Taking Stock of policies and programmes in 2012. We have to assess the effectiveness of our policies and programmes.

1) We have reviewed the existing policies and programmes. We have identified where improvements can be made.

2) We have identified 20 key areas where improvements need to be made.

3) We have taken action to improve the existing policies and programmes.

4) We have also taken action to make improvements in our practices.

In 2012, we achieved a 7% increase in policy effectiveness. We have also taken action to improve the effectiveness of our policies and programmes.

1) We have updated our guidelines:

   a) We have updated our guidelines for infant and young child feeding. National guidelines on infant and young child feeding.

   b) We have also updated our guidelines for maternity leave.

   c) We have updated our guidelines for medical officers/Supervisor/Anganwadi Worker/Helper and ANM/CDPO guidelines.
2) അവസ്ഥയില്ല 2,3,5,6 ലിംക്കേഡ് ബിരുദ മാതാവിന് മറ്റു നിലയിൽ ഉണ്ടാക്കിയിട്ടാണ് പ്രവര്‍ത്തിക്കുന്നത്. നിലയില്ല എത്യടുസിറ്റിയും വിവാഹം കൂടാതെ പരിശീലനചാര ക്കാറില്‍ പാടാളും വിവാഹത്തെ വൈറ്റ് ഹൃദ്യ്തീയമാണ്‌. പിന്നീട് നിരത്തിക്കാന്‍ Infant milk substitute feeding bottles and infant foods (Regulation of production supply and distribution) Act 1992 അന്ന് മാതാവ് പ്രവര്‍ത്തിക്കുന്ന വിശ്വസിച്ച് മനസ്സിലാക്കുന്നു. 6 അവസ്ഥയില്ല വൈറ്റ് പ്രവര്‍ത്തിക്കുന്ന എത്രയ്ക്ക് മാതാവ് കണ്ടെത്താൻ കഴിയും എന്നാണ്‌. അവിടെ എങ്കിലും വിവാഹത്തെ വൈറ്റ് മാതാവ് വൈറ്റ് ആദ്യമായി അതേ സമയം നിലയില്ല എത്യടുസിറ്റിയും. അവസ്ഥയില്ല മനസ്സിലാക്കുന്നു 2006-ഓട് മുന്നോട്ട് സഞ്ചയിച്ച് 2 മുന്നോട്ട് വൈറ്റ് വൈറ്റ് പ്രവര്‍ത്തിക്കുന്ന എത്രയ്ക്ക് വൈറ്റ് അദ്ധ്യോപാധിയായി മാതാവ് മനസ്സിലാക്കുന്നു. അവിടെ സ്വദേശി മുന്നോട്ട് വൈറ്റ് വൈറ്റ് പ്രവര്‍ത്തിക്കുന്നു എത്രയ്ക്ക് പോലുള്ള വൈറ്റ് സഞ്ചയിച്ച് രേഖകളും പാലിക്കാന്‍ മനസ്സിലാക്കുന്നു. അവിടെ സ്വദേശി മുന്നോട്ട് വൈറ്റ് വൈറ്റ് പ്രവര്‍ത്തിക്കുന്നു Breast feeding week-ുടെ മനസ്സിലാക്കുന്നു മനസ്സിലാക്കുന്നു. അവിടെ സ്വദേശി മുന്നോട്ട് വൈറ്റ് മാതാവ് മനസ്സിലാക്കുന്നു എത്രയ്ക്ക് മനസ്സിലാക്കുന്നു. മ്യൂസിക് ടെയ്‍ലറാണ്‌ എന്നാണ്‌ പഴയ്മേഖലകളിൽ യാക്ക് മനസ്സിലാക്കുന്നു.
 IMS Act.


(2) 30-7-12

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World Breastfeeding Week

Objectives:
- To mobilise the world to the potential for saving ONE million babies starting with ONE simple action: allowing the baby to initiate breastfeeding in the first hour of life
- To promote immediate skin-to-skin contact of the mother and baby and continuing with exclusive breastfeeding for six months
- To encourage ministers of health and other authorities to include the initiation of breastfeeding in the first hour as a key indicator for preventive health
- To ensure that families know how important a baby’s first hour is, so that they can make sure that their babies are given this opportunity
- To support the newly revised and revitalised Baby Friendly Hospital Initiative (BFHI), with its emphasis on integration and expansion, and on the early initiation of breastfeeding.

“It begins at birth. Our very first act after birth is to suck our mother’s…milk. This is an act of affection, of compassion. Without that act, we cannot survive. That’s clear...That’s the way of life. That’s reality.”


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[PHOTO CAPTION]
In the first hour of life, a baby finds her mother’s breast. Together they can do it on their own, when we respect maternal/infant physiology as we provide expert maternal child care. This is the beginning of a life-sustaining breastfeeding relationship between mother and child.

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The Remarkable First Hour of Life
When healthy infants are placed skin-to-skin on their mother’s abdomen and chest immediately after birth, they exhibit remarkable capabilities. They are alert. They can crawl, stimulated by mother’s gentle touch, across her abdomen, reaching her breast.13 They begin to touch and massage the breast. This first gentle touch of a baby’s hand or head at the breast stimulates release of maternal oxytocin,9 thus beginning both the flow of milk and enhancing the feelings of love for the baby. Then the baby smells, mouths and licks the mother’s nipple. Finally, he or she attaches to the breast and feeds. This sequence of events is important for the survival of human young.

Although many authors describe these normal infant behaviours,7,13 we are just now discovering the importance of providing the opportunity for a mother and baby to have the experience. For the first time, researchers have assessed the effect of the timing of the first breastfeed on newborn mortality – showing that mortality may be less if infants start to breastfeed in the first hour. (See Research Bulletin box)

Optimal breastfeeding
The WHO/UNICEF Global Strategy for Infant and Young Child Feeding recommends that children breastfeed exclusively for the first 6 months of life, and then continue breastfeeding with adequate complementary food up to 2 years or beyond. Normal initiation of breastfeeding in the first minutes to first hours of life begins with skin-to-skin contact, and helps mothers and infants to achieve optimal breastfeeding. This is required in the BFHI, specifically in Step 4 of the WHO/UNICEF 10 Steps to Successful Breastfeeding.

**Breastfeeding Rights**
The *Convention on the Rights of the Child* recognises that every child has the inherent right to life and aims to ensure their survival and development. Breastfeeding within the first hour after delivery helps to ensure child survival. Women have a right to this knowledge and to receive the support that they need to initiate breastfeeding accordingly.

**Why is skin-to-skin contact after birth and breastfeeding within the first hour of life so important?**

1. The mother's body helps to keep the baby appropriately warm, which is especially important for small and low birth weight babies.4

2. The baby is less stressed, calmer and has steadier breathing and heart rates.7

3. The baby is exposed first to the bacteria from the mother which are mostly harmless, or against which the mother's milk contains protective factors. The mother's bacteria colonise the baby's gut and skin and compete with more harmful bacteria from health providers and the environment, and so prevent them from causing infection. 5

4. **The baby receives colostrum for the first feeds – liquid gold, sometimes called the gift of life.**
   - Colostrum is rich in immunologically active cells, antibodies and other protective proteins. Thus it serves as the baby's first immunization. It protects against many infections. It helps to regulate the baby's own developing immune system
   - It contains growth factors, which help the infant's intestine to mature and function effectively. This makes it more difficult for micro-organisms and allergens to get into the baby's body
   - It is rich in Vitamin A, which helps protect the eyes and reduce infection
   - It stimulates the baby to have bowel movements so that meconium is cleared quickly from the gut. This helps get rid of the substances in the baby's body that produce jaundice and therefore may help reduce it
   - It comes in small volumes, just right for the new baby.

5. Touching, mouthing and suckling at the breast stimulates oxytocin release – this is important for many reasons:
   - Oxytocin causes the uterus to contract. This may help delivery of the placenta and reduce maternal bleeding after the birth 10
   - Oxytocin stimulates other hormones which cause a mother to feel calm, relaxed, and some would say “in love” with her baby 9
• Oxytocin stimulates the flow of milk from the breast.

6. Women experience incredible joy with this first meeting of their child! And fathers often share this delight. The process of bonding between mother and baby begins.

Overall, skin-to-skin contact and early feeds with colostrum are associated with reduced mortality in the first month of life. They are also associated with increased exclusive breastfeeding and longer duration of breastfeeding in the following months, leading to improved health and reduced mortality later on as well.\textsuperscript{6,12}

Is normal breastfeeding initiation in the first hour all that is needed to guarantee continued exclusive breastfeeding?
Absolutely not! Mothers need continued support to breastfeed exclusively for 6 months. The family, health workers, traditional healers and others in the community are all important contributors to their network of support. Health providers, health visitors and others need clinical training in assessment of breastfeeding, identification of problems, as well as knowledge and skills for helping the mother to resolve difficulties. Follow-up by a health worker within 48-72 hours after the birth, again after one week, and at appropriate times thereafter provides the opportunity to intervene early if there are problems, as well as to reassure the mother when things are going well.

Implementation of the newly revised and revitalised BFHI with its \textit{10 Steps to Successful Breastfeeding} along with adherence to The International Code of Marketing of Breast-milk Substitutes and Subsequent World Health Assembly Resolutions provide the support structure needed to protect, promote and support optimal breastfeeding.

Policy Matters
We do not know how many babies experience skin-to-skin contact and initiation of breastfeeding in the first hour of life.

\textit{The 10 Steps for Successful Breastfeeding} as embodied in the BFHI includes a step that calls for helping a mother to initiate breastfeeding within the first half hour of life. The newly revised BFHI materials clarify this step to indicate the need for immediate skin-to-skin contact and ongoing support to achieve breastfeeding within the first hour. We now understand that all babies should have skin to skin contact immediately after birth and the opportunity to breastfeed as soon as they show readiness to do so.

Other steps increase the likelihood of continued exclusive breastfeeding: help the mother to position and attach the baby at the breast; keep them together after delivery; encourage feeding on infant’s cue (demand feeding); avoid the use of artificial teats or pacifiers; and avoid any other food or drink unless medically indicated. In Baby-Friendly hospitals, rates of breastfeeding initiation, exclusive breastfeeding and duration of breastfeeding are improved.\textsuperscript{6,12} Policy matters.
BOX: #1 Research Bulletin
IF BABIES BREASTFED WITHIN THE FIRST HOUR, 1 MILLION LIVES MIGHT BE SAVED

Researchers in rural Ghana, where early initiation of breastfeeding was not the norm, found that babies who started to breastfed in the first hour of life were more likely to survive the neonatal period than those who did not (Edmond et al, 2006).

• Babies who did not start breastfeeding until after 24 hours of age were 2.5 times more likely to die than babies who started within the first hour of life, whether they were partially or exclusively breastfed.
• 30% of babies in the study were fed solids or other milk before one month of age
• These infants were 4 times more likely to die than babies who were exclusively breastfed

Conclusions:
For rural Ghana:
• 16% of newborn deaths could be prevented if newborns were breastfed exclusively from day one
• 22% of newborn deaths could be prevented if newborns initiated breastfeeding within one hour of birth.


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BOX#2 How to Initiate Breastfeeding in the First Hour of Life\textsuperscript{1,7,11}

1. Provide appropriate, culturally sensitive and supportive labour companionship to mothers
2. Encourage non-pharmacologic measures to help support women through labour (massage, aromatherapy, water injections, movement)\textsuperscript{5}
3. Allow delivery to occur in the position preferred by the mother\textsuperscript{7}
4. Dry the baby quickly, preserving the natural white cream (vernix) that soothes a baby’s new skin
5. Place the baby naked skin-to-skin on mother’s naked chest, facing her, and cover them together
6. Allow the baby to seek the breast. The mother will stimulate the baby with her touch and may help position the baby closer to the nipple (Do not force the baby to the nipple)
7. Keep the baby skin-to-skin with the mother until the first feeding is accomplished and as long as she desires thereafter
8. Women who have surgical births should also have their infants skin-to-skin after delivery
9. Delay intrusive or stressful procedures. The baby should be weighed, measured, and given preventive medications AFTER the feed\textsuperscript{1,11}
10. No pre-lacteal liquids or feeds should be given unless there is a clear medical indication\textsuperscript{1,11}
BOX #3 Mistaken Beliefs: Barriers to Normal Breastfeeding Initiation

1. Colostrum is not good, or even dangerous for babies. NO!
Colostrum is essential for normal growth and development:
- First immunization - protects against intestinal and other infections
- Purgative to reduce severity of jaundice

2. Infants need special teas or other fluids before breastfeeding. NO!
Any pre-lacteal feeds (feed given before breastfeeding has started) increase the infant’s risk of infection, reduce the likelihood of exclusive breastfeeding and shorten the duration of breastfeeding.

3. Babies will not get enough food or fluid with only colostrum and breastmilk. NO!
Colostrum is sufficient for a baby’s first feeds. It is normal for a newborn to lose 3-6% of birth weight. They are born with a store of water and sugar in their bodies to use at this time.

4. Baby will get too cold. NO!
Babies are at safe temperatures when skin-to-skin with their mothers. Amazingly, the mother’s breast temperature rises 0.5 degrees C within 2 minutes of having the baby on her chest.

5. Mothers are too exhausted after labour and delivery to feed their baby immediately. NO!
The surge of oxytocin that comes with skin-to-skin contact and breastfeeding helps to calm a mother after the birth of her baby.

6. It is very important to suction the baby’s mouth, nose, and oropharynx before the first breath to prevent inhaling birth fluids, especially if the baby had a bowel movement during the labour. NO!
Suctioning the normal healthy newborn does not reduce the occurrence of meconium aspiration, and may injure the tissue of the mouth, throat or vocal cords. Gastric suction also interferes with breastfeeding.

7. Vitamin K and medication to prevent gonorrhea eye infection must be given immediately after birth. NO!
The American College of Obstetrics and Gynaecology and the Academy of Breastfeeding Medicine state that these important preventive measures can be delayed for as long as an hour, until after the baby has breastfed, without risk to the infant. They should not in any case require separation of mother and baby.

8. Women require pharmacologic intervention to cope with the pain of labour. NO!
Use of labour analgesia/anaesthesia may sedate the baby, hindering breast-seeking behaviour and delaying initiation of breastfeeding for hours or days. Use of complementary therapies including having a companion during labour help women to cope with the pain, and the obstetric outcome may be improved.

9. It requires too much work and time to help the mother during this time. NO!
While the baby is on the mother’s chest, the birth attendant can continue to do the usual assessment of mother and baby or other duties. The baby will find his or her own way to the breast.
MAP CENTRE PAGE

Title: Countries that Track Initiation of Breastfeeding within ONE Hour

Key:
No colour: Data was not reported
Red: Below 29%
Yellow: 30-49%
Blue: 50-89%
Green: 90% and above

Note: It is important to include the timing of first breastfeeding as an indicator of best practices. However, very few countries do so. Of the 60 countries with the highest rates of malnutrition, only 38 reported the frequency of initiating breastfeeding in the first hour of life.

BOX: #4 Does skin-to-skin contact matter for women who are HIV positive?

Even women for whom replacement feeding is Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS), and who choose not to breastfeed, should have skin-to-skin contact with their babies. These mother-infant couples are particularly vulnerable. Skin-to-skin contact provides a special closeness, beginning the mother-child relationship.

If conditions are not AFASS, it is very important for mothers and infants to have skin-to-skin contact immediately after birth and to start breastfeeding in the first hour. For these babies, exclusive breastfeeding carries a lower risk of mother to child transmission of HIV than mixed feeding.

Remember: for women of unknown HIV status, exclusive breastfeeding is recommended.


BOX #5
Help Achieve Important Millennium Development Goals (MDGs): Facilitate breastfeeding in the first hour of life

At the United Nations Millennium Summit in September 2000, world leaders agreed on critical goals related to child mortality and hunger. Many of the poorest nations are lagging behind in reaching these MDGs. Initiating breastfeeding in the first hour can help achieve MDG #1 and #4. This was reconfirmed at the UN Standing Committee on Nutrition in 2003, where those assembled called for a global indicator for early initiation of breastfeeding.

MDG #1: Eradicate extreme poverty and hunger - reduce by half the proportion of people who suffer from hunger

Starting to breastfeed in the first hour of life is associated with increased rates of exclusive breastfeeding and longer duration of breastfeeding. This contributes significantly to meeting
children's nutritional needs during the first two years of life, thus preventing malnutrition and stunting which usually have their origin at this age.

**MDG #4: Reduce child mortality - reduce by two-thirds the mortality rate among children under five**

Most child deaths are caused by diarrhoea and respiratory illness, which are more common and more serious with suboptimal breastfeeding. About 40% of the deaths occur in the first month of life, which is a major barrier to attaining this MDG. Breastfeeding in the first hour could reduce newborn deaths (see Research Bulletin box) and increasing optimal breastfeeding could reduce overall child mortality.


**ACTION IDEAS:**

Initiation of breastfeeding within the first hour of life has the potential to make a major contribution to the health of the world's children. It can significantly contribute to meeting MDG #1 and #4. Policy changes that encourage promotion of timely breastfeeding initiation must improve locally and globally.

For hospitals and maternity facilities
- Assess birthing sites - what are the barriers to normal breastfeeding initiation? Develop action plans to address any barriers that are identified
- Encourage all facilities to keep records on whether or not initiation proceeds in the first hour
- Carry out monthly "rounds" on early breastfeeding initiation to consider what can be done programmatically and practically to improve the rates
- Implement the newly revised BFHI materials
- Review the impact of birthing practices on breastfeeding initiation so that disruptive practices can be modified.

For health workers
- Teach birth attendants in health facilities and in the community how to facilitate breastfeeding initiation in the first hour
- Review curricula of health providers and traditional birth attendants related to labour, birth and breastfeeding to assure that information about this important step is included
- Support at least ONE mother a day!

For family and community members
- Provide education to families regarding the importance of breastfeeding during pregnancy and soon after birth. Include grandmothers and other influential family members in this discussion
- Identify the natural community leaders and communicators as persons who can bring this message to every woman and man, young and old, to support mothers in breastfeeding initiation and exclusive breastfeeding
- Enlist the popular press in bringing the message to the people. Give ONE coverage per month for breastfeeding!
WBW 2012

Category [ ] Individual [ ] Organization

(Please tick)

Reporting Format for World Breastfeeding Week 2012 Celebrations

Activities completed during the World Breastfeeding Week (1-7 August 2012)

Theme: "Taking Stock of Policies and Programmes!"

Name: ___________________________ Organization: ___________________________

Address: ___________________________ Town: ___________________________

District: ___________________________ State: ___________________________ Pin Code: ___________________________

Phone: ___________________________ Fax: ___________________________ Email: ___________________________

Details of the Activities

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Number of Person attended ________ Target Group ______

Material Distributed ___________________________

Do you think the activities organised by you would have impact on the people? [ ] Yes [ ] No

If yes, please specify the type of impact (add extra page, if needed)

Please specify the problems/challenges faced by you in communicating the messages on optimal feeding practices and organising the activities. (add extra page, if needed)

Please send supporting photographs and other informational material of these activities.

Kindly post / courier this form with supporting documents latest by 30.9.2012 to:

Breastfeeding Promotion Network of India (BPNI), BP-33, Pitampura, Delhi 110 034. Tel: 011-27343608, 42683059, Tel/Fax: 011-27343606. E-mail: bpni@bpni.org