Infant Feeding During Emergencies

The number of people, including many babies, affected by conflicts and natural disasters has increased more and more since 1990. Often the first help that is received by the outside world is its first support and formula and feeding bottlenecks for the babies — but it sometimes happens that there is much more to support breastfeeding mothers, to help to women to breastfeed and to make sure that the baby is being breastfed, to the advisory and support for mothers in need (ICDC). Health workers are encouraged to establish emergency preparedness arrangements, including linking lactation counselors to be available to go to emergency situations to help and support mothers to breastfeed.

Information Support

For mothers to make informed choices about breastfeeding, it is vital that they have accurate, appropriate and sufficient information. Guidance educating, promotion, protection and support breastfeeding need to provide accurate, appropriate and sufficient information to the mothers, and to help them to make sure that breastfeeding is going well. It is not too helpful to wait until they have a problem.

Mother Support and Community Outreach

The mother-to-mother support groups were started by women in America in the 1950s, who felt that doctors and other healthcare workers were not providing them with the help that they needed to breastfeed, and they found that they could help each other more effectively. Mother support groups have been spread around the world, in different ways in different places. Mothers get together and share experiences and help each other to find solutions for their problems.

Infant Feeding and HIV

In the early 1990s, doctors discovered that HIV could be transmitted from mothers to their babies both during pregnancy and through breast milk feeding. In recent years, health services and families struggled with the dilemma of how to feed a baby born to an HIV-infected mother. Research showed that if HIV is exclusively breastfed, the baby is likely to become infected. If the baby is fed partly on breast milk and partly on formula, the risk of infection is lower. However, if the baby is fed partly on breast milk and partly on other foods, the risk of infection is higher. Therefore, it is recommended to breastfeed exclusively or to breastfeed — both difficult to decide for different reasons. How it has been shown that antiretroviral (ARV) drugs given to the mother and baby can reduce transmission to a very low rate even if the formula is breastfed. These countries, especially where formula feeding is difficult or hazardous, mothers can be treated with ARV drugs and encouraged to breastfeed exclusively to six months, and continue breastfeeding with complementary feeding for 12 months, or until they are able to provide good nutrition to their children.

ACTION RESOURCES:


Funding from Australia, the UK and US

World Breastfeeding Week 2012 Website: See: http://www.worldbreastfeedingweek.org/
IT’S TIME TO ACT!

In the developing world, progress in exclusive breastfeeding has been modest, improving from 32 percent around 1990 to 38 percent around 2010, a relative increase of about 17 percent.

Prevalences vary by region, with some areas with available trend data, like the Middle East and North Africa, and many countries in Sub-Saharan Africa showing little or no increase.

In 2000, to enhance progress, WHO and UNICEF developed and launched the Global Strategy for Infant and Young Child Feeding, which set out 5 additional targets:


2. ASSESSING IMPLEMENTATION OF THE GLOBAL STRATEGY

The global scientific community acknowledges the vital role of breastfeeding for the healthy growth and development of the 136 million babies born every year. We can eliminate some of the overall global rates of exclusive breastfeeding have risen only modestly and more slowly than expected because there have been few incentives to increase this. This has been achieved by a combination of both initiatives globally and at the national level. However, while the overall rates of breastfeeding are still low, there is evidence of significant improvements in many countries. The WBTi has studied the state of policies and programmes, which has been used to calculate multipliers to estimate breastfeeding rates for 2010. The initiative finds the gaps in implementation of policies and programmes, and calls for action to bridge the gaps. (See http://www.ibfana.org and refer to insert for details on the WBTi).

The WBTi has also created the World Breastfeeding Trends Initiative (WBTi) to determine how many breastfeeding hospitals can be found in each country and the trend for these in the past five years. It is designed to promote breastfeeding and help provide for safe and adequate nutrition for infants globally.

1. A 50 percent score indicates that many breastfeeding mothers lack access to breastfeeding support; and many mothers receive skilled breastfeeding counselling, National policies, coordination, and resources need a lot of attention. Many countries have introduced policies on The Code, or multi-sectoral measures, but it is clear that there is still work to be done.

2. The Code

The Code is a set of international standards to ensure that health and other relevant policies and programmes are evidence-based, coherent, and practical. It applies to breast milk substitutes, including infant formulas and milk-based products.

3. The Innocenti Declaration

The Innocenti Declaration is a set of principles to ensure that health and other relevant policies and programmes are evidence-based, coherent, and practical. It applies to breast milk substitutes, including infant formulas and milk-based products.

4. The Ten Steps to Successful Breastfeeding (TPSB)

These steps are the foundation on which all national programmes are built. They are the basis on which all national programmes are built. They are the basis on which all national programmes are built. They are the basis on which all national programmes are built.

5. The Baby Friendly Hospital Initiative (BFHI)

This programme is a worldwide campaign to help ensure that every hospital and healthcare facility is a baby-friendly place for mother and child. The BFHI has two main goals: to ensure that all new mothers and their babies receive support and encouragement to begin breastfeeding in the hospital and to ensure that all mothers and their babies receive the same support and encouragement at home.

6. The International Code of Marketing of Breastmilk Substitutes

The Code is a set of international standards to ensure that health and other relevant policies and programmes are evidence-based, coherent, and practical. It applies to breast milk substitutes, including infant formulas and milk-based products.

7. The National Policy, Programme and Coordination

National policies, coordination, and resources need a lot of attention. Many countries have introduced policies on The Code, or multi-sectoral measures, but it is clear that there is still work to be done.

8. The National Policy, Programme and Coordination

National policies, coordination, and resources need a lot of attention. Many countries have introduced policies on The Code, or multi-sectoral measures, but it is clear that there is still work to be done.

9. The National Policy, Programme and Coordination

National policies, coordination, and resources need a lot of attention. Many countries have introduced policies on The Code, or multi-sectoral measures, but it is clear that there is still work to be done.

10. The National Policy, Programme and Coordination

National policies, coordination, and resources need a lot of attention. Many countries have introduced policies on The Code, or multi-sectoral measures, but it is clear that there is still work to be done.

The Ten Areas of Action - Indicators for Implementing the Global Strategy

One of the main objectives of this year’s World Breastfeeding Week is to take stock of lessons learned and advancements made in the past 20 years on infant and young child feeding (IYCF). Below we reflect on the 10 areas for infant feeding to mothers; mother support groups in the community, and well planned communication strategies, the breastfeeding rights of working women.

Policy and Legislation

In 2000, to enhance progress, WHO and UNICEF developed and launched the Global Strategy for Infant and Young Child Feeding, which set out additional targets:

- To develop and implement a comprehensive policy on infant and young child feeding to ensure that health and other relevant sectors protect promote and support exclusive breastfeeding for the first six months and continued breastfeeding up to two years of age or beyond as recommended by WHO and UNICEF.
- To provide guidance on feeding infants and young children in exceptionally difficult circumstances.
- To consider what new legislation may be required to give effect to The Code.
- To give effect to the principles and aims of The Code and relevant World Health Assembly resolutions.
- To encourage legislation protecting the breastfeeding rights of working women.

The Global Strategy in detail described the actions required to implement these targets, through policies and programmes, in health facilities and in the community.

ASSESSING IMPLEMENTATION OF THE GLOBAL STRATEGY

The global scientific community acknowledges the vital role of breastfeeding for the healthy growth and development of the 136 million babies born every year. We can eliminate some of the overall global rates of exclusive breastfeeding have risen only modestly and more slowly than expected because there have been few incentives to increase this. This has been achieved by a combination of both initiatives globally and at the national level. However, while the overall rates of breastfeeding are still low, there is evidence of significant improvements in many countries. The WBTi has studied the state of policies and programmes, which has been used to calculate multipliers to estimate breastfeeding rates for 2010. The initiative finds the gaps in implementation of policies and programmes, and calls for action to bridge the gaps. (See http://www.ibfana.org and refer to insert for details on the WBTi).

The WBTi has also created the World Breastfeeding Trends Initiative (WBTi) to determine how many breastfeeding hospitals can be found in each country and the trend for these in the past five years. It is designed to promote breastfeeding and help provide for safe and adequate nutrition for infants globally.

One of the main objectives of this year’s World Breastfeeding Week is to take stock of lessons learned and advancements made in the past 20 years on infant and young child feeding (IYCF). Below we reflect on the 10 areas for infant feeding to mothers; mother support groups in the community, and well planned communication strategies. So we know that improvements in infant feeding are possible, and we know how they can be achieved. We want to make sure that effective actions are implemented everywhere.

The breastfeeding target set in the “Ten Steps” is a statement of intent of breastfeeding within one hour of birth (only 43 percent of babies), as well as being fed on demand and at intervals. Continued supplementary feeding (only 60 percent) along with continued breastfeeding (the facts it is to be continued for at least year and 50 percent and 2 years). See Figure 2. We want improvement in all of these.

Figure 2: Continuum of feeding practices - Developing world averages of key feeding indicators, 2008-2010.

Infant feeding to mothers; mother support groups in the community, and well planned communication strategies. So we know that improvements in infant feeding are possible, and we know how they can be achieved. We want to make sure that effective actions are implemented everywhere.

The breastfeeding target set in the “Ten Steps” is a statement of intent of breastfeeding within one hour of birth (only 43 percent of babies), as well as being fed on demand and at intervals. Continued supplementary feeding (only 60 percent) along with continued breastfeeding (the facts it is to be continued for at least year and 50 percent and 2 years). See Figure 2. We want improvement in all of these.

Figure 2: Continuum of feeding practices - Developing world averages of key feeding indicators, 2008-2010.

In 2000, to enhance progress, WHO and UNICEF developed and launched the Global Strategy for Infant and Young Child Feeding, which set out additional targets:

- To develop and implement a comprehensive policy on infant and young child feeding to ensure that health and other relevant sectors protect promote and support exclusive breastfeeding for the first six months and continued breastfeeding up to two years of age or beyond as recommended by WHO and UNICEF.
- To provide guidance on feeding infants and young children in exceptionally difficult circumstances.
- To consider what new legislation may be required to give effect to The Code.
- To give effect to the principles and aims of The Code and relevant World Health Assembly resolutions.
- To encourage legislation protecting the breastfeeding rights of working women.