

BREASTFEEDING

Just 10 Steps!

The Baby-Friendly Way

TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk unless medically indicated.
7. Practise rooming in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

WABA 2010

www.worldbreastfeedingweek.org

INTRODUCTION

This Action folder on the Baby-Friendly Way provides background information for advocacy and suggests actions for the health system and community, and at national and global level.



OBJECTIVES FOR WORLD BREASTFEEDING WEEK 2010

JOIN THE WORLD IN BREASTFEEDING ACTION THIS YEAR!

1. Draw attention to the role of the Ten Steps in improving breastfeeding rates.
2. Renew action by health systems, health care providers and communities to make breastfeeding the easy choice for women.
3. Inform people everywhere of the risks of artificial feeding, and the role of breastfeeding for children's development and lifelong health and the health of mothers.
4. Enable mothers to enjoy full support for breastfeeding in health care systems and beyond.



Photos are winners of the World Breastfeeding Week 2010 Photo Contest.



It is time to renew our support of the Ten Steps and for each of us to design the best path along the Baby-Friendly Way!



THE GLOBAL COMMITMENT IN SUPPORT OF THE TEN STEPS¹ and the Baby-Friendly Hospital Initiative (BFHI) that they lead to

The Innocenti Declaration (1990) On the Protection, Promotion and Support of Breastfeeding² outlined what countries should do to support breastfeeding. The signatories pledged to achieve these four operational targets by the year 1995:

1. Appoint a national breastfeeding authority, or coordinator of appropriate authority, and establish a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all of the Ten Steps set out in the joint WHO/UNICEF statement "Protecting, promoting and supporting breastfeeding: the special role of maternity services."
3. Take action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
4. Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement.

These targets were endorsed by the WHO Global Strategy for Infant and Young Child Feeding in 2002, by the second Innocenti Declaration in 2005 and again in 2010 by the 63rd World Health Assembly Resolution on Infant and Young Child Nutrition. The Global Criteria based on the Ten Steps form the basis of the Baby-friendly Hospital Initiative (BFHI) worldwide. In a few countries, nearly all hospitals are baby friendly, and in more than 150 countries some of them are. An estimated 28% of all maternity facilities in the world (about 31% in developing countries) have at some point implemented the Ten Steps. This has contributed to an encouraging increase in breastfeeding rates, despite aggressive commercial promotion of infant formula and feeding bottles. We remain far from the goal of all maternity facilities practising the Ten Steps by 1995, but it is not too late. Now is the time to renew our efforts.

"REPAVING" THE TEN STEPS PATHWAY TO BREASTFEEDING

INNOCENTI DECLARATION 2005:

The Innocenti Declaration 2005 was issued 15 years after the original Innocenti Declaration 1990. Participants called upon individuals, health care professionals, communities, governments and multilateral, bilateral organisations and international financial institutions to ensure that all women can succeed in breastfeeding. Many actions are suggested in the report that could be the focus of our work this year.³

NEW BABY-FRIENDLY HOSPITAL INITIATIVE MATERIALS:

In 2007, UNICEF and WHO completed a set of revised, updated and expanded materials which acknowledge new research and experience, and suggest new approaches. There are five Sections: Background and Implementation; A Course for Decision Makers; A 20-hour Course for maternity staff; Hospital Self Appraisal and Monitoring; and External Assessment. They include chapters on:

- improvement of delivery practices that affect breastfeeding, to become "MOTHER-FRIENDLY"
- adapting the 10 Steps to settings with high HIV prevalence
- guidance on adherence to the International Code of Marketing of Breast-milk Substitutes
- Ten Steps for a Baby-Friendly Community

Action at community level is particularly important, since globally only 56% of women deliver their babies in a health facility, (only 33% in the least developed countries)⁴ and they may be discharged within a day or two. Women need ongoing support in the community whether they deliver in hospital or at home. The steps practised in hospital, even Step 10, are not enough to enable women to sustain exclusive breastfeeding.

BREASTFEEDING-FRIENDLY PRACTICES STEP BY STEP:

Recent studies show that the more of the Ten Steps, the more likely women are to achieve their breastfeeding intentions⁵. Every maternity facility should strive to increase the number of steps they follow, even if they cannot achieve all 10 immediately.



WHY PROMOTE IMPLEMENTATION OF THE TEN STEPS NOW IN 2010?

Research shows that the best feeding option globally is initiation of breastfeeding within the first hour of life, exclusive breastfeeding for a full six months, safe, age-appropriate and adequate complementary foods from six months, and continued breastfeeding through the second year or beyond⁶. Breastfeeding improves short and long term maternal health; and can contribute to the attainment of the Millennium Development Goals (MDGs) 4: REDUCE CHILD MORTALITY and 5 IMPROVE MATERNAL HEALTH (www.un.org/millenniumgoals) to which many countries and agencies are committed.

- UNICEF recently noted that the reduction of child deaths from 13 million globally in 1990 to 8.8 million in 2008⁷ is partly due to widespread adoption of basic health interventions such as early and exclusive breastfeeding..."
- More and more studies show that implementation of the Ten Steps with continued postnatal support contributes to increased breastfeeding initiation and exclusive breastfeeding at the local, national and global levels.^{8,9,10}
- Rates of exclusive breastfeeding have increased in many countries, but there has been stagnation or decrease in some, partly because of reduced political support for the BFHI and poor compliance with the Ten Steps in BFHI certified facilities.¹¹
- Vigorous efforts are needed to implement at scale effective infant feeding strategies, with supportive national policies and legislation, the Ten Steps implemented in all maternity facilities, skilled counselling in all health services which care for mothers and infants, community based support, and communication through multiple channels.

What can we do this year, to make progress on the Baby-friendly Way?

1. **Help friends, colleagues and community to find the Ten Steps path:** Whether you are involved with families, faith-based organisations, schools or the health care system you can stimulate discussion and activities to promote the Ten Steps.
2. **Advocate for change in the health care system:** Find out the status of the BFHI in your country, who is responsible for it, and try to make contact with them. Advocate for the Ten Steps to be standard practice in all hospitals, health centres and primary care programmes.
3. **Create change locally:** Find out what happens to mothers after they leave the maternity hospital, and to those who deliver at home: Are there community midwives, peer counsellors, or breastfeeding groups to support them? Do local health centres provide breastfeeding counselling? What happens when mothers return to work?

4. **Advocate for national and global improvements:** Go beyond the health system and involve people at every level in promoting policies, practices and legislation that support the Ten Steps. Advocate to people in contact with global agencies that now is the time to enable every mother to breastfeed, to help every child to achieve his or her full potential, and to create a future that includes health for all.

TEN STEPS ACTION TABLE

Here are the 10 Steps with ideas for action at the **health system, community, national** and **global levels**. Look at each step and think what you or your organisation might be able to do – starting in this World Breastfeeding Week, and continuing through the year.

STEP	GENERAL	HEALTH SYSTEM	COMMUNITY	NATIONAL/GLOBAL
<p>STEP 1 Have a written breastfeeding policy that is routinely communicated to all health care staff.</p> 	<p>The Ten Steps call for health facilities to have written policies that are displayed for all to read, indicating that staff is committed to implementing them.</p> <p><i>Have a written policy that is regularly communicated with the staff</i></p>	<p>Visit maternity hospitals, health centres and primary care facilities and see if policies covering the Ten Steps are displayed.</p> <p>Ask health service managers if they have developed a policy, and explain how the Ten Steps are now considered “best practice”. Tell them about the new BFHI materials, especially Section 1 on implementation.</p> 	<p>Arrange meetings with community leaders to discuss how to promote baby friendly policies in local maternity facilities.</p>	<p>Call upon Governments to issue a policy directive to integrate the Ten Steps into the standard operating procedures and quality assurance for maternity facilities.</p> <p>Advocate for baby-friendly certification to be part of certification for hospital and health centre quality.</p>
<p>STEP 2 Train all health care staff in skills necessary to implement this policy.</p> 	<p>Training at all levels should address the Ten Steps, breastfeeding counselling, and the International Code.</p> <p>Consider holding regular meetings to discuss the latest evidence.</p>	<p>Advocate for health worker training to include the 10 Steps in pre-service curricula and in-service training.</p> <p>Make sure trainers know about these materials and the internet links for them:</p> <ul style="list-style-type: none"> - WHO Model Chapter on infant and young child feeding; - Breastfeeding Promotion and Support in a Baby-Friendly Hospital, a 20-hour course for maternity staff (Section 3 of the new BFHI materials) - WHO/UNICEF Breastfeeding Counselling: A Training Course; - WHO/UNICEF Infant and young child feeding; An Integrated course; <p>(http://www.who.int/nutrition/publications/infantfeeding/9789241597494/en/index.html)</p>	<p>Advocate for training of peer counsellors and primary care workers to support breastfeeding.</p> 	<p>Educate political leaders about the importance of the Ten Steps in health worker training.</p> <p><i>Train the staff</i></p>
<p>STEP 3 Inform all pregnant women about the benefits and management of breastfeeding</p> 	<p>By the time a baby is born, the new mother must be comfortable about breastfeeding, understand its benefits and what she has to do.</p>	<p>Advocate for breastfeeding information and discussion opportunities to be available for all women, individually and in groups as part of all antenatal care.</p> <p>Talk to women about their care, and learn if they have been informed about the advantages of breastfeeding and the risks of not breastfeeding; about how they will be helped at the time of delivery, how to hold the baby and how to ensure that the baby gets plenty of milk.</p> <p>Make sure that they have relevant and accurate literature on these topics.</p>	<p>Arrange Promotional activities to raise community awareness of the importance of breastfeeding and the support that new mothers need.</p>	<p>Work to make breastfeeding an accepted norm in all sectors based on up-to-date evidence of the risks of artificial feeding;</p> <p>and an understanding that women need active support from the health service and community to enable them to breastfeed effectively.</p>

STEP	GENERAL	HEALTH SYSTEM	COMMUNITY	NATIONAL/GLOBAL
<p>STEP 4 Help mothers initiate breastfeeding within a half-hour of birth¹²</p>  <p><i>Initiate breastfeeding within half hour of birth.</i></p>	<p>This step now means, for all healthy newborns, skin-to-skin contact from immediately after delivery for at least one hour or until the baby has attached and fed at the breast if this takes longer.</p>	<p>Advocate for training of all birth attendants to give skilled support to mothers for skin-to-skin contact immediately after delivery, allowing the baby to attach to the breast when he or she is ready.</p> 	<p>Work to increase community awareness of the importance of early initiation of breastfeeding. Show the video <i>breastfeeding crawl</i> so people see what newborns can do (see Resources section).</p>	<p>Inform health professional organisations about new research on implementation of this and other Ten Steps, and ask them to support the new practice.</p>
<p>STEP 5 Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.</p> 	<p>Helping mothers to breastfeed effectively with a good technique is a vital step. If infants are separated from their mothers, or are unable to suckle, their mothers need to express their milk. Health workers need skills to help mothers do these things.</p>	<p>Get to know the staff of maternity hospitals and primary care services in your area, show appreciation for their help for mothers, and make sure that they have the latest information.</p> <p>Encourage them to show every mother how to position and attach her baby at the breast to prevent difficulties such as sore nipples and insufficiency of milk; and to teach all mothers to express their breast milk by hand, for comfort, to maintain their milk supply, and to ensure that babies can be fed with breast milk if they are separated. There is generally no need for a breast pump.</p> <p><i>Show mothers how to breastfeed.</i></p>	<p>Ensure that all mothers learn the techniques for breastfeeding and hand expression and how to overcome common difficulties.</p> 	<p>Advocate for skilled breastfeeding help to be available to all mothers as a routine part of Maternal and Child Health care, and for all health workers who care for mothers and babies to be trained to give effective help.</p>
<p>STEP 6 Give newborn infants no food or drink other than breast milk unless medically indicated.</p> 	<p>Families and health workers may believe that infants need prelacteal feeds of formula or glucose water or other drinks before their mother's milk "comes in". This may lead to failure to breastfeed. Infant formula and advertisements in maternities can mislead people on this important point.</p>	<p>Make sure that mothers receive help to breastfeed effectively, so that they do not feel a need to give a baby other drinks.</p> <p>Make sure that health workers understand that supplements are seldom needed, even in the first few days when the volume of breast milk is small; and that the first milk, colostrum is what a baby needs.</p> <p>Raise awareness of what are the very few medical indications for supplements and what are not medical indications, so that babies do not receive supplements unnecessarily. (see Resources section)</p> <p><i>Give infants no other food or drink except breastmilk</i></p>	<p>Work with the community to raise awareness about the importance of colostrum, and why a baby needs nothing else in the first few days; and of continuing to breastfeed exclusively six months.</p> 	<p>Advocate for renewal of government efforts to implement, monitor and legislate all provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.</p>
<p>Step 7 Practise rooming-in - allow mothers and infants to remain together - 24 hours a day.</p> 	<p>In many hospitals newborns are kept in nurseries after delivery. Rooming-in allows mothers and their babies to stay together day and night to bond and to establish breastfeeding.</p> <p><i>Practice rooming in.</i></p>	<p>Visit maternity facilities and discuss the importance of mothers keeping their newborns with them 24 hours a day following from the initial skin-to-skin contact. The baby can be in the same bed as the mother, or in a cot beside her bed where she can see and reach him or her without getting up. The baby should not be in a cot at the end of the mother's bed.</p> 	<p>Support traditions and environments that allow a mother and child to be together throughout early infancy.</p>	<p>Advocate for a policy of rooming-in for all maternity services.</p> <p>Advocate for adequate paid maternity leave to enable mothers to be with their young infants and to breastfeed. Ask global organisations to support the ILO maternity leave and other breastfeeding support provisions (http://www.ilo.org/ilolex/cgi-lex/convde.pl?C183)</p>

STEP	GENERAL	HEALTH SYSTEM	COMMUNITY	NATIONAL/GLOBAL
<p>STEP 8 Encourage breastfeeding on demand.</p> 	<p>Babies should feed according to their needs, not on a schedule decided by the hospital or mother. Understanding her infant's feeding cues improves breastfeeding and the mother-child relationship.</p>	<p>Encourage maternity facilities to support breastfeeding on demand, and not on a schedule. Health workers should know infant feeding cues (signs) and teach families about them.</p> <p>Signs of hunger are the baby opening the mouth, rooting, sucking hands, and moving arms and legs. Crying is a distress call and a late sign.</p> <p>Signs that a baby is full, are turning away, closing the mouth, and not suckling. Breastfeeding in response to feeding cues encourages appropriate intake and growth.</p>  <p><i>Encourage breastfeeding on demand.</i></p>	<p>Make families aware of feeding cues, and the importance of responding to them. They should feed a baby when it is hungry and not wait for it to cry; but not over feed a child and risk obesity.</p>	<p>Advocate with government for breastfeeding on demand in all maternity facilities; and for development partners to include feeding cue recognition and responsive feeding in nutrition programmes.</p>
<p>STEP 9 Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.</p> 	<p>During the early weeks, the baby's need to suckle should be satisfied at the breast. Using teats or pacifiers may interfere with suckling and the adjustment of the breast milk supply to the baby's requirements.</p>	<p>Ask maternity staff not to allow use of teats and pacifiers in maternities, unless medically indicated for comfort if the mother is not available. In such cases, care should be taken to avoid spill over to other infants.</p> <p>Teach cup feeding for infants who cannot breastfeed.</p>	<p>Talk to families and community groups about the risks of using teats and pacifiers while breastfeeding is being established.</p>	<p>Advocate with health authorities to ensure that hospital and health centre policies do not allow teats and pacifiers to be used routinely and that communication materials include appropriate messages.</p>
<p>Step 10 Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.</p>   <p><i>Maria Jose © WABA 2010</i></p>	<p>Breastfeeding support groups are often part of a community nutrition strategy. Peer counsellors are women from the community, who receive training in breastfeeding support. They often contact mothers in their homes. They are very effective in increasing exclusive breastfeeding.</p>	<p>Talk to health service managers about the need for skilled breastfeeding support in postnatal services and in the community, and for them to work together.</p> <p>Peer counsellors may be trained and supervised by health facility staff, and refer mothers to them.</p> <p>Make sure that maternity staff informed about sources of breastfeeding support in the community, and that they have contact details.</p> <p>Mothers and infants should be in contact with a breastfeeding counsellor or support worker, in a health facility or at home, on the first day after delivery and at:</p> <ul style="list-style-type: none"> - 2-3 days - 4-7 days - 7-28 days - 4-8 weeks <p>and thereafter at the time of other contacts for immunization, growth monitoring, family planning, or any other reason.</p> <p><i>Mother to mother support group</i></p>	<p>Work with communities to develop a source of skilled support for breastfeeding mothers. Women who have successfully breastfed can form groups to support each other, or they can lobby the health authorities or a local organisation to train peer counsellors.</p>	<p>Build alliances with community organisations to help develop breastfeeding support services.</p> <p>Advocate for governments to include peer counselling in strategies and plans, alongside counselling in the health system.</p>

**Build a new path in your community and call it the Ten Steps path!
Think of illustrations and activities that take people along those Ten Steps!**

RESOURCES: Taking the Ten Steps

- ▶ UNICEF/WHO Baby-Friendly Hospital Initiative -- Revised, updated and expanded for integrated care; including 2009 update.
- ▶ WHO/UNICEF Acceptable Medical reasons for use of breastmilk substitutes (http://www.unicef.org/nutrition/index_24806.html)
<http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html>
- ▶ WHO/UNICEF/UNFPA and partners Countdown to 2015 Decade Report (2010-2015): Tracking progress in maternal, newborn and child survival. Geneva. World Health Organization, 2010
<http://breastcrawl.org/10steps.htm> (for the video)
- ▶ WABA and BFHI - <http://www.waba.org.my/news/bfhi.htm>

REFERENCES

1. WHO/UNICEF Joint Statement. Protecting, promoting, and supporting breastfeeding: the special role of maternity Services, 1989; <http://www.unicef.org/programme/breastfeeding/innocenti.htm>
2. Records were maintained by UNICEF. UNICEF, last carried out a census in 2006/7. The numbers presented are estimates from the trend data available.
3. Celebrating the Innocenti Declaration on the Protection, Promotion and Support of breastfeeding 1990-2005
4. UNICEF State of the World's Children 2010
http://www.who.int/child_adolescent_health/documents/9789241597494/en/index.html
5. Declercq E, Labbok MH, Sakala C, O'Hara M. The impact of hospital practices on women's likelihood of fulfilling their intention to exclusively breastfeed. *Am J Pub Health* 2009 May;99(5):929
6. WHO Model Chapter in Infant and Young Child Feeding http://www.who.int/child_adolescent_health/documents/9789241597494/en/index.html
7. UNICEF State of the World's Children 2010
<http://www.unicef.org>
8. Merten S, Dratva J, Ackermann-Liebrich U: Do baby-friendly hospitals influence breastfeeding duration on a national level? *Pediatrics* 2005, 116(5):e702-708
9. Abrahams SW, Labbok M. Exploring the Impact of the Baby-friendly Hospital Initiative on Trends in Exclusive Breastfeeding, *Int Breastfeed J*. 2009 Oct 29;4(1):11
10. Saadeh R and Casanovas M, Implementing and Revitalising the Baby-friendly Hospital Initiative. *Food and Nutrition Bulletin* 2009. 30(2) p 5225-9
11. WHO/UNICEF/UNFPA and partners Countdown to 2015 Decade Report (2010-2015): Tracking progress in maternal, newborn and child survival. Geneva. World Health Organization, 2010
12. Mullany LC. Breast-Feeding Patterns, Time to Initiation, and Mortality Risk among Newborns in Southern Nepal. *J Nutr* 2008. 138: 599-603

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WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

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