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Leading Article

How Paediatricians can Promote, Protect and Support Breastfeeding

M Q-K TALUKDER

Background

Breast milk is the gold standard of infant nutrition. Breastfeeding is the gold standard of infant feeding. Breastfeeding provides survival, optimal growth, nutrition and development for infants and young children. It provides life cycle health benefits including the prevention of non-communicable chronic diseases.[1] Incredible advances have taken place in our understanding of the physiology, benefits, protection, promotion and support of breastfeeding.[2] Recognised indicators of successful breast feeding are: to initiate breastfeeding within 1 hour of birth, exclusive breastfeeding for 6 months, continued breastfeeding for 2 years and to start home based complementary feeding from 6 months.[3, 4] Although knowledge, skill and resources are available to prevent and treat malnutrition, tragically the majority of under 5 deaths (80%) occurs in the 1st year of life and are primarily caused by suboptimal breastfeeding – 45% of neonatal infectious deaths, 30% of diarrhoeal deaths and 18% of acute respiratory deaths. [5] Of the 182,936 under 5s who died in 2008 in Bangladesh,[6] there were 75,600 malnutrition deaths (more than 200 a day).[7] Not all these dead children had poor anthropometry indices, but they will have been deprived of recommended IYCF practices. Universal optimal breastfeeding and complementary feeding has the potential to save 35,000 of these children yearly.

The last five Bangladesh Demographic and Health Survey (BDHS) data[8-12] from 1993 to 2007 show that there has not been significant change in exclusive breastfeeding rates nationally and this is reflected in almost static nutritional status and neonatal mortality rates. This is not, however, true of the 109 National Nutrition Programme (NNP) upazilas where, by an intervention of nutrition promotion through the Community Nutrition Promoters (affectionately called Pushti Apas), the neonatal mortality fell to 13 per 1,000 live births[13] in 2007-08 compared to a national figure of 37 in 2007.[12] At the same time infant mortality fell to 22 compared to a national figure of 57 (Fig.-1)

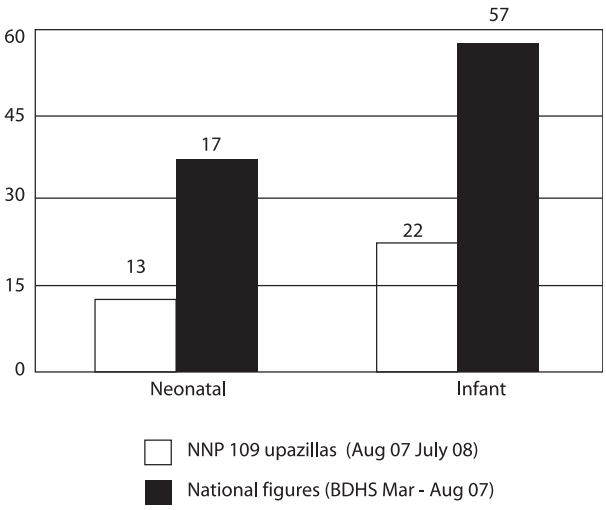

Fig.-1: *Comparison of NNP and national neonatal and infant mortality figures*

In 2007, 73%[14] of NNP mothers breastfed their babies within the first crucial hour of birth compared to a national figure of 43% in the same time period.[12] Similarly the exclusive breastfeeding rate (EBR) below six months of age was also significantly higher in NNP areas (61% compared to 43% nationally). We know from the *Lancet* 2003 Child Survival series[15] and from Karen Edmond's 2006 *Pediatrics* paper from Ghana[16] that these two parameters are the most significant determinants of child mortality reduction in low and middle income countries.

There are now two main reasons for poor breastfeeding rates in this country: a lack of support for mothers to initiate and sustain breastfeeding and secondly the erosion in breastfeeding practices by the violations of the national and international codes for the marketing of breastmilk substitutes by the milk companies.

Former Professor of Paediatric Gastroenterology & Nutrition, IPGMR, Dhaka & Former Director & Professor of Paediatrics, Institute of Child & Mother Health, Matuail, Dhaka

The Bangladesh Paediatric Association is the vanguard of child welfare and Paediatricians thus have a sacred responsibility to protect, promote and support breastfeeding. Our national IYCF strategy[17] for the protection, promotion and support of breastfeeding is based on the 1990 Innocenti Declaration[18], the 2005 Innocenti Declaration on Infant and Young Child Feeding[19] and the Global Strategy on Infant and Young Child Feeding.[20] These strategies underline the importance of a multi-sectoral approach and also emphasise the actions that Paediatricians and Obstetricians need to take to improve breastfeeding practices when evidence based packages of interventions are taken to scale.

Ways forward

The possible ways forward for Paediatricians in the protection, promotion and support of breastfeeding are briefly as follows:

To shun conflicts of interest

A conflict of interest is defined as "a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest.[21] World Health Assembly (WHA) Resolution 58.32 from 2005[22] urges states to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest. This warning about conflicts of interest is expanded to encompass any programme and research grants sponsored by milk companies. Any doctor attending any seminar, symposium or conference by paediatricians or obstetricians sponsored by milk companies is thus implicated in having a conflict of interest as there will always be some incentives offered by milk companies with a motive to boost the sales of their products.[23- 24]

To participate in the Baby Friendly Hospital Initiative (BFHI)

BFHI[25] is a trend setter to protect, promote and support breastfeeding in a country. Paediatricians have an excellent opportunity to be involved in the BFHI through teaching and providing training to the maternity services staff on the 10 steps of successful breastfeeding[26] and see in practice what best can be done to promote, protect and support breastfeeding. The 10th of the 10 steps helping mothers through mother support in the community should be ensured and will be a rewarding experience

To comply with the code for the marketing of breastmilk substitutes

Bangladesh has a legislation[27] based on the International Code for the Marketing of Breast-milk Substitutes.[28-29] Unfortunately there are widespread violations of the BMS code in this country. The present Bangladesh code is a weak one and falls into category 2 according to classification of the International Code Documentation Centre.[30] Instead of looking for its weaknesses we should be guided by morals, ethics and the spirit of the code which has been made for the welfare of children. The International code for the marketing of breast milk substitutes 1981[31] states in article 7.3. states, *"no financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families."* In one of the provisions our national code states "*No person shall promote any breastmilk substitute either by advertisement or by offering or giving gift, prize, discount coupon or other free item or by any other means."* No milk company representative should be allowed to visit health care facilities for any purpose as their ultimate target is to boost the sale of their products.

As Paediatricians we are required by present legislation not to write any prescription of milk products on our pads or distribute any leaflet of these products; neither should we be accepting any sponsorship for seminars, conferences nor attending any meetings organised by the milk companies. Doctors attending "Breastfeeding" seminars organised by milk companies is as ironic as Chest Physicians attending "Cancer Prevention" meetings by cigarette companies.

To counsel mothers to breastfeed

As Paediatricians we have the opportunities to counsel mothers in a group in BFHI settings in hospitals and individually in hospitals and in private practice. A recent meta-analysis[32] suggests that group counselling to promote breastfeeding was associated with increased odds of exclusive breastfeeding in the neonatal period by a factor of 3·9 (95% CI 2·1—7·2, random effects model) compared with routine care and by a factor of 5·2(1·9—14·2) at 6 months compared with routine care. By contrast, individual counselling was estimated to raise the probability of exclusive breastfeeding in the neonatal period by a factor of 3·5 (2·2—5·4) and by a

factor of 1·9 (1·2—3·2) at 6 months compared with routine care. Improved exclusive breastfeeding rates by peer counselling in the community have been clearly demonstrated.[33-35] One of the largest multi-country breastfeeding promotion studies in the community setting with an intervention involving one antenatal and four postnatal peer counselling visits in 82 local communities has been reported in the Lancet in 2011.[36] In all three study countries there were exponential increases in exclusive breastfeeding rate at 24 weeks of age Breastfeeding counselling courses must be arranged for all level of health care providers in maternal child health by the Bangladesh Breastfeeding Foundation in collaboration with the Paediatricians and Obstetricians

To communicate on breastfeeding at all levels

The World Breastfeeding Week 2011 theme was "Talk to me! Breastfeeding – a 3D Experience".[37] The theme in essence is on communication which is essential for protecting, promoting and supporting breastfeeding. We are required to communicate at all levels - with colleagues, students, parents at various times at our work places in hospitals and in clinics on the importance of breastfeeding and to help the mothers to breastfeed properly.

To develop curriculum and teach undergraduates and postgraduates on Infant and Young Child Feeding (IYCF)

As a priority, structured curriculum and teaching for undergraduates and postgraduates in Paediatrics on IYCF is necessary. The WHO has an excellent publication on the subject. [38]

To help the National Nutrition Services (NNS)

The National Nutrition Service has recently been launched for the whole country by the Government terminating the 17 years old National Nutrition Programme (NNP). [39] The NNS has a programme of breastfeeding promotion, protection and support. However nutrition as a subject is largely neglected in medical education and as a result there is no manpower developed who can run the nutrition programmes in the country; this is dangerous to the health of the nation. As Paediatricians are more close to the subject of nutrition we may be proactive to help the National Nutrition Services in all ways that we can with advocacy, teaching, training and research.

Conclusion

One of the best investments for the welfare of children's life and health would be to establish the mother and the child on proper and optimal breastfeeding. This can be achieved by continued commitments and practice of helping the mother-child dyad for successful breastfeeding along with advocacy at all levels.

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