

A close-up photograph of a woman with dark hair, wearing a purple top with floral patterns, smiling as she holds a bright yellow flower to the nose of a baby. The baby, wearing a blue and red striped shirt, looks towards the camera with a neutral expression. The background is a soft, out-of-focus green, suggesting an outdoor setting.

12 OCTOBER 2023

**SOUTH ASIA INFANT AND YOUNG CHILD FEEDING
RESEARCH NETWORK (SAIFRN)
BUILDING RESILIENCE FOR BREASTFEEDING PRACTICES**

**WEBINAR
REPORT**

WEBINAR REPORT

The webinar titled *Building Resilience for Breastfeeding Practices* addresses a critical aspect of public health and child nutrition. Breastfeeding is globally recognized as a fundamental component of child health and development. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months of life, with continued breastfeeding alongside appropriate complementary foods up to two years of age or beyond, as per the child's needs. The benefits of breastfeeding are well-documented, providing essential nutrients, protection against diseases, and promoting mother-child bonding. Despite these advantages, there are challenges to sustaining optimal breastfeeding practices, often influenced by social, cultural, economic, and health-related factors. The rationale for conducting this webinar stems from the need to address the existing challenges and promote a supportive environment for breastfeeding mothers. The event aims to provide evidence-based insights, best practices, and real-life examples of successful interventions that have strengthened breastfeeding practices in various communities. By disseminating this knowledge, the webinar intends to empower healthcare professionals, policymakers, lactation consultants, and community leaders with the tools and information necessary to create environments conducive to breastfeeding.

SAIFRN Webinar Organizers



Dr. Michael Dibley,
Chair and Advisor of
SAIFRN, & Professor,
School of Public
Health, University of
Sydney, AUSTRALIA



Dr. Archana Patel,
Program Director and
Chief Functionary
Officer at Lata Medical
Research Foundation,
Nagpur, INDIA



Dr. Abhay Gaidhane,
Dean, JNNMC, Professor
of Community
Medicine, DMIHER,
Wardha, INDIA



Dr. S. Z. Quazi,
Director, Research &
Development,
Professor of
Community Medicine,
DMIHER, Wardha,
INDIA



Dr. Seema Puri,
Former Professor,
Department of
Nutrition, Institute of
Home Economics,
University of Delhi,
INDIA



Dr. Sonali Choudhary,
Professor and Head of
Community Medicine at
the Datta Meghe
Institute of Higher
Education and
Research, Wardha,
INDIA



Dr. Surabhi Sangwai,
Consultant
Pediatrician, Lactation
Consultant, Birth &
Beyond Clinic,
Nagpur, INDIA



Dr. Shilpa Bhaise,
Public Health Nutrition
Consultant, Lata
Medical Research
Foundation, Nagpur,
Maharashtra, INDIA

SESSION ONE

Systematic Review on Interventions for Promoting and Optimizing Breastfeeding Practices

Invited Speaker




Dr. Mahalaqua Nazli Khatib,
 Head, Centre for Global Evidence Synthesis Initiative (GESI), Division of Evidence Synthesis, DMIHER, Wardha, INDIA

Presentation Slides

South Asian Infant Feeding Research Network (SAIFRN)


Webinar
 "Building Resilience for Breastfeeding Practices"
 Date: 12th October 2023

Interventions for Promoting and Optimizing Breastfeeding Practices: An Overview of a Systematic Review



Professor Mahalaqua Nazli Khatib (MD, PhD)
 Division of Evidence Synthesis, SEPH, DMIHER(DU)
 Faculty, ICMR Cochrane Affiliate Centre, New Delhi
 Member, South Asia Infant Feeding Research Network (SAIFRN)
 Member, Global Consortium of Public Health Research

Background




- First two years of a child's life hold special significance
- Ensuring optimal nutrition during this critical period:
 - Reduces the likelihood of illness and mortality
 - Diminishes the risk of chronic diseases
 - Supports comprehensive developmental well-being

1. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

Background

Breastfeeding: Importance



Breast milk

→

- Nutritional qualities
- Natural growth stimulators
- Immune-protective attributes

→

Support infant growth, development, and overall well-being

→

A form of "personalized medicine" for infants

BF provides short-term & long-term health & economic advantages to children, women, and society as a whole

Early initiation of breastfeeding (EIBF) safeguards newborns from acquiring infections & reduces risk of mortality

During & well beyond infancy, BF continues to provide health benefits for children and mothers

Breastfed children:

- Are less likely to be overweight or obese
- Are less prone to diabetes later in life
- Perform better on intelligence tests


Inadequate breastfeeding:

- Increases the risk of infections, hospitalization, & mortality in children
- Increases the risk of juvenile diabetes, obesity in children
- Hampers cognitive, educational, behavioural, and neurodevelopmental outcomes in children
- Increases the risk of breast cancer, ovarian cancer, osteoporosis, and diabetes in mothers who do not breastfeed appropriately.

1. <https://doi.org/10.1016/j.pedcli.2019.04.001>
 2. <https://doi.org/10.1016/j.pedcli.2019.04.001>

Background

Global Landscape of EBF and Its Life-Saving Potential SEAR scenario



A tragic statistic worldwide

45% of child deaths

←

Undernutrition

←

Inadequate breastfeeding

←

Inadequate complementary feeding

Fewer than half (44%) of infants were exclusively breastfed over the period of 2015-2020

- **Absolute number of infants <6 months NOT exclusively breastfed**
 - In 2000: about 33.5 million/56 million (~60%)
 - By 2018, about 31.9 million/57.8 million (~55%)
 - This shows ~5% decrease since 2000

Over 8.2 lakh children's lives could be saved every year among children <5 years, if all children 0-23 months were optimally breastfed

While SEA region celebrates its cultural traditions of BF, it also grapples with the need to address healthcare disparities and societal changes to ensure that all mothers and infants have the opportunity to benefit from optimal BF practices.

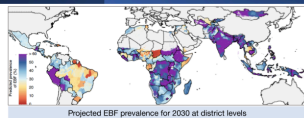
1. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>
 2. <https://doi.org/10.1016/j.pedcli.2019.04.001>

Background

Projected prevalence for EBF Rates & Probability of Achieving WHO GNT

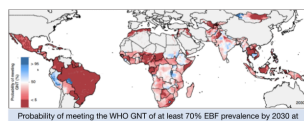
Projected prevalence for EBF Rates

Overall, EBF prevalence across LMICs is expected to increase from 38.7% in 2018 to 42.6% in 2025 and to reach 45.2% by 2030



Probability of Achieving 270% WHO Global Nutrition Targets

- Most LMICs (53 of 94) are expected to have a low probability (<5%) of nationally achieving this goal
- No LMIC has a high probability (>95%) of meeting the >70% target by 2030 at the national level



1. Bhattacharya M, Schaffer JL, Nay D. Local Burden of Disease Exclusive Breastfeeding Collaborators. Mapping inequalities in exclusive breastfeeding in low and middle-income countries, 2000-2018. *Nutr Hum Behav*. 2021 Aug;59:1027-45.

Background

Actions to help protect, promote and support breastfeeding

WHO

1. Adoption of policies such as the International Labour Organization's "Maternity Protection Convention 283" and "Recommendation No. 191", which suggest a longer duration of leave and higher benefits.
2. Adoption of "International Code of Marketing of Breast-milk Substitutes" and subsequent relevant WHO resolutions.
3. Implementation of the "Ten Steps to Successful Breastfeeding" specified in the Baby-Friendly Hospital Initiative, including:
 - Skin-to-skin contact between mother and baby immediately after birth and initiation of BF within first hour of life;
 - Breastfeeding on demand;
 - Rooming-in;
 - Not giving babies additional food or drink, even water, unless medically necessary;
4. Provision of supportive health services with infant and young child feeding counselling during all contacts with caregivers and young children, such as during:
 - Antenatal and postnatal care
 - Well-child and sick child visits, and
 - Immunization
5. Community support, including
 - Mother support groups
 - Community-based health promotion activities
 - Education activities



WHO. Infant and young child feeding. June 2012. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

Background

Recommendations on BF

Breastfeeding is one of the most effective ways to ensure child health and survival

WHO and UNICEF recommends Optimal breastfeeding practices that includes:

1. **Early Initiation of Breast Feeding (EIBF)** within 1 hour of birth;
2. **Exclusive Breast Feeding (EBF)** for the first 6 months of life
3. Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with **Continued Breast Feeding (CBF)** up to 2 years of age or beyond.

<https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

Background

- Numerous individual studies and systematic reviews (SR) have investigated a range of BF interventions
- However, to our knowledge, there has been no published summary that has systematically gathered and synthesized the evidence from SRs on BF interventions.
- Hence, a comprehensive evaluation of all potential interventions related to BF was undertaken to systematically promote and enhance BF practices.

This overview of SRs is designed to assist healthcare professionals, consumers, researchers, funding organizations, and policymakers/guideline developers in making informed decisions and effectively translating this evidence into practice.

Objective

The objective of this overview was to summarize the evidence from systematic reviews on the effects of different interventions designed to promote and optimize

- Early initiation of breastfeeding (EIBF)
- Exclusive breastfeeding (EBF), and
- Continued breastfeeding

Methods

Criteria for considering reviews for inclusion

- | | | |
|--|--|--|
| <p>Types of studies</p> <ul style="list-style-type: none"> • Cochrane SRs of RCTs • No restrictions on language or publication status | <p>Inclusion criteria</p> <ul style="list-style-type: none"> • Cochrane SRs of RCTs • No restrictions on language or publication status | <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Non-Cochrane SRs • SRs based on observational studies • SRs based on trials from HIC and LMICs • SRs that focussed specifically on women and children with additional care needs or a specific health problem. |
| <p>Types of participants</p> <ul style="list-style-type: none"> • SRs on Women from LICs and LMICs • PNC or in conjunction with ANC component • No restriction on race/ethnicity • No restriction on type of settings | | |
| <p>Types of interventions</p> <ul style="list-style-type: none"> • m-health • Behaviour Change Communication • Health education • Health systems and policy interventions <ul style="list-style-type: none"> • Health Sector Initiatives • Specialized clinics, workplace interventions • Parenting interventions • Combination of interventions • No restriction on community settings or type of health professionals delivering intervention | | |

Methods

Criteria for considering reviews for inclusion

- | | |
|------------------------------------|--|
| <p>Types of comparisons</p> | <p>SRs that compared</p> <ol style="list-style-type: none"> 1. Breastfeeding intervention v/s routine care 2. One form of BF intervention v/s other |
| <p>Types of outcomes</p> | <p>Primary outcomes</p> <ol style="list-style-type: none"> 1. Early initiation of breastfeeding (EIBF) 2. Exclusive breastfeeding (EBF) for the first 6 months of life 3. Continued breastfeeding (CBF) up to 2 years of age <p>Secondary outcomes</p> <ol style="list-style-type: none"> 1. Acceptability: Any measure of acceptability 2. Satisfaction: Any measure of satisfaction |

Results

Search results

• Databases searched

- Cochrane Database for Systematic Reviews
- Reference lists of retrieved studies.
- We used MeSH and text word

Included Studies

Results Characteristics of included studies

References	No. of trials/no. of participants	Inclusion criteria for study design	Inclusion criteria for population	Inclusion criteria for intervention	Comparison	Outcomes	RoB
Lumbiganon 2016	No. of trials: 24 (2 trials from Nigeria and Iran) Participants: 200 IC: 156, CC: 194	Cluster RCTs	WRA Pregnant women attending monthly microcredit meetings	Interventions: Monthly BF education + weekly cell phone messages Delivered by: NR	Standard care	EBF at 3 and 6 months	39
Lassi 2019	No. of trials: 33 (14 LMICs, India: 7, Pakistan: 6, Bangladesh: 4, Nepal: 1) Participants: 1,26,375	1. RCTs 2. Cluster-RCT 3. Quasi-RCT	WRA Mothers of neonates Spouses & other family members	Interventions: Any combination of CHEI Delivered by: HCP or CHW Mode of delivery: 1. One-to-one counselling 2. Group counselling 3. Mass media	Usual health services	EBF	41
Palmer 2020	No. of trials: 11 (4 from LMICs, 1 from LIC) Participants: 5497	RCT	Mothers of neonates Caretakers of children <5yrs	Interventions: TCC via mobile devices Delivered by: CHW	3. Standard care 2. TCC via non-digital communication (face-to-face communication, pamphlets, posters)	EBF	42
Balogun 2016	No. of trials: 28 (8 from LMICs, Nigeria, Ghana, Nicaragua) Participants: 72,464 IC: 17,811, CC: 24,451	RCTs Cluster-RCTs	WRA Pregnant women	Interventions: BF education & support and Early mother-infant contact Delivered by: HCP or CHW	Standard care	EBF	39
Lassi and Bhutta 2015	No. of trials: 26 (14 LMICs, India: 6, Bangladesh: 6, Pakistan: 4, Nepal: 1) Participants: 72,464 IC: 17,811, CC: 24,451	RCT, cluster RCT, quasi-RCT	Pregnant WRA	Interventions: CBIP (Additional training) Delivered by: ANMs, LHW, Community midwives, CHW, TBAs	Usual maternal and newborn care services	EBF	41
Abdulawad and Snow 2012	No included studies		Women in full-time or part-time employment	Interventions: Support BF at the workplace No intervention			25

An In-Depth Overview of Breastfeeding Interventions

- Overview of SRs highlights extensive evidence gathered for different interventions aimed at promoting BF.
- Included SRs examined a rich tapestry of BF interventions, encompassing different types, deliverers, recipients, timing and settings.

List of excluded studies with reasons

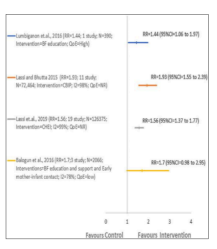
Reference	Excluded Review	Reason for exclusion
Kramer and Kaluma	Optimal duration of exclusive BF	Low birth weight babies Interventions not related to BF
Toddman et al	Extra fluids for BF mothers for increasing milk production	Interventions not related to BF
Byington et al	Postnatal parental education for optimizing infant general health and parental infant relationships	Population from HIC
Fair et al.	Interventions for supporting the initiation and continuation of BF among women who are overweight or obese	Population from HIC
McFadden et al.	Support for healthy BF mothers with healthy term babies	No segregated data from HIC and LIC
Lewis et al.	LHW in primary and community health care for maternal and child health and the management of infectious diseases	Interventions not related to BF
Gagnon and Sandall	Individual or group antenatal education for children on parenthood, or both	Population from HIC
Sandall et al.	Midwife-led continuity models versus other models of care for childbearing women	Population from HIC
Barlow et al.	Individual and group-based parenting programmes for improving psychosocial outcomes for teenage parents	Population from HIC
Becker et al.	Methods of milk expression for lactating women	Interventions not related to BF
Ojino and English	In-service training for health professionals to improve care of seriously ill newborns and children in low-income countries	Interventions not related to BF
Pantaja et al.	Implementation strategies for health systems in LICs: an overview of SRs	Intervention not related to BF
Clappert et al.	Delivery arrangements for health systems in low-income countries: an overview of SRs	Intervention not related to BF
Jaafar et al.	Effect of restricted pacifier use in BF term infants for increasing duration of BF	Population from HIC
Jaafar et al.	Rooming-in for new mother and infant versus separate care for increasing the duration of BF	Population not specified
Lee and Thomas	Antenatal breast examination for promoting BF	Population not specified

Methodological quality of included studies R-AMSTAR tool

S.N	Questions	Lumbiganon 2016	Lassi 2019	Palmer 2020	Balogun 2016	Lassi and Bhutta 2015	Abdulawad and Snow 2012
1.	Was an "a priori" design provided?	4	4	4	4	4	4
2.	Was there duplicate study selection and data extraction?	4	4	4	4	4	4
3.	Was a comprehensive literature search performed?	4	4	4	4	4	4
4.	Was the status of publication (i.e., grey literature) used as an inclusion criterion?	4	4	4	4	4	4
5.	Was a list of studies (included and excluded) provided?	4	4	4	4	4	1 [no included studies]
6.	Were the characteristics of the included studies provided?	3	4	4	4	3 [data is not complete and accurate]	4 [1 no included studies]
7.	Was the scientific quality of the included studies assessed and documented?	4	4	4	4	3	1 [no included studies]
8.	Was the scientific quality of the included studies used appropriately in formulating conclusions?	2	2	4	3	4	1 [no included studies]
9.	Were the methods used to combine the findings of studies appropriate?	4	4	4	3	4	1 [no included studies]
10.	Was the likelihood of publication bias assessed?	3	3	3	3	3	1 [no included studies]
11.	Was the conflict of interest included?	3	4	3	3	3	3
Overall score (out of 44)		39	41	42	39	41	25

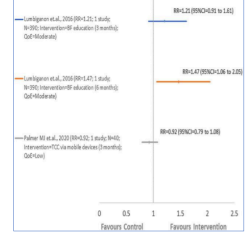
Comparison: BF intervention v/s routine care Outcome: Early Initiation of Breast Feeding

References	Inclusion criteria for population	Inclusion criteria for intervention	Quality of Evidence (GRADE)
Lumbiganon 2016	Women attending monthly microcredit meetings	Interventions: BF education + Cell phone messages Content: Multiple methods of BF education (only cell phone BF messages and monthly face-to-face BF info)	High
Lassi and Bhutta 2015	Pregnant WRA	Interventions: CBIP (Additional training) Delivered by: ANMs, LHW, Community midwives, CHW, TBAs	NR
Lassi 2019	Pregnant women, Mothers of neonates, WRA, Family members	Interventions: Any combination of CHEI Delivered by: HCP or CHW Mode of delivery: 1. One-to-one counselling 2. Group counselling 3. Mass media	NR
Balogun 2016	Pregnant women, WRA from LIC and LMIC counsellors	Interventions: BF education and support and Early mother-infant contact Delivered by: Non-HCPs (women's group, peer education) Content: Education and support on BF education	Low



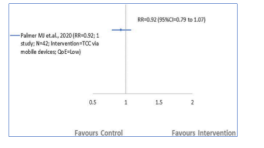
Comparison: BF intervention v/s routine care Outcome: Exclusive Breast Feeding

References	Inclusion criteria for population	Inclusion criteria for intervention	Comparison	Quality of Evidence (GRADE)	RoB
Lumbiganon 2016	Women attending monthly microcredit meetings	Interventions: Monthly BF education + weekly cell phone messages	Standard care	Moderate	39
Palmer 2020	Pregnant Postpartum mother Caregivers	Interventions: TCC via mobile devices Delivered by: CHW	Standard care	Low	42



Comparison: BF intervention v/s other intervention Outcome: Exclusive Breast Feeding

References	Inclusion criteria for population	Inclusion criteria for intervention	Comparison	Quality of Evidence (GRADE)	Evidence Conclusion	RoB
Palmer 2020	Pregnant Postpartum mother Caregivers	Interventions: TCC via mobile devices Delivered by: CHW	Standard care	Low	Insignificant improvements as 100% of women exclusively breastfed their babies.	42



- TCC via mobile devices did not demonstrate advantage over standard care
- TCC via non-digital communication such as face-to-face meeting showed better results as compared to TCC via mobile devices
 - This could be because all women in the comparison group were already exclusively breastfeeding their babies.
- This suggests that in settings where EBF rates are already high, certain interventions may not yield additional benefits.

Evidence on actions to help protect, promote and support breastfeeding

SN	Actions to help protect, promote and support breastfeeding	Evidence in overview from SRs
1	Adoption of policies such as the International Labour Organization's "Maternity Protection Convention 183" and "Recommendation No. 191", which suggest a longer duration of leave and higher benefits	No evidence
2	Adoption of "International Code of Marketing of Breast-milk Substitutes" and subsequent relevant WHA resolutions	No evidence
3	Implementation of the "Ten Steps to Successful Breastfeeding" specified in the Baby-Friendly Hospital Initiative	No evidence
4	Provision of supportive health services with infant and young child feeding counselling during all contacts with caregivers and young children	Promotes EIBF
5	Community support	Promotes EIBF
Combination of interventions		Limited evidence on EBF
		No evidence

Implications for practice

- 01** BF interventions encompass a range of strategies, including support interventions, and community support
- 02** These interventions demonstrated positive effects in improvement of EBF.
- 03** Evidence was less conclusive in terms of improvement of EBF.
- 04** CBIP (Additional training to outreach workers) emerged as the most effective in enhancing BF initiation rates followed by CHEI
- 05** BF interventions utilizing TCC via mobile devices
 - Did not provide any additional benefits to standard care
 - Appeared to be less effective than TCC via face-to-face meetings (QoE: Low)

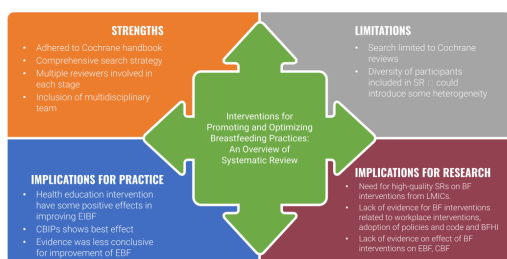
Insights from this overview can serve as valuable guidance for individuals and organizations involved in maternal and child health, including personnel from government agencies, NGOs, and private healthcare providers, as well as members of the healthcare system and healthcare workers

Implications for Research

- RESEARCH GAPS**
- 01** Lack of sufficient evidence from LMICs
- 02** Lack of evidence for BF interventions related to workplace interventions, adoption of policies and code, BFHI as well as combination of interventions
- 03** Lack of evidence on effect of BF interventions on EBF, CBF
- 04** Lack of evidence on acceptability and satisfaction of BF interventions

By addressing these research gaps, we can improve our understanding of how to effectively promote and support BF practices in these vulnerable settings, ultimately contributing to better MCH outcomes.

SUMMARY



They said it!



Dr. Ruth Petersen, director of CDC's Division of Nutrition, Physical Activity, and Obesity

"Breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed."



Joint statement by UNICEF Executive Director and WHO Director-General on the occasion of World Breastfeeding Week, Statement by Catherine Russell and Dr Tedros Adhanom Ghebreyesus, 1 August 2023

"Increase investments in breastfeeding support policies and programmes in all settings, including a national policy and programme that regulates and promotes public and private sector support to breastfeeding women in the workplace"

Key points:

1. Critical Importance of Breastfeeding

- Emphasis on the crucial role of breastfeeding during the first two years of a child's life due to its unique benefits for both infants and mothers.

2. Global Challenges

- Nearly 50% of child deaths in South East Asia are attributed to undernutrition caused by inadequate breastfeeding and complementary feeding. The early initiation of breastfeeding, exclusive breastfeeding, and continued breastfeeding up to 2 years and beyond remains challenging.

3. Interventions that worked

- Community-based education, mobile health interventions, behavior change communication, and health system initiatives.

4. Research Gaps

- Limited studies on exclusive and continued breastfeeding, highlighting research gaps. Further research is needed, especially in Low- and Middle-Income Countries (LMICs), on topics like workplace interventions, employer policies, baby-friendly hospital initiatives, and their combinations.

SESSION TWO

Personal Views by SAIFRN Country Presenters on:
Three Best Interventions in Promoting and Optimizing Breastfeeding Practices in Countries

Country Speakers



Dr. Archana Patel,
Program Director and
Chief Functionary Officer
at Lata Medical
Research Foundation,
Nagpur, INDIA



Dr. Seema Puri,
Former Professor,
Department of Nutrition,
Institute of Home
Economics, University
of Delhi, INDIA



Dr. Dure Samin Akram,
Professor of Pediatrics,
Chairperson, Health,
Education & Literacy
Programme, PAKISTAN



Dr. Rajkumar Pokharel,
General Secretary -
South Asia Infant
Feeding Research
Network, NEPAL



Dr. S. K. Roy,
Chairperson,
Breastfeeding
Foundation,
BANGLADESH



Dr. Upul Senarath,
Co-founder and Lead of
the South Asia Infant
Feeding Research
Network, SRI LANKA

Interventions In Promoting and Optimising Breastfeeding Practices In - India

- Presenter's Personal Views

Dr. Archana Patel,
MD, DNB (Pediatrics) Phd (Clinical Epidemiology and Community Health)

SAIFRN India

Personal View as a Researcher

- National/ Foundations/ NGO and Hospital support for **improving implementations** of their programs and policies e.g. BFHI, IMS Act, Maternity leave, Human Milk Banks in hospitals
- Frequent training and enabling health workers at the hospital and community level
- Incentivising skilled health care workers – Physicians, Nurses, ANMs and ASHA
 - to counsel pregnant women regarding their nutrition
 - preparing them for early initiation of breastfeeding and exclusive breastfeeding till 6 months
 - to counsel them for continued breastfeeding and complimentary feeding
- Providing HCW with tools e.g. mobile phones to enable even remote lactation support starting early in pregnancy, through delivery till the infant is a year old, when person to person counselling is difficult
- Peer to peer counselling and support groups at the community level. It makes women aware where they can **RIGHTLY** reach out for help



Effectiveness of weekly cell phone counselling calls and role of peer support to improve breastfeeding indicators

Interventions That Have Not Worked

All interventions if implemented with commitment can work

Interventions that need strengthening

- BFHI and Education – it needs to
- Capacity building of skilled lactation counsellors – physicians, nurses, health care workers and peer counsellors
- Engagement of Obstetricians to support Breastfeeding
- Maternity leave – a pragmatic approach
- All steps of BFHI – as a written policy for NABH accreditation of Maternity Hospitals – Government and private
- Strict implementation of the IMS Act
- MoHFW – outreach to communities to encourage BF like they did for vaccines, at least during the BF week

Key recommendations at SAIFRN Regional Meeting 2019, New Delhi

- Develop and strengthen policies and legislations to ensure maternity benefits for informal sector and a supportive environment at workplace
- Make breast feeding aspirational. Breast feeding as a practice should be promoted through various media as an aspirational activity so that more mothers adopt the practice.
- Support the family as the primary caregiver/ influencer on IYCF and child care practices. The participants unanimously agreed that child care is the collective responsibility of the family and the community. Hence, greater focus should be on the husbands' role in child care and IYCN.
- Building knowledge and self efficacy of mothers in IYCN. Creating awareness not only among the mothers but also among husbands and other family members is therefore crucial.
- Awareness creation among mothers regarding IYCN should begin during prepregnancy period, and continue throughout pregnancy so that the mother is prepared to breastfeed immediately after delivery.
- Awareness about expressed breast milk was very low and hence, efforts to build knowledge and skills in this area have to be strengthened.

Overview of Interventions To Promote Breastfeeding in India

Method	MoHFW	India	WHO	UNICEF
National or state level	MAA program of Breastfeeding Promotion Programs & Practices Policy & Legislation – e.g. IMS Act Training and Capacity Building Community-Based Support Breastfeeding Facilities and Spaces Supplementary Nutrition	Breastfeeding Promotion Programs & Practices Training and Capacity Building Community-Based Support Mother Support and Counseling	Breastfeeding Promotion Programs & Practice Awareness and Advocacy Training and Capacity Building Monitoring and Evaluation	Breastfeeding Promotion Programs & Practice Awareness and Advocacy Training and Capacity Building Monitoring and Evaluation
Hospital level	Baby-Friendly Hospital Initiative (BFHI) Healthcare Worker Training Lactation Support Services Comprehensive Lactation Management Centers (CLMCA)	Baby-Friendly Hospital Initiative (BFHI) Lactation Support Services Healthcare Worker Training	Baby-Friendly Hospital Initiative (BFHI) Lactation Support Services Healthcare Worker Training	Baby-Friendly Hospital Initiative (BFHI) Lactation Support Services Healthcare Worker Training
Practitioner level	Counseling and Education Programs Information Dissemination Breastfeeding Support Groups			Breastfeeding Training and Community-Based Interventions
Social media	Online Peer Support Group Knowledge Acquisition through Media WhatsApp Group for Health Education Celebrity Promotion on Social Media	Infographics and Visual Content Twitter Chats	Infographics and Visual Content Twitter Chats	Infographics and Visual Content Twitter Chats
Family	Family Involvement and Partner Support			
Beneficiary	Skilled Breastfeeding Counseling Support from Healthcare Professionals Identification of personal needs and solutions			

Personal View as a Practitioner

- One Unambiguous Voice** of all practitioners to support early and exclusive breastfeeding
 - Obstetricians, Midwives, Paediatricians, Family health practitioners, Nurses and other Health care workers
- Early start of counselling during pregnancy by obstetricians and nurse counsellors
 - Maternal nutrition
 - Breast preparation
 - Family support and engagement
 - Addressing specific personal challenges and solutions
- Continued support to the woman and family through delivery by nurse/ health care workers, family physician or pediatrician till infant is a year old

Interventions In Promoting and Optimising Breastfeeding Practices In - India

- Presenter's Personal Views

Dr. Seema Puri

SAIFRN India

Strengthen provision of maternity benefits. Lack of maternity benefits, especially in the informal and the private sector was a serious concern which emerged from the study findings as well as was expressed by many participants.

- Provision of maternity leave was imperative and needs to be reinforced.
- Provision of crèches at/ near workplaces are needed.
- Provision of lactation rooms at workplace and grant of feeding breaks during working hours were also suggested as strategies for mothers to continue to breastfeed.
- Flexible working hours for mothers with small infants was another recommendation.
- Provision of paternity leave of at least 15 days to provide support to the mother was considered important.

Capacity building in IYCN. All participants expressed the need to build capacity in the area of IYCF.

- While there was a recommendation to focus on pediatricians and nutritionists, additionally it was felt that other medical specialists like gynecologists should also be included in lactation counseling orientations.
- There is a need to develop context specific targeted behavior change communication material, particularly breast feeding. Age specific and practice based information should be imparted to mothers.

Mentoring, monitoring and supervision. An important recommendation to make the IYCN initiative successful was to provide strong mechanisms for mentoring, monitoring and supervision.

- Give a certification such as baby friendly workplace so that employers would be interested to get the certification.

Key Points:

1. Policy Advocacy

- Stressed on strict implementation of IMS Act and Maternity Act.
- Advocates for national-level programs such as the "MAA" initiative to support breastfeeding legally.

2. Healthcare Unity

- Emphasizes a unified voice among healthcare professionals.

SAIFRN, INDIA CHAPTER

- Calls for collaboration among obstetricians, midwives, pediatricians, nurses for cohesive breastfeeding support.

3. Community Counseling

- Highlights the importance of diverse counseling during pregnancy.
- Advocates continuous maternal support for timely guidance.

4. Technological Support

- Recommends mobile phones for counseling, especially in remote areas.
- Underscores the role of social media, peer groups, and celebrity endorsements for awareness.

5. Workplace and Family Support

- Stresses workplace support with maternity benefits, lactation rooms, and flexible hours.
- Advocates for paternity leave and active involvement of husbands in childcare for breastfeeding mothers.

SAIFRN PAKISTAN



Three Best Interventions In Promoting and Optimising Breastfeeding Practices In Pakistan

Presenter's Personal Views

Prof . Dure Samin Akram
Health, Education and Literacy Programme (HELP)
SAIFRN Pakistan

Breastfeeding Intervention - 1

Training of TBAs in Remote Desert Area by HELP – Tharparkar

- Special Emphasis on Early Initiation of BF with practical demonstrations
- Exclusive Breastfeeding for 6 Months
- Addressing Breastfeeding Problems



Breastfeeding Intervention - 2

Cascading Baby-Friendly Hospital Initiative to PHC

- BFHI Training with Revised Training Modules Initiated in Early 2022 in Sindh
- BF and Nutrition Legislation revised and BRF Law Updated in 2023 in Sindh
- Strategy Includes:
 - Training and Practice of Early Initiation of BF
 - Lactation Management Clinic for ANC and Postnatal Breastfeeding Assistance and Counseling (Including Maternal Nutrition)
 - Empowered LHV/MWs in 126 PHCs in 9 Districts with Birthing Facilities, to deliver these Services
- HELP has trained MW with BFHI Modules in 9 GDs upgraded for 24/7 MCH services in remote desert area. Reported, equipped, furnished, established, labour room



Breastfeeding Intervention - 3

Upgrading Medical Curricula

To include dedicated practical training on following:

- AN counseling, Early Initiation, BF support for exclusive and continued BF, Kangaroo care, BF-Nutrition Legislation.
- Implementation initiated from Khyber Med. Univ., UG and PG. Covers BF and Nutrition.
- Sindh, doing formative surveys to assess gaps. Revision to include increased hours in practical training, greater weightage and practicals on BF, in qualifying exams.

Recommendations

- A change in Mind Set is required at all levels.
- Practical application of theoretical training is imperative.
- Involvement of Government is necessary
- Uniform expertise at all levels of medical and para medical cadres in giving practical support to mothers and families
- Conducive environment is required for working mothers and fathers.
- Supportive implementation of BF-Nutrition Laws is very important.
- Monitoring and sustainability should be inbuilt in BF protection strategies.
- Continued search and research is required to update practices.

Key Points:

1. **Empowering Traditional Birth Attendants**
 - Trained 260 traditional birth attendants in remote areas on nutrition, early initiation, and exclusive breastfeeding, empowering both mothers and attendants.
2. **Expanding Hospital Training Initiative**
 - Extended Baby Friendly Hospital training to 126 centers across 9 districts to ensure guidance in early initiation and breastfeeding support, even in remote desert areas.
3. **Enhancing Medical Training and Advocacy**
 - Upgraded medical curricula to include skills related to breastfeeding and nutrition.
 - Advocated for a mindset shift, emphasizing the norm of breastfeeding, and stressed the need for supportive environments, strict law implementation, and continuous research for effective breastfeeding practices



Three Best Interventions In Promoting and Optimising Breastfeeding Practices In

“Nepal”

Presenter’s Personal Views

Raj Kumar Pokharel
General Secretary, SAIFRN-Nepal
October 10, 2023

Breastfeeding Intervention - 1

Right to Obstetric Leave for Breastfeeding and Care

The Right to Safe Motherhood and Reproductive Health Act 2018 and regulation 2020 -

- Any woman working in a governmental, non-governmental or private organization or institution shall have the right to get obstetric leave with pay, for a minimum of **ninety-eight days** before or after the delivery.
- In case the obstetric leave referred above is not sufficient to any pregnant woman, such a woman shall have the right to get leave without pay, for a **maximum of one year** upon the recommendation of the expert doctor.
- A governmental, non-governmental or private organization or institution shall have to make necessary arrangement for the woman working in its office **for breast feeding during the office hours up to two years from the birth of the infant.**
- Even if any pregnant woman gives birth to a dead infant or if the infant dies after birth, such a woman shall enjoy the leave referred above.
- If the wife of a male employee working in a governmental, non-governmental or private organization or institution is going to deliver a baby, such an employee shall get the obstetric care leave with remuneration for **fifteen days** before or after delivering the baby.
- If complicated surgery is to be conducted as per the opinion of the specialist doctor due to morbidity, the governmental, non-governmental or private organization or institution shall have to provide the woman working in its office with an additional leave with pay for a maximum of **thirty days** before or after conducting such surgery
- **Obstetric allowance:** The Government of Nepal shall have to provide the extremely destitute woman who delivers baby with obstetric allowance as prescribed

Breastfeeding Intervention - 2

Establishment of Lactation Management Centre

Lactation Management Guideline 2022, MOHP-Nepal – To ensure timely initiation of breastfeeding and promoting breastfeeding practices –

- **Comprehensive Lactation Management Centres (CLMCs)** for donor human milk collection, storage, processing and dispensing for babies admitted in health facilities will be established:
 - In all Federal Level Hospitals in 1st Phase
 - In 7 Provinces at Province-Level Hospitals in 2nd Phase
- **Lactation Management Units (LMUs)** for collecting, storing and dispensing of mother’s breast milk, expressed and stored for consumption by her own baby will be established:
 - In all Hospitals within provinces in 3rd Phase
- **Lactation Support Units (LSUs)** for providing lactation support to mothers at all delivery points
 - In all Birthing Centres across country in 4th Phase
- Developed standardized technical protocols for donor screening and collection, processing, storage and dispensation of human milk including pre-requisite criteria for establishment.

Breastfeeding Intervention - 3

Multi-sector Focus on BF and Capacity Enhancement

- Integration of BF related interventions through Multi-sector Nutrition Plans (MSNP 2013-2017; 2018-2022; and, 2023-2030) steered by National Planning Commission and partnered by government line ministries.
- Government line sectors (Health, Education, Agriculture and Livestock Development, WASH, Local Governance, Women, Children and Social Welfare) are made responsible to address issue of BF in their annual plan of actions to implement activities and budget received from Federal Government.
- MOHP is carrying out orientation training to health care workers across country to enhance their capacity on BF advocacy and Breast Milk Substitutes (Control of Sale and Distribution) Act 1992 provisions for its effective implementation and monitoring of violence. Supervisors are already assigned at District Health Office.
- MOHP is establishing BF corners in each health facilities across country and carrying out Baby Friendly/Nutrition Friendly Initiatives throughout the country.

Breastfeeding Intervention - 3

Multi-sector Focus on BF and Capacity Enhancement

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Recommendations

Technical Support

- External technical support in the implementation of government initiatives for robust knowledge management.
- Opportunity of skill enhancement on advocacy, technical update and carrying out study/research to be provided to government and non-state actors working for BF promotion and counselling.
- Financial support from external development partners to non-government organizations should be made available to independently conduct research and development activities on various aspects of BF promotion in order to generate more evidences and evidence-informed actions.
- Regular and effective monitoring of the status of implementation of The Right to Safe Motherhood and Reproductive Health Act 2018 and regulation 2020 in private sectors by the organization working for the BF promotion.

Breastfeeding Intervention - 3

Interventions That Have Not Worked

- Baby-Friendly Hospital Initiatives in government and private hospital since more than 15 years –
 - Slow or almost in-effective implementation as per protocol of BFHI, no all measures adopted in hospitals due to lack of supervision and monitoring, still limited up to policy paper
- Obstetric Leave Right of Pregnant women at Private Sectors–
 - Limited only in government agencies
 - Long pending ineffective implementation in corporate and industrial sectors due to lack of monitoring from law enforcement entities

Key Points:

1. Obstetric Leave Policy

- Nepal implemented the Right to Safe Motherhood Act, granting obstetric leave with breastfeeding support at workplaces.

2. Lactation Management Centers

- Comprehensive Lactation Management Centers in hospitals focus on human milk collection, storage, and dispensing.
- Proposed Lactation Support Units in birthing centers with training for healthcare workers.

3. Multi-Sector Approach

- Nepal adopts a multi-sectoral approach involving various ministries to address breastfeeding in annual plans.
- The Ministry of Health and Population (MOHP) conducts orientation for healthcare workers and establishes breastfeeding corners nationwide.

4. Challenges and Recommendations

- Challenges include Baby-Friendly Hospital Initiative gaps in private hospitals and limited effectiveness of obstetric leave in private sectors.
- Recommendations include technical support, financial aid for independent research, and monitoring and enforcement of the Right to Safe Motherhood Act.

SAIFRN BANGLADESH

Three Best Interventions in Promoting and Optimising Breastfeeding Practice in Bangladesh



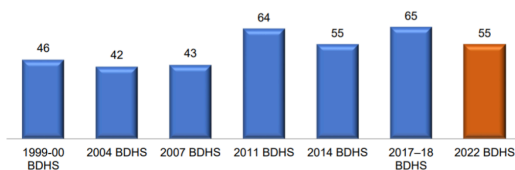
Prof. Dr. S. K. Roy
Chairperson, **BBF**
Bangladesh Breastfeeding
Foundation



TO BOOST UP THE IYCF & MN ACTIVITIES THE HONORABLE PM HAS COME 4 TIMES TO INAUGURATE WBW AND GAVE LANDMARK DIRECTIVES

Trends in exclusive breastfeeding, Bangladesh DHS 1999–2022

Percentage of youngest children under age 2 living with their mother



Impact of PM declaration's in Bangladesh

•The **Govt. of Bangladesh and Nutrition Community** became **aware** of the situation. MOHFW Included IYCF in most of the strategies in the following five year plan (2016-2022) and allocated **13 million USD** for **IYCF activities [MSG, BFHI, Oketani, CF MN & ADN]**.

•**Other Ministries** included **nutrition with IYCF** in their work plan with budget

Intervention-1 through formation of MSG at grass root level

1. **Formation of Mother Support Group (MSG)** with mothers from the community around community clinics and family welfare centre which ensures the participation and practice at the grass root level.
2. **Capacity building of MSG** on importance of breastfeeding, how to solve incorrect position & attachment and different breast problems, importance of khichuri during pregnancy and lactation period, personal hygiene and WASH
3. Each MSG members are act as **local stable resource person** who are conducting court yard sessions and counselling in their area.
4. Neighbors are very happy and they **get easy solution** from the MSG members.
5. It is a **continues process** of receiving services from the **one beneficiary to another. 120,00,000 population has been covered.**



Intervention-2 training of BFHI at all gov. and non gov. HF

1. To help equip the **hospital staff with the knowledge and skill necessary** to transform their health facilities into baby friendly institutions through **implementation of the ten steps** to successful Breastfeeding.
2. **Practice the Ten Steps** to Successful Breastfeeding and abide by the International Code of Marketing of Breast-milk substitutes at all trained hospital.
3. **Supportive supervision** has given by periodic monitoring.
4. **Self assessment** by their hospital system and sent report to NNS, DGHS and BBF
5. **External assessment** has been done
6. **Accreditation** has been given to the 50% hospitals. Total of 1192 hospitals



Intervention-3 Monitoring of BMS Act and its rules and paid maternity leave

Monitoring of BMS Act and its rules

- 1. **Regular monitoring** has been done at hospitals, clinics, market, shops, doctor chambers and media.
- 2. **Violation report has been sent** to NNS, DGHS and BBF (120 cases)
- 3. **Action has been taken**

Paid maternity leave

- 1. Government of Bangladesh has approved **paid maternity leave for 6 months**.



Key Points:

1. Mother Support Groups and Community Involvement

- Trained local members in Mother Support Groups (MSG) addressed breastfeeding challenges through counseling in villages.
- This grassroots initiative, covering 4,000 community clinics, benefited around 12 million people, providing local solutions and community support for breastfeeding.

2. Baby Friendly Hospital Initiative and BMS Act

- Baby Friendly Hospital Initiative (BFHI) implemented in both government and non-government health facilities with training, self-assessment, and monitoring.
- Monitoring of the Bangladesh Breast milk Substitutes (BMS) Act, along with enforcing 6 months of paid maternity leave, played pivotal roles in controlling breast milk substitute marketing and ensuring workplace support for breastfeeding mothers.

SAIFRN
SRI LANKA

Three Best Interventions In Promoting and Optimising Breastfeeding Practices In Sri Lanka

Lanka

- Prof. Upul Senarath's Personal Views

Upul Senarath 12.

Breastfeeding Intervention - 1

Breastfeeding promotion through MCH programme

- **Care during pregnancy**
 - Breastfeeding classes conducted by PHMs
- **Institutional delivery and immediate postpartum care**
 - Early skin-to-skin contact
 - Avoiding prelacteals
 - Supporting mother by trained staff
- **Postpartum care – Breastfeeding counselling**
 - during postnatal clinic visits
 - During postpartum home visits
 - At Child Welfare Clinics

Breastfeeding Intervention - 2

Legislation and policy support

- Sri Lanka Code for the Promotion, Protection, and Support of Breastfeeding
 - Banned infant formula advertising - 1980
 - Relevant provisions in the Code have been circularized for health staff
 - Monitoring for violation of code
- Leave for working mothers
 - Maternity leave
 - Maternity benefits
- Others...
 - National Nutrition Policy, National MCH Policy

Breastfeeding Intervention - 3

BFHI: 10 steps for successful breastfeeding

- Lactation management centers, mother-baby centres at hospital setting - 1992
- Training of health staff on IYCF practices
- IEC material

Interventions That Have Not Worked

Solutions for working mothers in the private and informal sector

- No maternity leave for mothers working in the informal sector
- Varying levels of provision of maternity leave in the private sector
- This has led to the irrational introduction of formula milk, high use of bottle-feeding

Recommendations

- Strengthen implementation and monitoring of the Code
- Provide maternity benefits for the informal sector
- Streamline alternate options for breastfeeding

Key Points:

1. Health System Integration

- Sri Lanka integrated breastfeeding promotion into the Maternal and Child Health (MCH) program.
- Public health midwives conducted breastfeeding classes, ensuring early initiation, skin-to-skin contact, and post-institutional delivery care.

2. Legislation, Policy, and BFHI

- Adopted international code for breastfeeding; banned formula milk advertising
- Implemented legislative measures, including maternity leave for working mothers, and adopted Baby Friendly Hospital Initiative (BFHI) practices in hospitals.

3. Challenges and Recommendations

- Challenges include inadequate benefits for informal sector employees and high rates of bottle-feeding despite exclusive breastfeeding.
- Recommendations include active monitoring and enforcement of breastfeeding-related legislation, providing alternate breastfeeding options for working mothers, and advocating clear guidelines to prevent formula feeding.

SESSION THREE

Panel Discussion on:
Best Practices to Promote Breastfeeding Practices in SAIFRN Countries

Panel Moderators



Dr. Abhay Gaidhane,
Dean, JNMC,
Professor of
Community Medicine,
DMIHER, Wardha,
INDIA



Dr. S. Z. Quazi,
Director, Research &
Development,
Professor of
Community Medicine,
DMIHER, Wardha,
INDIA

Panelists



Dr. Dhammica Rowel,
Public Health
Specialist , UNICEF,
SRI LANKA



Dr. Angela De Silva,
Regional Adviser,
Nutrition and Health for
Development, WHO
Regional Office for
South East Asia



Dr. Bharti Kulkarni,
Head, Division of
Reproductive and Child
Health and Nutrition,
ICMR, New Delhi,
INDIA



Dr. Shobhana Gupta,
Deputy Commissioner,
Ministry of Health and
Family Welfare, New
Delhi, INDIA



Dr. Piyali Bhattacharya,
Paediatrician, Sanjay
Gandhi Post Graduate
Institute Of Medical
Sciences, Lucknow,
INDIA



Dr. Surabhi Sangwai,
Paediatrician and
Lactation Consultant,
Birth & Beyond Clinic,
Nagpur, INDIA



Dr. Shena Bhuyar,
Obstetrician and
Gynaecologist,
Federation of Obstetric
and Gynaecological
Societies of India,
INDIA

UNICEF SRI LANKA

In the panel discussion, **Dr. Dhammica Rowel**, a Public Health Specialist from UNICEF Sri Lanka, emphasized the critical factors that contribute to the success of Sri Lanka's breastfeeding promotion program. She highlighted the robust health system in Sri Lanka, where breastfeeding education has been integrated into the school curriculum, to ensure that both girls and boys are educated about breastfeeding. Antenatal classes for expectant parents, including fathers and grandmothers, are conducted regularly across the country to educate on importance of breastfeeding.

Dr. Rowel noted the hospital policies in Sri Lanka strongly encourage infant breastfeeding within the first hour after birth, and mothers and babies are only discharged when breastfeeding is successfully established. Further, public health midwives and nurses provide postnatal support to mothers. Additionally, lactation management centers also offer assistance to support breastfeeding practices. Sri Lanka's commitment to train hospital staff including doctors, nurses, midwives, and other healthcare professionals, has been a key success factor.

Regarding sustaining these strategies, Dr. Rowel pointed out the comprehensive and systemic nature of these interventions, emphasizing the importance of their integration into the education system and healthcare practices. The commitment to ongoing staff training and dedicated funding for breastfeeding training were identified as crucial elements for the sustained success of these initiatives.

WHO SOUTH EAST ASIA

During the panel discussion, **Dr. Angela De Silva** from WHO SEARO highlighted the negative impact of the COVID-19 pandemic on breastfeeding. The uncertainty surrounding the virus led to misinformation, inadequate support, and a lack of face-to-face assistance, particularly affecting mothers initiating breastfeeding. One effective strategy was the consistent and standard message conveyed by authoritative agencies, emphasizing the importance of breastfeeding and the risks associated with not breastfeeding, especially during the pandemic. This clear communication was disseminated through various channels, including websites, webinars, and position statements, countering misinformation spread by industry and other professionals.

Regarding lessons learned, Dr. De Silva pointed out the need to move rapidly in future emergencies and emphasized the importance of countering misinformation on social media. While there isn't a specific pandemic module planned, existing training modules, such as those for Baby-Friendly Hospital Initiative (BFHI) and Infant and Young Child Feeding (IYCF), are designed to be adaptable and supportive during pandemics.

ICMR INDIA

Dr. Bharati Kulkarni from ICMR identified critical research gaps in breastfeeding promotion in India. While there's understanding of the importance of exclusive breastfeeding and breastfeeding up to 2 years, the challenge lies in implementing policies effectively. Implementation research is crucial. Additionally, there's a lack of understanding regarding women's nutrition during lactation, including how maternal nutrition impacts breast milk quality. Traditional practices, like using specific foods post-delivery, need scientific validation to enhance women's nutrition and improve breastfeeding practices.

Dr. Kulkarni emphasized the importance of qualitative research to understand deeply entrenched cultural practices related to breastfeeding. Breastfeeding beliefs are often transferred from one generation to another, making it essential to explore these practices and social barriers comprehensively. Qualitative research can shed light on these cultural norms and inform the development of effective social behavior communication strategies and informational materials.

MoHFW INDIA

In the panel discussion, **Dr. Shobhana Gupta** from the Ministry of Health and Family Welfare (MoHFW) emphasized the collective responsibility of society in promoting breastfeeding. She stressed the significance of early initiation and exclusive breastfeeding for the first six months, followed by complementary feeding alongside breastfeeding up to the age of two. Dr. Gupta highlighted the pivotal role of stakeholders in this initiative. Starting from the antenatal period, the involvement of family members, health workers, and community networks was crucial. She emphasized the need for continuous efforts, given India's substantial birth rate. Dr. Gupta also acknowledged the importance of legislation, such as the mandatory 6-month maternity leave in government institutions, in supporting breastfeeding mothers.

Moreover, she detailed several programs implemented by MoHFW, such as the 'MAA' program, 'Kilkari', and 'Palan', which target mothers from pregnancy to the first two years of a child's life. These initiatives involve community health workers like ASHA, who play a vital role in educating families and ensure exclusive breastfeeding through regular home visits. Dr. Gupta also mentioned facility-based new-born care programs, emphasizing the importance of tracking growth through growth charts and maternal-child protection cards. In summary, Dr. Gupta highlighted the multi-faceted approach employed by MoHFW, involving various stakeholders and community-based initiatives, to ensure the promotion and sustenance of breastfeeding practices in India.

IAP INDIA

Dr. Piyali Bhattacharya emphasized the vital role of Human Milk Banks (HMBs) in saving lives, especially for vulnerable infants. She highlighted the uniqueness of mother's milk for human babies, emphasizing its nutritional superiority. HMBs serve as a crucial alternative source for breastfeeding when mothers are unable to provide milk due to various reasons, such as illness or work-related challenges.

Regarding working mothers, Dr. Bhattacharya stressed the importance of addressing breastfeeding-related issues with employers before returning to work. She advocated for clear written policies and anti-discrimination policies in the workplace. Maternity leave, consistent pumping schedules, and designated spaces for breastfeeding or expressing milk were highlighted as essential support mechanisms. Dr. Bhattacharya also discussed awareness campaigns, educational programs, and dispelling myths as key interventions to support working mothers in their breastfeeding journey.

IAP INDIA

Dr. Surabhi Sangwai highlighted several challenges in promoting Early Initiation of Breastfeeding (EIBF) and Exclusive Breastfeeding (EBF) in India. These challenges included a lack of education for mothers and families during the antenatal period, absence of dedicated lactation support professionals, issues with OT scrubs hindering breastfeeding, and traditional myths discouraging colostrum feeding. The barriers were exacerbated by a high rate of Caesarean section deliveries and the prevalence of feeding substitutes.

To address these challenges, Dr. Sangwai proposed solutions such as strong antenatal breastfeeding education, modifying OT scrubs, and fostering adequate communication between healthcare professionals. She emphasized the need for more lactation support professionals and the importance of implementing existing regulations like the Infant Milk Substitute (IMS) Act, which has not been widely popularized among healthcare professionals. Dr. Sangwai urged for stricter regulations to combat negative influences from formula milk industries and media, stressing the importance of implementing and enforcing these rules to protect breastfeeding practices. She also highlighted the need for a reporting system to ensure the proper implementation of the IMS Act.

FOGSI

INDIA

Dr. Shena Bhuyar from FOGSI (Federation of Obstetric and Gynaecological Societies of India) discussed the challenges faced in promoting Early Initiation of Breastfeeding (EIBF) and Exclusive Breastfeeding (EBF). Despite training workshops, there was a reported lack of involvement from obstetricians in preparing pregnant women, their husbands, and families during antenatal visits regarding EIBF and EBF. Dr. Bhuyar emphasized the need for sensitizing obstetricians and reminding them of their role in promoting breastfeeding. FOGSI conducted various initiatives, including sensitization programs, paramedic training, awareness campaigns, and e-conclaves, reaching out to thousands of healthcare professionals and pregnant women.

FOGSI advocated for a shared responsibility approach, emphasizing the involvement of not just the mother but her entire support system, including family, friends, and healthcare providers, in promoting breastfeeding. Dr. Bhuyar stressed the importance of practical implementation, including practicing what is preached, and highlighted the need for collaborative efforts between FOGSI, public health, WHO, UNICEF, and other organizations to improve breastfeeding rates.

SUMMARY OF WEBINAR

In summary, the webinar *Building Resilience for Breastfeeding Practices* was attended by approximately 140 participants from both within and outside India. This event stands as both a response to the multifaceted challenges confronting breastfeeding and a proactive initiative dedicated to the global well-being of infants and mothers. Through the exchange of knowledge and the encouragement of collaborative efforts, this webinar acts as a guiding light, illuminating pathways for communities and stakeholders. Let's hope that these pathways lead toward sustainable practices that champion breastfeeding, even in the most challenging circumstances.

Contact Us

SAIFRN website: www.saifrn.org

LMRF website: www.lmrf.org.in

Email: lmrfngp@gmail.com

Webinar Report: shilpabhaise.lmrf@gmail.com

