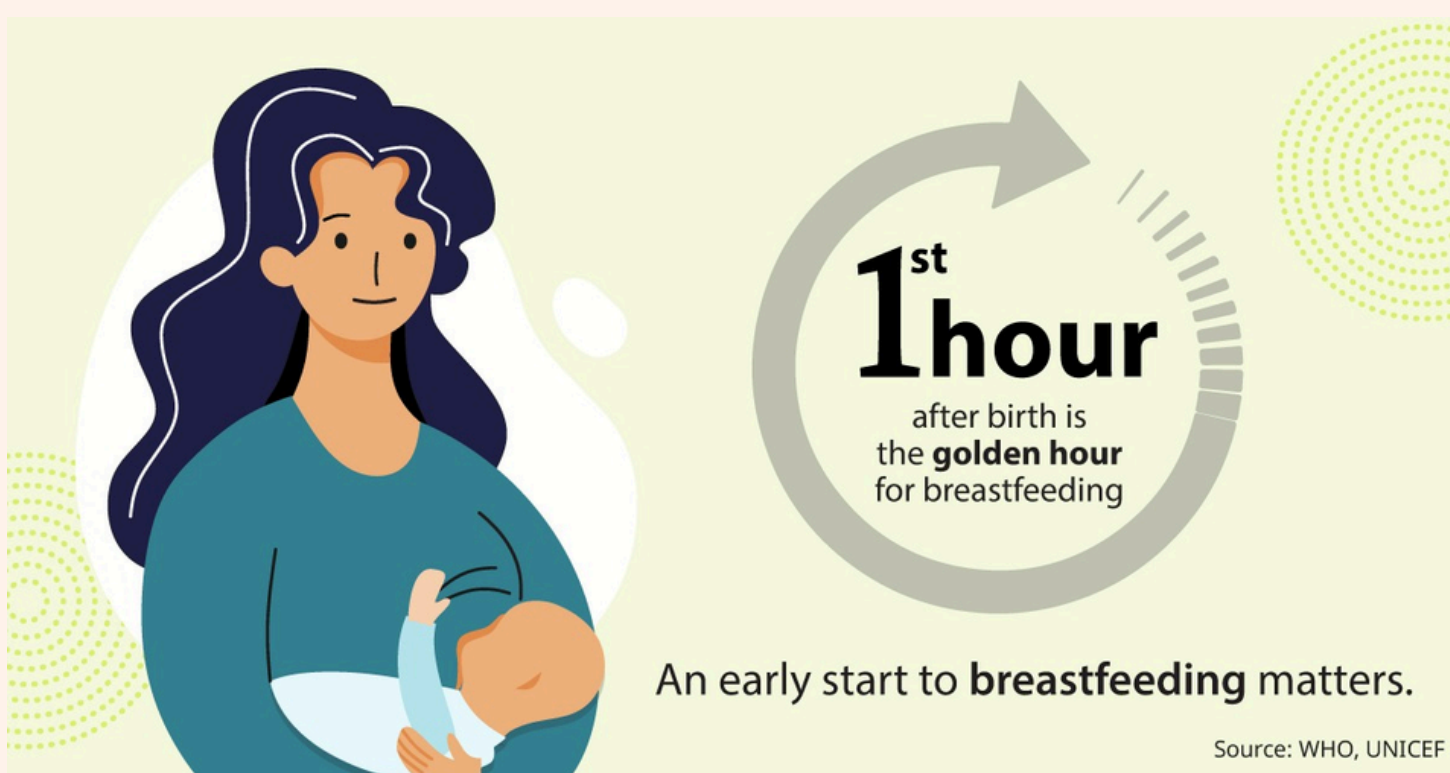


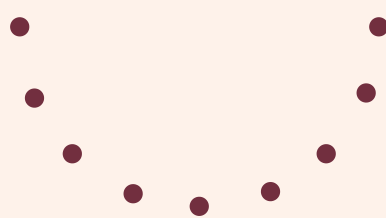


Spot light on recommendations of Breastfeeding

WHO and UNICEF recommend:

- **Early initiation of breastfeeding within 1 hour of birth.**
- **Exclusive breastfeeding for the first 6 months of life (meaning no other foods or liquids are provided, including water).**
- **Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.**





Understanding the Gap

- Many infants and children do not receive optimal feeding. For example, only about 44% of infants aged 0–6 months worldwide were exclusively breastfed over the period of 2015-2020.
- By 12 months, about 74% of children are still breastfed, but this drops to 46% by 24 months.
- Inappropriate marketing of breast-milk substitutes continues to undermine efforts to improve breastfeeding rates and duration worldwide.

Efforts to Address the Gap

- **Breastfeeding Support Programs:** Community and hospital-based support groups, counseling, and education initiatives.
- **Policy Advocacy:** Promoting policies that support breastfeeding, such as maternity leave, breastfeeding breaks, and baby-friendly workplaces.
- **Global Campaigns:** Initiatives like the Baby-friendly Hospital Initiative (BFHI) by WHO and UNICEF.





Baby friendly Hospital Initiative (BFHI)

- **WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) in 1991 to help motivate facilities providing maternity and newborn services worldwide to implement the Ten Steps to Successful Breastfeeding.**
- **The Ten Steps summarize a package of policies and procedures that facilities providing maternity and newborn services should implement to support breastfeeding.**
- **In 2018, WHO revised the Ten Steps based on the 2017 guideline on protecting, promoting and supporting breastfeeding in facilities that provide maternity and newborn services.**

Ten Steps to Successful Breastfeeding

CRITICAL MANAGEMENT PROCEDURES

1a. Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

1b. Have a written infant feeding policy that is routinely communicated to staff and parents.

1c. Establish ongoing monitoring and data-management systems.

2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.

KEY CLINICAL PRACTICES

3. Discuss the importance and management of breastfeeding with pregnant women and their families.

4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.

5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.

6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.

7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.

8. Support mothers to recognize and respond to their infants' cues for feeding.

9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.

10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.



Why Exclusive Breastfeeding is not followed ?

PSYCHOSOCIAL FACTORS

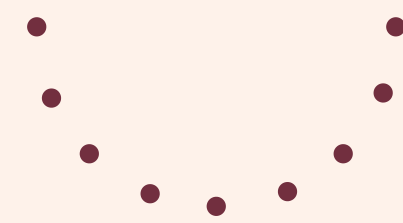
- Lack of support from family and friends, early return to work.
- Embarrassment, body image issues, lack of help and resources.
- Stress and overwhelmed in post-partum period.
- Dependency on illicit substance, alcohol or is a regular smoker.

SOCIODEMOGRAPHIC FACTORS

- Maternal age – older mothers are more likely to breastfeed
- Lack of maternal education, low family income
- Easy availability and convenience of formula feed
- Lack of support from healthcare providers

BIOMEDICAL FACTORS

- Mothers with HIV, history of radiation therapy/mastectomy.
- Mothers on chemotherapy drugs, ART, radioactive iodine, certain sedatives, seizure medications.
- Infants with classic galactosemia, MSUD, phenylketonuria.
- Very low birth weight (< 1500g) and very pre-term infants (<32 weeks of gestation).



Myths On Breastfeeding

- **Breastfeeding is easy.**
- **You should separate a newborn and mother to let the mother rest.**
- **You should only eat plain food while breastfeeding.**
- **Exercise will affect the taste of your milk.**
- **Many mothers can't produce enough milk.**
- **You shouldn't breastfeed if you're sick.**
- **You can't take any medication if you're breastfeeding.**
- **It's usual for breastfeeding to hurt – sore nipples are inevitable.**
- **You should wash your nipples before breastfeeding.**
- **Babies who have been breastfed are clingy.**
- **It's hard to wean a baby if you breastfeed for more than a year.**
- **If you go back to work, you'll have to wean your baby.**
- **You won't be able to breastfeed unless you do it straightaway.**



Breastfeeding practices

Positioning of mother

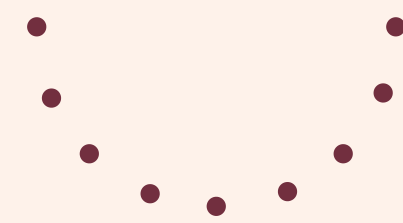


- The mother can assume any position that is comfortable to her and the baby.
- She can sit or lie down.
- Her back should be well supported and she should not be leaning on her baby.

Positioning of baby

- Make sure that baby is wrapped properly in a cloth.
- Baby's whole body is supported not just neck or shoulders.
- Baby's head and body are in one line without any twist in the neck.
- Baby's body turned towards the mother.
- Baby's nose is at the level of the nipple.

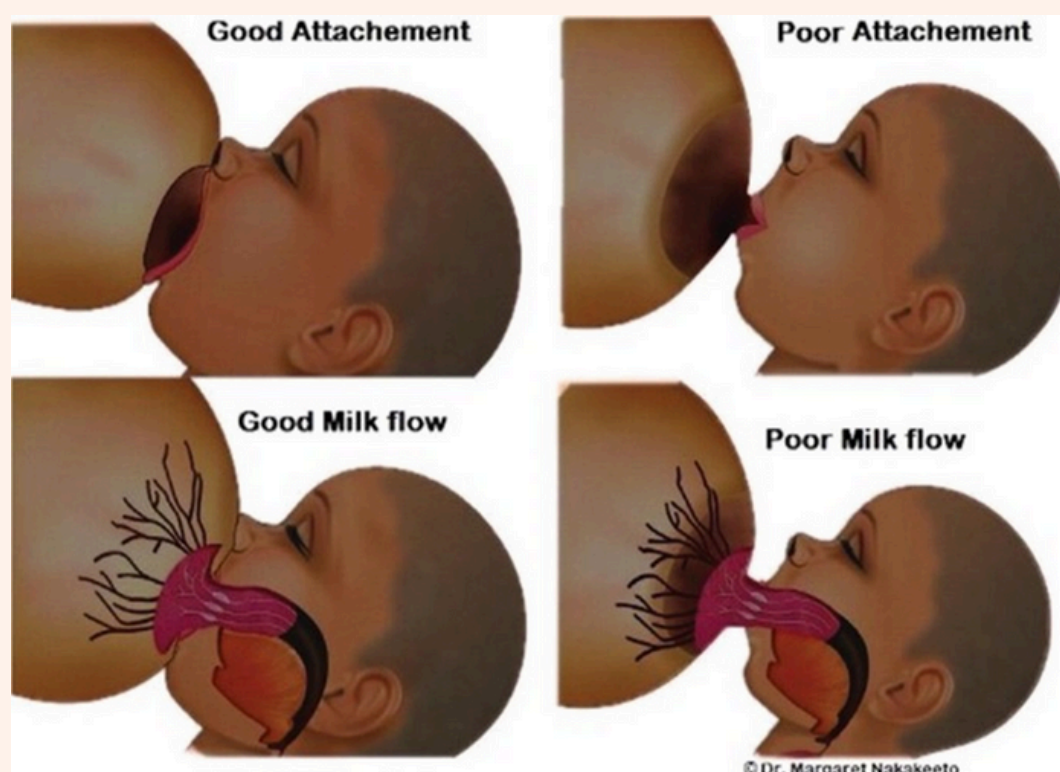




Breastfeeding practices

Signs of good attachment

- The baby's mouth is wide open.
- Most of the nipple and areola in the mouth, only upper areola visible, not the lower one.
- The baby's chin touches the breast.
- The baby's lower lip is everted.



Effective suckling

- Baby suckles slowly and pauses in between to swallow.
- One may see throat cartilage and muscles moving and hear the gulping sounds of milk being swallowed.
- Baby's cheeks are full and not hollow or retracting during sucking.



Diseases and Infant Feeding

HIV

- Exclusive breastfeeding is recommended for the first 6 months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS).
- WHO now recommends that all people living with HIV, including pregnant women and lactating mothers living with HIV, take ART for life from when they first learn their infection status.
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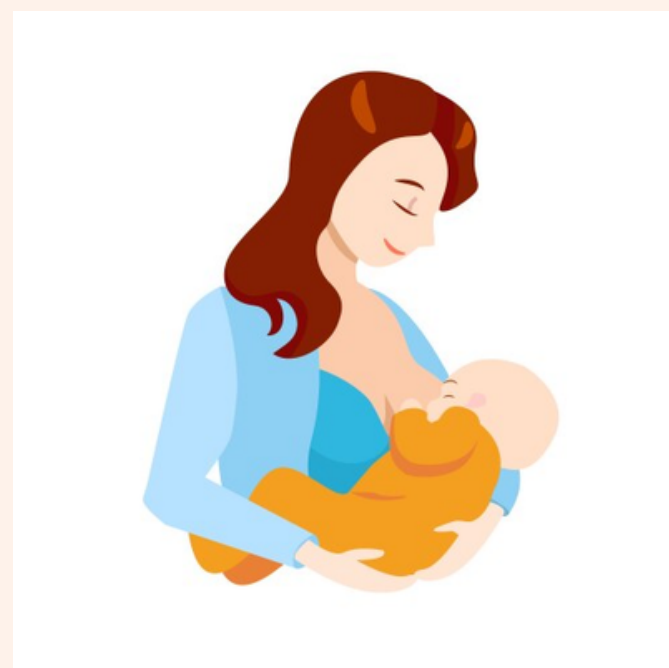
Hepatitis B

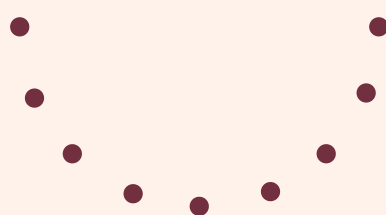
- Mothers with hepatitis B can breastfeed. Infants should receive the hepatitis B vaccine at birth to prevent transmission.



Hepatitis C

- Breastfeeding is recommended as the virus is not transmitted through breast milk.





Diseases and Infant Feeding

Tuberculosis

- Mothers with untreated active TB should avoid direct breastfeeding until they are non-infectious.
- They can express milk to feed the infant. Once treatment starts and the mother is non-infectious, she can breastfeed directly.



COVID 19

Best practice for infant care if mother is COVID-19 positive

- **Perform hand hygiene with soap and water or alcohol-based hand rub**, especially before contact with her child
- **Perform respiratory hygiene**: sneeze or cough into a tissue and immediately dispose of the tissue. Wash hands with soap and water or alcohol-based hand rub
- **Clean and disinfect surfaces** with which the mother has been in contact
- **Wear a medical mask until symptoms resolve** and criteria for release from isolation have been met



Women with COVID-19 can **breastfeed** if they wish to do so. They should:



Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby

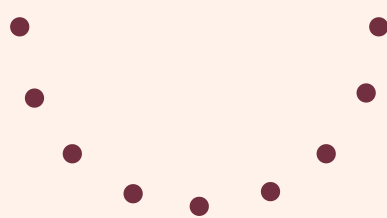


Routinely clean and disinfect surfaces



World Health Organization

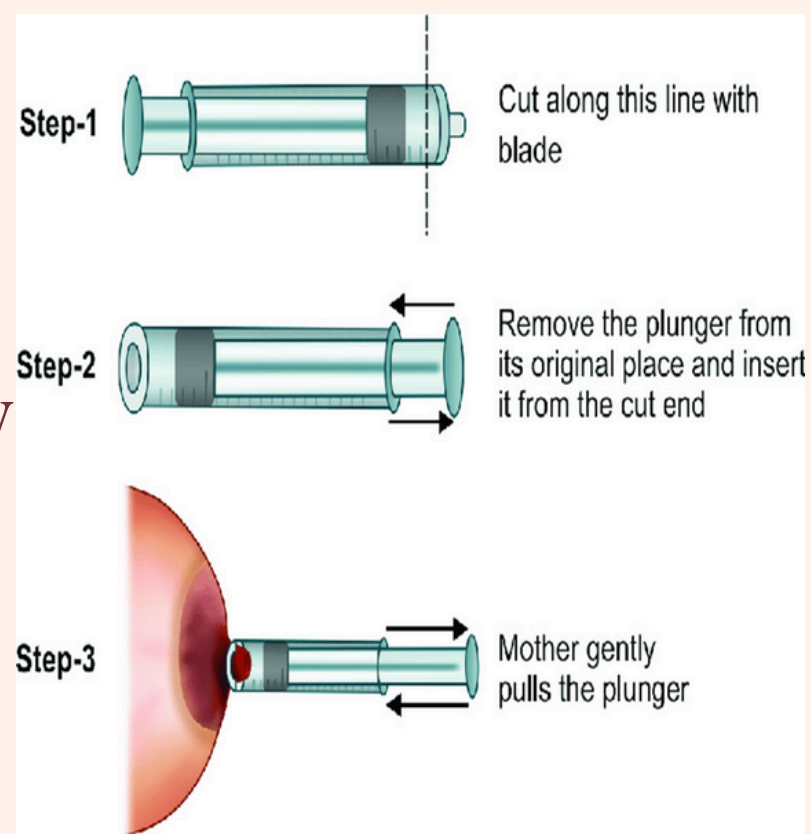
#COVID19 #CORONAVIRUS



Breastfeeding problems

Inverted/ Flat Nipples

- Flat or short nipples which become prominent easily on pulling out do not pose difficulty in breastfeeding.
- Truly inverted or retracted nipples make latching difficult.



Treatment

- Manual eversion of inverted nipple.
- Plastic syringe is used to draw out the inverted nipple.

Sore Nipple

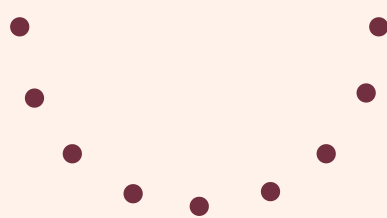
Due to:

- Baby suckling on the nipple rather than areola
- Frequent washing with soap and water
- Pulling the baby off the breast while he is still sucking.



Treatment

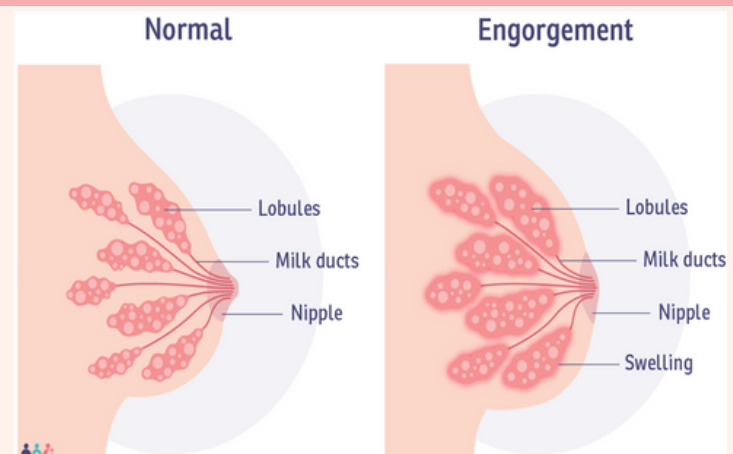
- Correct positioning and latching.
- Application of Hind milk after a feed.
- Clean breast and nipple once daily at time of bathing.



Breastfeeding problems

Breast Engorgement

- Due to delayed or infrequent feeding, or when the baby is not well positioned at the breast.



Prevention: Early and frequent feeds and correct attachment of the baby to the breast.

Treatment

- Local warm water packs,
- Breast massage and analgesics to relieve the pain.
- Gentle expression of the milk to soften the breast.

Breast Abscess

- If a congested engorged breast, cracked nipple, blocked duct or mastitis are not treated in the early stages, breast abscess formation can occur.
- The mother has high grade fever and a raised blood count.

Treatment: analgesics and antibiotics.

- The abscess may require incision and drainage.
- Breastfeeding must be continued.





Breastfeeding problems

Plugged Ducts

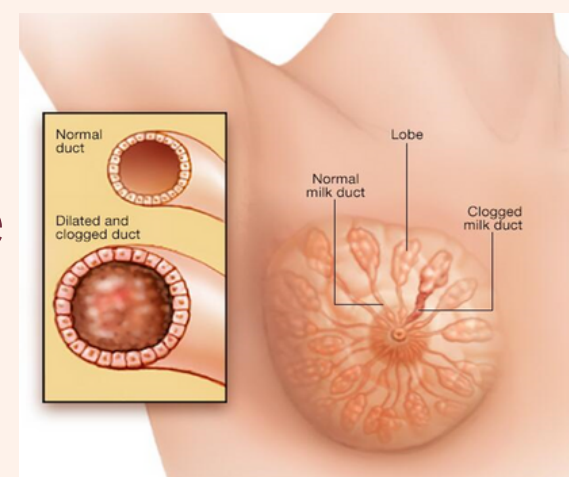
Causes: Infrequent feeding, milk stasis and inadequate removal of milk from one area of the breast.

Prevention

- Early and frequent feeds, correct the positioning and attachment, wear a comfortable, properly fitting bra.
- Express your milk when feedings are missed.

Treatment

- Warm water packs, breast massage
- Move the lump toward the affected nipple to assure drainage.



Mastitis

Causes: Staph. aureus, Strept. species and E. coli., Cracked or sore nipple.

Symptoms: Painful, hard, red and swollen breast, fever, muscle aches, chills.

Treatment:

- Antibiotics and analgesics.
- Plenty of rest and massaging the affected breast during nursing.
- If breast abscess develops- antibiotics ,incision and drainage.
- Isolation of the mother and baby.
- Ceasing the breastfeeding from the affected part.





Breastfeeding problems

Bloody Nipple Discharge

- Misuse of breast pumps and cracked nipples.
- Can be detected in the breast milk or in the infants stool.

Management

- Modification to the breast pump.
- Do not stop nursing.
- If no obvious sources- collect a milk specimen to rule out any cancerous pathology.



Overactive Milk Ejection Reflex

- Milk production increases rapidly between 3-4 days after delivery until approximately 2-4 weeks postpartum. So, milk ejection occurs too quickly making it difficult for the infant to swallow; resulting in the infant coughing and/or gagging.

Management

- Nurse in a semi- upright position and allow the infant to interrupt nursing frequently.
- Reduce the flow of milk by gently compressing the base of the nipple during the first several minutes of nursing to slow the initial milk flow.
- Hand express until the initial let-down occurs and then allow the baby to latch onto the breast.
- Nurse frequently to minimize the amount of milk that collects.



Glimpse of World Breastfeeding week celebration by Community Medicine Department, KGMU



World breastfeeding week 2024 celebration on August 6th, 2024 in the Department of Community Medicine and Public Health, KGMU, UP, Lucknow under the guidance of Head of the Department, Prof, Monika Agarwal. The event included seminar sessions and quiz.



Breastfeeding awareness activity at Urban CHC Silver Jubilee maternity Home, Lucknow



Breastfeeding awareness in the QMH, KGMU, Lucknow to the mothers who came for the immunization of newborns.



Community level interventions



Breastfeeding awareness in Primary Health Centre, Sarojini Nagar on the occasion of World breastfeeding week.



Counselling of lactating mothers in VHSND sessions in Adopted villages under the Department of Community Medicine and Public Health, KGMU, Lucknow



Counselling of pregnant women in ANC clini in Primary health centre, Sarojini Nagar, Lucknow



Empowering Healthcare Providers

- **Ensure that healthcare providers are trained to support breastfeeding, offer counselling, and provide accurate information to all mothers, regardless of their background.**
- **Encourage hospitals and maternity facilities to adopt the Baby-Friendly Hospital Initiatives (BFHI) standards, which promote breastfeeding and support mothers immediately after birth.**
- **Provide accessible lactation services, such as lactation consultants and breastfeeding clinics, especially in underserved and rural areas.**



Training of ASHAs on Breastfeeding in Primary Health Centre, Sarojini Nagar, Lucknow



Government Initiatives Supporting Breastfeeding

1. Infant and Young Child Feeding (IYCF)

- **Objective:** To bring about improvement in optimal feeding practices for infants and young children and raise awareness for achieving optimal feeding practices.
- Infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth and development.
- Infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to 2 years of age or beyond.
- Infant milk substitutes or infant food should only be used if recommended on health grounds.

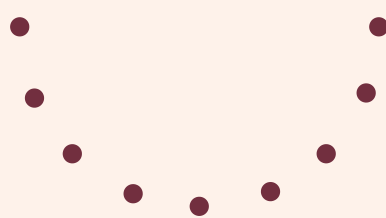


2. Mothers' Absolute Affection (MAA)

Objectives:

1. Enabling an environment for breastfeeding through awareness-generation activities.
2. Reinforce lactation support services at public health facilities.
3. Incentivize and recognize the health facilities that show high rates of breastfeeding.





Government Initiatives Supporting Breastfeeding

3. India Newborn Action Plan (INAP)

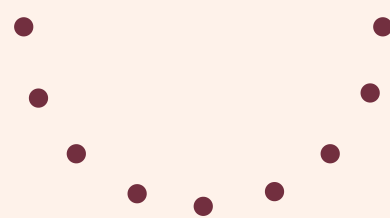


- Aims at attaining a single-digit neonatal mortality rate by 2030.
- Addresses prime interventions like pre-conception and antenatal care; care during labor/childbirth; immediate new-born care; care of healthy and small/sick new-borns as well as care beyond new-born survival.
- It is targeting to raise the rate of breastfeeding initiation (within 1st hour of birth) to 90% by 2025.

4. Pradhan Mantri Matru Vandana Yojna (PMMVY)



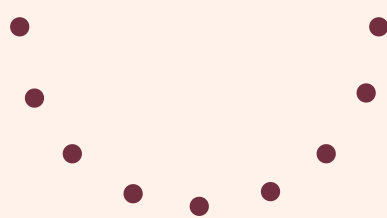
- Applies to women working in the informal sector as well as homemakers.
- A cash incentive of Rs. 5000/- is provided directly (in 3 instalments) to the Bank / Post Office Account of Pregnant Women and Lactating Mothers (PW&LM) for first living child of the family subject to fulfilling specific conditions relating to Maternal and Child Health.



Global Prospectives

- Along with active promotion of breastfeeding, WHO is now working to increase the rate of exclusive breastfeeding for the first 6 months up to at least 50% by 2025.
- Global Breastfeeding Collective was created by WHO and UNICEF to rally political, legal, financial, and public support for breastfeeding, bringing together implementers and donors from governments, philanthropies, international organizations, and civil society.

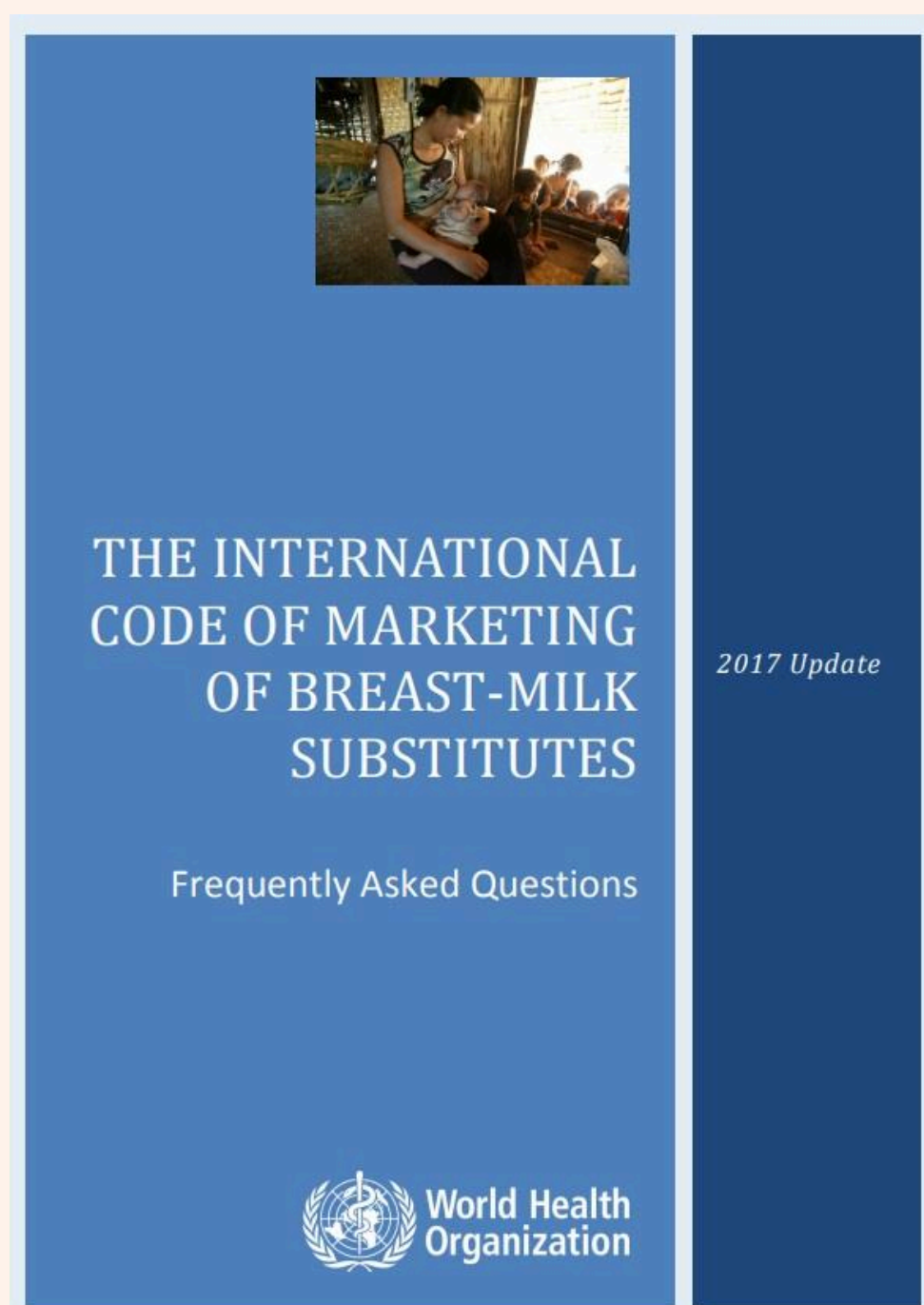




Global perspectives

NetCode

- **WHO's Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes.**
- **Works to ensure that breast-milk substitutes are not marketed inappropriately.**





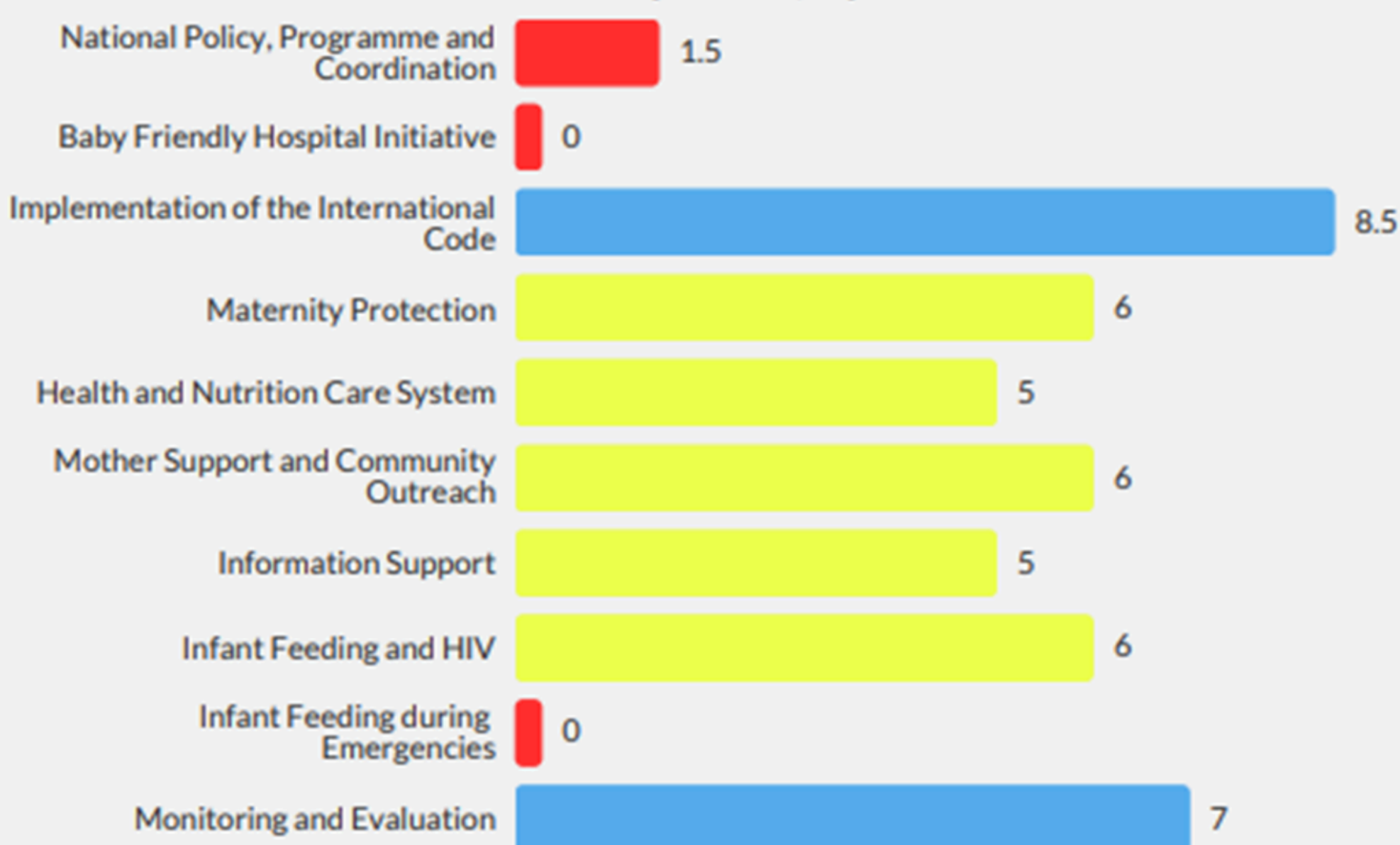
Where India stands on policy and programme support to breastfeeding?

- According to the World Breastfeeding Trends (WBTi) India's 2018 report on infant and young child feeding policy and programmes India score a low of 45 out of 100.
- There is scope of improvement in several areas including national policy and coordination, baby friendly hospitals, maternity protection and infant feeding during emergencies, and enforcement of the IMS Act.
- Overall, India ranked 79 out of 98 countries analysed on breastfeeding policy and support due to insufficient investment in this area.

Fig. 1: The State of Infant and Young Child Feeding (IYCF)

Policies and Programmes (Indicator 1-10)

[score out of 10]



Total Score (Policy and Programmes) : 45/100

Source: WBT India Report 2018

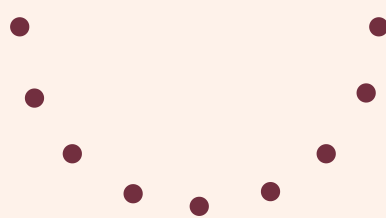


Final Thoughts

- **Breastfeeding is a natural process that provides multiple health benefits for both the mother and child.**
- **It is important to remember that every mother and baby pair is different. What works for one may not work for another.**
- **Support, education, and encouragement are the key to a positive breastfeeding experience.**
- **Embrace the journey and seek help whenever needed.**



Breastfeeding is the most invaluable investment for a child's physical, mental, and motor development. All our efforts are needed to promote and sustain breastfeeding!!



References

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