

# PROMOTING **exclusive** BREASTFEEDING

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## DEFINITION OF EXCLUSIVE BREASTFEEDING

- Exclusive breastfeeding means giving your baby only breast milk with no supplementary feeding of any type (no water, juice, animal milk, and solid foods) except for vitamins, minerals, and medications prescribed by a doctor or healthcare worker when medically indicated.

## BENEFITS OF BREASTFEEDING to the baby:

"The benefits of breastfeeding are well recognised for both infant and mother. Breastfeeding has profound impact on child's survival, health, nutrition and development - and we have known this for decades. These benefits will obviously be lost when formula feeding is given," said Health Minister Aaron Motsoaledi before halting the provision of provision of formula milk by state hospitals and clinics to mothers for their newborn babies. The Department of Health believes almost all mothers can breastfeed successfully.

### How does breastfeeding benefit my baby?

Breastfeeding contributes significantly to the survival and good health of babies.

### Key benefits of breastfeeding are:

- Your baby gets all the nutrients he/she needs to grow and develop healthily for the first six months. From six months up to a year breast milk continues to provide most of the nutrients your baby needs.
- Breast milk contains antibodies that help strengthen your baby's immune system providing protection against

common illnesses such as diarrhoea and pneumonia.

- Breastfed babies are less likely to have respiratory and middle-ear infections than formula fed babies.
- Breast milk contains special properties that keep the gut lining strong which helps in reducing chances of infection.
- Colostrum (the first milk the breast produces) is regarded as the first immunisation. This milk is rich in protective substances and is vital to protect your baby from various infections. Your baby cannot get these protective substances from any other food (even from the most expensive infant milk formula).

- Breast milk is readily available and does not need to be prepared.
- Breastfeeding promotes bonding between you and your baby.

- Breastfeeding is the natural way to feed your baby and the best gift you can give your baby.
- Breastfeeding contributes to a lifetime of good health. Adults who were breastfed as babies have a lower risk of developing chronic diseases of lifestyle such as obesity, coronary heart disease and Type 2 diabetes.

- Breastfeeding contributes to child survival. Globally, malnutrition has been responsible, directly and indirectly, for up to 60% of the 10.9 million deaths annually among children under five. Over two thirds of these deaths are associated with inappropriate feeding practices and lack of optimal breastfeeding.

According to the WHO breast milk is the ideal food for newborns and infants. It gives infants all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses - such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate sustenance.

### Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adults who were breastfed as babies often have lower blood pressure and lower cholesterol, as well as lower rates of overweight, obesity and type-2 diabetes. There is evidence that people who were breastfed perform better in intelligence tests, says the WHO.

## BREAST IS BEST

This week South Africa joins in the 20<sup>th</sup> annual World Breastfeeding Week. It is celebrated in more than 170 countries to encourage breastfeeding and improve the health of babies around the world.

The annual celebration is the brainchild of the World Alliance for Breastfeeding Action (WABA), which launched the World Breastfeeding Week campaign to

focus and facilitate actions to protect, promote and support breastfeeding.

Since then the week has focussed attention on various breastfeeding issues. While the rest of the world will this year focus on the implementation of the Global Strategy for Infant and Young Child Feeding (GSIYCF) which was adopted by the World Health

Organisation (WHO) and UNICEF twelve years ago, South Africa is concentrating on breastfeeding and HIV positive mothers.

According to WABA, implementing the Global Strategy effectively has been essential to increase breastfeeding rates: especially exclusive breastfeeding for the first six months, and to reach Millennium Development Goal 4 which aims to reduce under five mortality by two thirds.

## BENEFITS OF BREASTFEEDING to the mother:

### Does breastfeeding benefit the mother?

- Yes, breastfeeding is known to reduce the risks of breast and ovarian cancer later in life and helps women return to their pre-pregnancy weight a lot quicker.
- Mothers who breastfeed exclusively and whose menstrual cycle has not resumed, have about 98% protection against falling pregnant soon after delivery. This is, however, only achieved if the mother feeds on demand day and night. It is important for mothers to know that contraceptives may safely be used while breastfeeding and will give the mother an opportunity to regain her optimal health after delivery.
- It is important that a mother discuss contraception with a healthcare provider.

Breastfeeding also benefits mothers, says the WHO. "The practice when done exclusively is associated with a natural (though not fail-safe) method of birth control (98% of protection in the first 6 months after birth). It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity."

### Support for mothers is essential

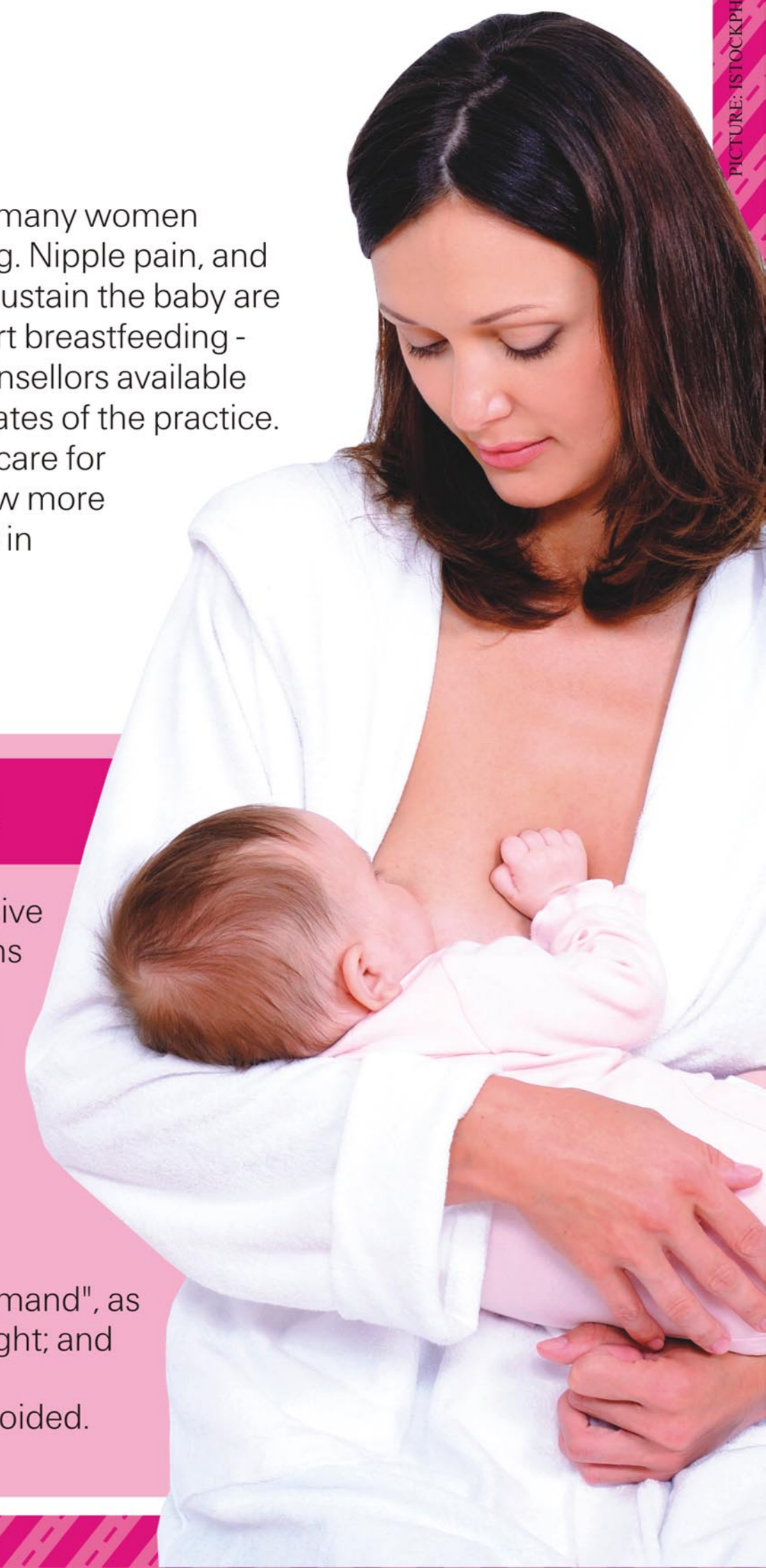
Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding - by making trained breastfeeding counsellors available to new mothers - encourage higher rates of the practice. To provide this support and improve care for mothers and newborns, there are now more than 20 000 "baby-friendly" facilities in 152 countries thanks to a WHO-UNICEF initiative.

### WHO recommends

WHO strongly recommends exclusive breastfeeding for the first six months of life. At six months, other foods should complement breastfeeding for up to two years or more.

In addition:

- breastfeeding should begin within an hour of birth;
- breastfeeding should be "on demand", as often as the child wants day and night; and
- bottles or pacifiers should be avoided.



PICTURE: ISTOCKPHOTO



# PROMOTING **exclusive** BREASTFEEDING

## Encouraging all mothers to breastfeed including mothers who are HIV positive

International research has shown that an HIV-infected mother can pass the infection to her infant during pregnancy, delivery and through breastfeeding. Antiretroviral (ARV) drug interventions to either the mother or HIV-exposed infant reduces the risk of transmission of HIV through breastfeeding. Together, breastfeeding and ARV interventions have the potential to significantly improve infants' chances of surviving while remaining HIV uninfected. WHO recommends that when HIV-infected mothers breastfeed, they should receive ARVs and follow WHO guidance for breastfeeding and complementary feeding.

2 types of HIV positive mothers: – those who were taking ARV's their babies don't need to take ARV's. THEN those who found out when they are already pregnant that they are infected their babies need to take ARV'S (PROFILACTIC).

### Breastfeeding & ARVs

- Exclusive breastfeeding reduces the risk of HIV transmission compared to mix feeding (mix feeding means breastfeeding and also giving other milks or foods).
- The mother or the baby must be on ARVs (an antiretroviral medicine) whilst the baby is being breastfed.
- Your health worker will give you an ARV medicine for your baby that you should give every day for six weeks. Discuss with your health worker about the ARV medication. The ARV medicine reduces the chance of your baby getting HIV.
- If you are on lifelong ARVs you can stop giving the baby the ARVs after six weeks. Continue breastfeeding until your baby is twelve months old.
- If you are not on lifelong ARVs you should continue giving the ARV medication to the baby for as long as the baby is receiving any breast milk (and for one week after breastfeeding is stopped. Continue breastfeeding until your baby is twelve months old.
- If the baby is HIV positive then it is best to exclusively breastfeed for six months, start complementary feeds and continue breastfeeding for two years or longer. The baby should also be started on lifelong Antiretroviral treatment (ART).

## Mothers who are working

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their work to continue breastfeeding. Enabling conditions at work can help, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks.

There are many web-based guides about what to do when you return to work and want to continue breastfeeding.

### Why should I carry on breastfeeding?

Going back to work may be the first time you have been separated from your baby for long periods. It can be a difficult time for you and your baby. Continuing to breastfeed is one way to maintain the close relationship you have built up, providing your baby with extra comfort and security. Mothers who feel unhappy about leaving their baby when they return to work often find that continuing to breastfeed helps them to cope better.

### How long should breastfeeding continue?

Because of the health benefits of breastfeeding, health professionals recommend that you should breastfeed exclusively for at least the first six months (this means that the baby doesn't need any food or drink other than breastmilk for this period). After that, the scientific evidence is that the longer you can continue breastfeeding (while also introducing your baby to solid food), the greater

## Complimentary breastfeeding after 6 months

### Why should complementary foods only be introduced after six months?

- Other foods do not provide all the important nutrients found in breast milk. This may result in inferior food or fluid replacing breast milk which could affect your baby's growth and development.
- The food may be contaminated with germs that could cause diarrhoea or other illnesses.
- Foods like porridge, water, tea, juice, and milk formula during the first six months may damage the baby's young intestines and make it easy for infections (including HIV) to enter the baby's body. Breast milk has substances that protect the baby's sensitive gut lining for the first six months.
- Other foods will fill up the baby's small stomach and the

ongoing health benefits for you and your baby. In some cases, prolonged breastfeeding may be a necessity, for example, if your baby is allergic to formula or cow's milk. In any event, remember that any length of breastfeeding will have benefited you and your baby.

### How can I continue breastfeeding once I go back to work?

There are various ways in which you can combine breastfeeding with going back to work:

- If there is a workplace nursery or other childcare very close to your workplace, you may be able to visit your baby during the working day and breastfeed normally.
- If you cannot visit your baby during the working day, you can express breastmilk.
- You may decide to partially breastfeed, which means that you breastfeed your baby when you are at home but the baby is given formula milk while you are at work.

### How do I go about Expressing milk at work?

Just as breastfeeding is a skill to be learnt, so is expressing breastmilk. Most people find that it takes a bit of practice so it is advisable to start before you actually return to work. You can get practical advice from your health practitioner or local clinic. You will also need to talk to your employer about where you can express milk and when.

baby will not breastfeed frequently resulting in less milk being produced. Milk is produced on demand - the more the mother breastfeeds, the more milk is produced.

### When should breastfeeding stop?

**HIV-negative mothers** should breastfeed their babies exclusively for six months. From six months the baby can be introduced to complementary foods while breastfeeding continues until two years of age or beyond. When the mother decides to stop breastfeeding, she should do so gradually.

**HIV-positive mothers** should breastfeed exclusively for six months, and introduce complementary foods from six months. Breastfeeding should continue until 12 months while taking antiretroviral treatment (ART). After 12 months the mother should wean her baby over a period of a month while administering infant ARV prophylaxis. Her baby must continue to receive ARV prophylaxis for one week AFTER breastfeeding has stopped.

## THE TSHWANE DECLARATION OF SUPPORT FOR BREASTFEEDING IN SOUTH AFRICA

We, the participants of the National Breastfeeding Consultative Meeting, including Minister of Health, Deputy Minister of Health, MEC'S, DG'S, HOD'S, health managers and workers, experts, academics, traditional leaders and traditional health practitioners, NGOs, civil society, UNICEF and WHO, held at the St George Hotel, Gauteng on the 22nd and 23rd of August 2011.

### Concerned that:

- Infant and child mortality rates in South Africa remain unacceptably high and the Millennium Development Goals (MDGs) target of reducing the rate of under five mortality by 2/3s may not be achieved;
- Breastfeeding rates in South Africa, and especially exclusive breastfeeding rates, remain very low;
- Breastfeeding practices have been undermined by aggressive promotion and marketing of formula feeds, social and cultural perceptions and the distribution of formula milk in the past to prevent Mother To Child Transmission (MTCT) of HIV;
- Formula feeding, which is very frequently practiced by mothers in South Africa, increases the risk of death from diarrhoea, pneumonia and malnutrition;

### And nothing that:

- Reducing child mortality is a priority of the Government of South Africa;
- Promoting, protecting and supporting breastfeeding will reduce child mortality and improve the health and development of young children and their mothers;
- Overwhelming scientific evidence demonstrates the benefits of exclusive breastfeeding and continued breastfeeding for all children, including those that are HIV exposed and HIV positive;
- WHO and other international agencies acknowledge the research evidence that anti-retroviral drugs very significantly reduce the risk of HIV transmission through breastfeeding and improve HIV free survival of HIV exposed infants. These data transform the landscape for decision making about infant feeding practices in the context of HIV;
- Promotion, protection and support of breastfeeding

requires commitment and action from all stakeholders including government and legislators, community leaders, traditional leaders and traditional healers, civil society, health care workers and managers, researchers, private sector, employers, women's Sector the media and every citizen;

- Government initiatives aim to achieve universal coverage of essential health services, including maternal, newborn and child health, through initiatives such as the introduction of the National Health Insurance System;
- The Primary Health Care Re-engineering initiative by government, provides an excellent opportunity to support breastfeeding through strengthening of the District Health System, the re-introduction of a school health programme, establishment of ward based health teams and experts;

And therefore commit ourselves and call on all stakeholders to support and strengthen efforts to promote breastfeeding. We specifically resolve:

- South Africa to declare itself as a country that actively promotes, protects and supports exclusive breastfeeding, and takes actions to demonstrate this commitment. This includes further mainstreaming of breastfeeding in all relevant policies, legislation, strategies and protocols;
- South Africa to adopt the 2010 WHO guidelines on HIV and Infant feeding and to recommend that all HIV infected mothers should breastfeed their infants and receive anti-retroviral drugs to prevent HIV transmission. Anti-retroviral drugs to prevent HIV through breastfeeding and to improve the health and survival of HIV infected mothers should be scaled up and sustained;
- National regulations on the Code on Marketing of Breast milk substitutes to be finalised, adopted into legislation within twelve months, fully implemented and outcomes monitored;
- Resources to be committed by government and other relevant bilaterals, partners and funders, but excluding the formula industry, to promote, protect and support breastfeeding including updated guidelines on HIV and infant feeding;
- Legislation regarding maternity among working mothers to be reviewed in order to protect and extend maternity leave, and for measures to be implemented to ensure that all workers, including domestic and farm workers benefit from maternity protection, including enabling work place;
- Comprehensive services are provided to ensure that all mothers are supported to exclusively breastfeed their infants for six months and thereafter to give appropriate complimentary foods and continue breastfeeding up to two years of age and beyond. Mothers with HIV should breastfeed for twelve months according to National guidelines. This will require skilled support by health workers at all levels of the public and private health services including hospitals, primary health care facilities and community based services;
- Human milk banks to be promoted and supported as an effective approach, especially in postnatal wards and neonatal intensive care units, to reduce early neonatal and postnatal morbidity and mortality for babies who cannot breastfeed;
- Implementation of Baby Friendly Health Initiative (BFHI) and Kangaroo Mother Care (KMC) to be mandated such that:
  - All public hospitals and health facilities are BFHI accredited by 2015,
  - All private hospitals and health facilities are partnered to be BFHI accredited by 2015,
  - Communities are supported to be 'Baby Friendly';
- Community based interventions and support are implemented as part of the continuum of care with facility based services to promote, protect and support breastfeeding;
- Continued research, monitoring and evaluation should inform policy development and strengthen implementation;
- Formula feeds will no longer be provided at public health facilities with the following exceptions:
  - Nutritional supplements including formula feeds will be available on prescription by appropriate Healthcare professionals for mothers, infants and children with approved medical conditions.

## BACKGROUND on World Health Organisation - WHO -

The World Health Organisation is the directing and coordinating authority for health within the United Nations system. Established in April 1948, it is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing

technical support to counties and monitoring and assessing health trends. The WHO says on its website: "In the 21<sup>st</sup> century, health is a shared responsibility involving equitable access to essential care and collective defence against transnational threats."

