



Inform

people about their role in strengthening the warm chain of support for breastfeeding



Anchor

breastfeeding as part of good nutrition, food security and reduction of inequalities



Engage

with individuals and organisations along the warm chain of support for breastfeeding



Galvanise

action on strengthening capacity of actors and systems for transformational change



Human milk is perfectly designed for a child's nutritional and immunological needs and helps to prevent infections.



CONTENTS

Introduction	2
Challenges and Support Needed for Breastfeeding	
Antenatal care (During pregnancy/ Before birth)	4
Labour and Delivery/birth	6
Postnatal care/ First six weeks after birth	8
Ongoing care	10
Special circumstances and Emergencies	12
The Roles, Education and Training of Actors in the Warm Chain	
Healthcare actors	15
Community actors	20
Stepping up the Warm Chain	24



INTRODUCTION

The COVID-19 pandemic and geopolitical conflicts have widened and deepened inequalities tipping more people into food insecurity.

Breastmilk is [perfectly designed](#) for a child's nutritional and immunological needs and helps to prevent infections. Breastfeeding promotes bonding between mother and child, regardless of the setting, and provides [food security to infants](#) from the very beginning of life contributing to food security for the whole family.



The COVID-19 pandemic and geopolitical conflicts [have widened and deepened inequalities](#) tipping more people into [food insecurity](#). In addition, limitations to the [health system's capacity](#) led to the deterioration of breastfeeding support. There has been a lack of staff to support breastfeeding due to illness, causing other staff to be overburdened and tasks being shifted to other untrained personnel. Physical distancing rules meant [fewer contacts](#) for some parents resulting in them receiving less knowledge and opportunities for skilled breastfeeding counselling. Some countries [implemented non-evidence-based policies](#) such as separating babies from their mothers and discouraging breastfeeding when COVID-19 was suspected. Besides that, community breastfeeding peer support groups were not accessible to parents in need of help because of restricted social contact.

[Targeted outreach by the breastmilk substitutes \(BMS\) industry influences parents' infant feeding decisions.](#) The misinformation about [COVID-19 and rampant marketing by the BMS industries as the safer option](#) scared parents into formula feeding. The BMS industries' actions were in violation of the [International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions \(the Code\)](#). Sponsoring free education for healthcare workers impedes breastfeeding support in the health system by giving misleading information, biasing healthcare provider attitudes and interfering with the establishment of breastfeeding. Ensuring [Code compliance within the health facility](#) will enable parents to receive independent unbiased information and make them aware of the tactics of the BMS industry.

Supporting breastfeeding [involves many actors and levels](#). Women need support from the health service, workplace and community to optimally breastfeed, progressing from one level to the other. This is called the [Warm Chain of Support for Breastfeeding](#). There is an urgent need for education to improve and increase the capacity of all the [actors](#) who work along the Warm Chain. [WBW2022](#) will focus on stepping up this capacity. Education and transformation of existing systems, underpinned by evidence-based national policies, will help to ensure breastfeeding-friendly health facilities, supportive communities and workplaces, and will restore and improve breastfeeding rates, nutrition and health in both the short- and long-term.



CHALLENGES AND SUPPORT NEEDED FOR BREASTFEEDING

Antenatal care (During pregnancy/ Before birth)

Parents need preparation for breastfeeding, and this is crucial during pregnancy. However, they may not fully understand the need to breastfeed their newborns or the need to prepare.



Challenges in delivering the information:

Competing priorities for their education. Parents are often focused on the actual birth rather than what will happen after birth such as breastfeeding.

Lack of staff and healthcare provider commitment to ensure that pregnant women and their partners are well informed about the importance of breastfeeding and how to manage it.

Antenatal staff are often insufficiently trained for the task.



To PREPARE for breastfeeding, parents need education and anticipatory breastfeeding counselling starting during the first trimester as part of routine antenatal care.

Parents need to know:

- The [importance](#) of breastfeeding and its health, social and economic benefits.
- [Recommendations](#) for breastfeeding exclusively for 6 months, and continuing to breastfeed with complementary feeding for up to 2 years or beyond.
- What will happen during and after labour and delivery.
- Plan for the birth, for example, who can be the birth companion.
- Answers to their concerns about breastfeeding, myths and false beliefs.
- How to position and attach their baby at the breast, and practising with a doll.
- How to hand express breastmilk, and when this is useful.
- How to continue breastfeeding when they return to work, and the need to talk to their employer in advance to ask for time, space and support when they return.

How to improve support antenatally:

- Raise awareness of the importance of [breastfeeding preparation](#).
- Integrate [breastfeeding with each antenatal visit](#), providing appropriate information for each trimester, and provide links and information/resources for parents to learn more using available technology and practical demonstrations using aids.
- [Train all antenatal staff](#) to provide up-to-date evidence-based information and counselling.
- Introduce parents antenatally to the [community networks](#) who can provide further support.



Labour and Delivery / birth

Medical interventions during labour and the birth process can interfere with both the initiation and the establishment of breastfeeding.



Challenges during labour and delivery:

Maternity services often lack a [mother-friendly care policy](#) or they may not implement existing policies fully.

There may not be a [Baby-Friendly Hospital Initiative \(BFHI\) policy](#) or it may be poorly implemented resulting in failure to practice early skin-to-skin contact appropriately, unnecessary separation of mothers from babies and lack of support for timely initiation of breastfeeding.

Shortages of midwives and nurses and a lack of adequate training for them.

To successfully INITIATE breastfeeding, pregnant women need mother-friendly care during labour and delivery. All maternity units need a policy document providing evidence-based information covering appropriate management of labour and delivery care.



Mother-friendly care includes:

- A quiet and comfortable environment, a companion of choice or a doula, freedom to move around, use of minimal medication and non-medicinal pain management with the availability of food and drink, and delivery in a position of the woman's own choice such as upright, squatting or lateral. Analgesics can make the baby drowsy and less willing to suckle and delay the initiation of breastfeeding.
- Skin-to-skin contact immediately after delivery and early initiation of breastfeeding, including for instrumental and caesarean deliveries.



How to improve support during labour and delivery:

- Advocate for [policy, investment and implementation](#) of [mother-friendly care](#) and [BFHI](#) within maternity facilities.
- Integrate mother-friendly policies and BFHI into [Maternal, Newborn and Child Health \(MNCH\)](#) quality of care standards, to ensure that labour and delivery services support breastfeeding.
- Ensure that healthcare providers are [competent](#) to implement mother-friendly care and skin-to-skin contact immediately after delivery and early initiation of breastfeeding.

Postnatal care / First six weeks after birth

After the mother and baby leave the delivery room, postpartum care (for the mother) and postnatal care (for the baby) begins. Care is usually given by the staff in the hospital for a few hours or days, and others in the community service after discharge, which should continue for 6 weeks until the postpartum check.



Challenges during the postnatal period:

Staff may not be trained to give effective practical help for breastfeeding.

Even if staff have the skills, with short hospital stays, they may not have enough time in the first day or two to help mothers breastfeed effectively.

If adequate guidance is not provided during the next one to two weeks when the mother and baby are at home, mothers may be left without the skills they require and breastfeeding may not be established. Parents may be advised or choose to give formula feeds and the baby may not learn to breastfeed effectively.



To ESTABLISH breastfeeding in the early days, counselling and practical help with breastfeeding are needed in the maternity facility and when the mother is at home.

How to improve support during the first six weeks after birth:

- [Train midwives or other healthcare providers and community breastfeeding counsellors](#) to give practical guidance to mothers for establishing breastfeeding from after delivery through the postpartum period.
- Healthcare providers [require competency](#) to show a mother how to put her baby to the breast to attach and suckle well and explain how to breastfeed responsively.
- They need to be able to teach a mother how to express her milk and the situations when that might be useful.
- They should inform mothers where they can get appropriate breastfeeding support and additional help if they need to.



Ongoing care

The rate of exclusive breastfeeding and continued breastfeeding may drop significantly after the postnatal period.



Challenges during the ongoing care:

A lack of awareness among healthcare providers and the community generally about the value of continued breastfeeding for two years and beyond.

Lack of support from the father/partner, extended family and community can cause the mother to lose motivation and lack the emotional and physical support she needs.

Mothers not having adequate [maternity/parental](#) leave and returning to work before they are ready.

Workplaces not supporting breastfeeding or providing the time and space that women need for it.

A lack of practical knowledge about ensuring timely complementary feeding with continued breastfeeding.



To MAINTAIN breastfeeding, parents need [breastfeeding counselling](#) contacts for at least the first year, and if possible longer. For this, families can be referred to appropriate health centres or clinics, and to breastfeeding counsellors and peer support groups.



How to improve support during ongoing care:

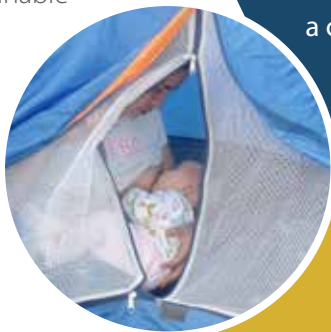
- Advocate for health and community services to include [breastfeeding counselling](#) at contacts with mothers and babies for vaccinations, growth monitoring and infant and young child nutrition (IYCN) counselling and medical care.
- At these contacts, mothers can be [encouraged](#) to breastfeed exclusively for 6 months, and to continue for 2 years or more with complementary feeding. They can also be given counselling about breastfeeding difficulties, managing infant behaviours such as fussiness or crying, and avoiding unnecessary use of breastmilk substitutes.
- [Fathers/partners](#) and other family members can be included at contacts. They need to [play their role to support and encourage the mother](#) and take care of domestic responsibilities so that she can concentrate on breastfeeding.
- Refer families to [breastfeeding counsellors and peer support groups](#) for further support beyond the health system. Ensure that counsellors and support groups are trained and provided with updated information about breastfeeding and how to support it.
- Women and their partners need [paid maternity/parental leave](#) ideally for six months for exclusive breastfeeding. When mothers have to return to work, a breastfeeding room at the workplace allows women to comfortably express breastmilk. Flexible working hours are helpful at least during the first six months.
- The community and society at large must advocate [normalising breastfeeding](#) and breastfeeding-friendly environments.

Special circumstances and Emergencies



Some of the special circumstances that interfere with breastfeeding are when:

- a baby is delivered preterm
- a baby is small for gestational age
- an infant's mother is diabetic (IDM)
- a baby is at risk of hypoglycemia
- babies are separated from their mothers for whatever reason
- a mother is ill or receiving medication with which breastfeeding is contraindicated
- an emergency or crisis that results in a mother being unable to breastfeed



To ESTABLISH and MAINTAIN breastfeeding

under special circumstances, parents need additional assistance and support in infant feeding. [Breastfeeding can save lives](#) during emergencies and other special circumstances. In emergencies, the nutritional needs and care of both breastfed and non-breastfed infants and young children need attention.

The [order of preference](#) should be expressed breastmilk from the infant's mother, breastmilk from a healthy wet nurse or a human-milk bank, or a breastmilk substitute such as infant formula fed with a cup. These options must be informed based on cultural context, acceptability to mothers, and service availability.

How to improve support during special circumstances:

- Establish [human milk banks](#) to provide donor milk when needed.
- Practice [Kangaroo Mother Care \(KMC\)](#) to [breastfeed](#) babies born prematurely or with low birth weight.
- Encourage [relactation](#) and [wet-nursing](#) where appropriate.

How to improve support during emergencies:

- Orient and train relevant staff on the essentials of infant and young child feeding (IYCF) support counselling, [Infant Feeding in Emergencies \(IFE\)](#) and the Code.
- Develop a contact list of available people [skilled in breastfeeding](#) counselling and support and translation.
- Prepare plans for [IYCF support](#) and breastfeeding and [artificial feeding](#), and identification and management of vulnerable children.
- Develop plans for prevention and [management of donations of breastmilk substitutes](#), other milk products and feeding equipment in an emergency.



THE ROLES, EDUCATION AND TRAINING OF ACTORS IN THE WARM CHAIN

Healthcare actors

- Breastfeeding counsellors
- Breastfeeding support groups
- Certified lactation consultants
- Community health workers
- Doulas and traditional birth attendants
- Family doctors and general practitioners
- Midwives and nurses
- Nutritionists and dietitians
- Obstetricians
- Paediatricians
- Policymakers in health systems /
Healthcare administrators




Community actors




- Academicians
- Community members
- Employers and trade unions
- Environmentalists
- Faith groups
- Fathers/Partners
- Grandparents and family members
- Media
- Young people




Healthcare Actors



Healthcare actors play an essential role in the support of breastfeeding and for this they need a consistent and appropriate evidence-based education. Both [pre-service education](#) and regular in-service training should be available, and training of trainers programmes help to create sustainable programs. Healthcare actors need to understand mother-friendly care, and the BFHI to be able to implement the policy of the health facility, and also specific [breastfeeding counselling competencies](#). Code training is essential to [meet their responsibilities](#) under the Code and they need to know about [cultural practices and beliefs](#) and how these affect breastfeeding.



Actors	Their role and education needed
<p data-bbox="156 170 359 235">Breastfeeding counsellors</p> 	<p>Breastfeeding counsellors are healthcare or community workers who have been trained specifically to help mothers with breastfeeding. This may be as either as part of their health system or in community organisations and breastfeeding support groups that often work in collaboration with the health service. There may be different criteria for the training of a breastfeeding counsellor and they may have different titles in different places.</p>
<p data-bbox="145 510 370 576">Breastfeeding support groups</p> 	<p>Breastfeeding support groups, sometimes called mother or peer support groups, have an important role in the ongoing support of breastfeeding for families in the community. They can provide women and their families with timely and accurate information as well as practical and emotional support to promote optimal breastfeeding. They often collaborate with local health services, to whom they refer mothers with difficulties, and from whom they receive referrals for ongoing support. They need education and resources about overcoming common breastfeeding difficulties and basic counselling skills to support families both face-to-face and online.</p>
<p data-bbox="172 971 343 1075">Certified lactation consultants</p> 	<p>Certified lactation consultants are health professionals who specialise in the clinical management of breastfeeding. They may work in the health service and the community and provide a useful service for referral. They are trained to evaluate all challenges with a breastfeeding mother and infant and know the tools and techniques to resolve them.</p>

Actors	Their role and education needed
<p data-bbox="152 171 371 234">Community health workers</p> 	<p data-bbox="432 166 1243 436"><u>Community health workers</u> can play an important role in <u>supporting breastfeeding</u> among marginalised and high-risk groups as well as providing practical support to families in the community. They need education on breastfeeding and basic counselling skills to manage common difficulties and refer them to healthcare providers and more skilled breastfeeding counsellors when necessary. They can also promote breastfeeding and dispel common myths.</p>
<p data-bbox="145 511 378 614">Doulas and traditional birth attendants</p> 	<p data-bbox="432 506 1188 696"><u>Doulas</u> and <u>traditional birth attendants</u> support women/parents during pregnancy, labour and delivery and in the postpartum period. They need to have basic education on mother-friendly care and early breastfeeding support. They can also counteract misinformation and detrimental cultural practices.</p>
<p data-bbox="152 891 371 994">Family doctors and general practitioners</p> 	<p data-bbox="432 886 1243 1156">All <u>doctors</u> who care for women and children should understand the value of breastfeeding, the risks of artificial feeding and the impact that they themselves can have on the process. They should be able to give mothers basic breastfeeding support, and safe treatment if they are ill, avoiding medications that can affect the baby via the milk. They need to know whom to refer them to for experienced help if necessary.</p>

Actors	Their role and education needed
<p data-bbox="161 175 362 241">Midwives and nurses</p> 	<p data-bbox="432 171 1256 415"><u>Midwives</u> and nurses who care for mothers and babies have <u>a powerful influence</u> on a woman's decision about infant feeding and on the success of her breastfeeding experience. They need <u>education</u> on preparation of parents to initiate and manage breastfeeding, on mother-friendly care during labour and delivery, and on counselling for both the process of childbirth and breastfeeding. Counselling skills are an essential part of their education.</p>
<p data-bbox="161 529 362 595">Nutritionists and dietitians</p> 	<p data-bbox="432 525 1185 731"><u>Nutritionists and dietitians</u> need to understand the different composition of breastmilk and infant formula and the impact of a mother's diet on breastmilk. They should be able to include breastfeeding in their <u>assessment</u> work. They should discourage unnecessary use of breastmilk substitutes and refer mothers to breastfeeding specialists when needed.</p>
<p data-bbox="166 916 358 943">Obstetricians</p> 	<p data-bbox="432 912 1254 1156"><u>Obstetricians</u> play a key role regarding <u>mother-friendly care</u> and breastfeeding. They <u>need</u> to understand and minimise adverse effects of caesarean and instrumental deliveries and maternal analgesia on breastfeeding. They are responsible for enabling immediate skin-to-skin contact and initiation of breastfeeding within one hour, especially after caesarean section, and should ensure that mothers receive help with breastfeeding postpartum.</p>

Actors	Their role and education needed
<p data-bbox="161 171 371 198">Paediatricians</p> 	<p>Paediatricians need to be aware of the strong influence their advice can have on parents over infant feeding choices. They need to understand the value of breastfeeding, the risks of infant formula and the importance of avoiding its unnecessary use. They need to know basic breastfeeding support skills and management of breastfeeding during illness.</p>
<p data-bbox="152 473 381 610">Policymakers in health systems/ Healthcare administrators</p> 	<p>Policymakers need to ensure that health facilities have enough trained healthcare providers at all levels for the BFHI and breastfeeding care and counselling. A sufficient budget must be allocated for relevant education and training as health service policy, provided or paid for by manufacturers and distributors of breastmilk substitutes will create conflicts of interest and distorts messages.</p>











Community Actors

Community actors play an important role in supporting national and international advocacy and programmes to protect, promote and support breastfeeding like WBW. They need awareness of the tactics of the BMS industry in providing misinformation and unethical promotion of formula milk. Community actors also need education and training to understand how they can support parents to breastfeed. They can work collaboratively with healthcare actors to help breastfeeding parents and close the breastfeeding support gaps when parents are discharged from the hospital.



Actors	Their role and education needed
<p data-bbox="156 170 360 197">Academicians</p> 	<p data-bbox="429 166 1238 395">Academia across a range of disciplines plays a key role in researching and teaching about optimal forms of infant feeding and the effects of non-optimal practice. They contribute to the education and training of healthcare providers, allied health workers and schoolchildren. They can advocate for the integration of infant feeding in undergraduate curricula.</p>
<p data-bbox="172 552 344 614">Community members</p> 	<p data-bbox="429 548 1232 777">Community members play an important role in promoting breastfeeding either as individuals or in particular community groups. The community as a whole needs to understand the value of breastfeeding and the challenges women face. Together they can advocate for policy changes and provision of support for women in various situations.</p>
<p data-bbox="150 930 366 991">Employers and trade unions</p> 	<p data-bbox="429 926 1232 1116">Employers and trade unions need to know the value of a breastfeeding-friendly environment in the workplace. This included paid maternity/parental leave provided either by the employer or publicly funded, breastfeeding breaks and facilities at the workplace for breastfeeding or expression of breastmilk.</p>

Actors	Their role and education needed
<p>Environmentalists</p> 	<p>Environmentalists can promote breastfeeding as contributing to the health of the planet, because it reduces the need to process and package animal milk.</p>
<p>Faith groups</p> 	<p>Faith groups can provide education and support for new parents in their communities. Faith leaders need information about the value of breastfeeding for infants and their families so that they can support it among their congregations.</p>
<p>Fathers/Partners</p> 	<p>Fathers or partners are important to support mothers for breastfeeding. They need to know its benefits and how to help a mother to do it practically and not recommend infant formula feeds to give a mother some rest.</p>

Actors

Their role and education needed

Grandparents and family members

[Grandparents](#) and other family members are important particularly helping with other domestic tasks. They need to be included in up-to-date teaching about breastfeeding, to support recommendations given to mothers by healthcare providers and to help avoid cultural practices which interfere with breastfeeding.

Media

The [mainstream](#) and [social media](#) can protect and support breastfeeding by working with experts to relay unbiased and correct information. They must be informed about the impact of promotion and unethical marketing of formula milk on breastfeeding and encouraged to promote breastfeeding by normalising it through their channels.

Young people

[Young people](#) have the power to change social norms by using innovative approaches. They can thus play an active role in advocating for an enabling breastfeeding environment. They need education from school and health services on breastfeeding as part of sexual and reproductive health.

STEPPING UP THE WARM CHAIN



To PREPARE for breastfeeding, parents need education and anticipatory breastfeeding counselling from both healthcare and the community.

Healthcare actors can work together with community actors to ensure that parents receive consistent antenatal information.



To INITIATE breastfeeding, mothers need mother-friendly care during labour and delivery and skin-to-skin contact with skilled guidance immediately afterward.

Pre-service and in-service education need to ensure that healthcare actors have the relevant competencies.



To ESTABLISH breastfeeding postnatally, breastfeeding counselling must be available in the maternity facility and after discharge.

Close communication is needed between different actors in the health system and the community to ensure continuity and consistency in breastfeeding counselling at this critical time.



To MAINTAIN breastfeeding, parents need breastfeeding counselling contacts for at least the first year, and if possible longer.

Healthcare and community actors along the Warm Chain need to arrange these contacts between their respective services with appropriate referrals when needed.



To PROTECT breastfeeding, all Warm Chain actors need to be free from the commercial influence of breastmilk substitutes and feeding bottle manufacturers and distributors.

They must be educated about their responsibilities under the Code to ensure that parents make unbiased informed decisions.



To STEP UP for breastfeeding and achieve the [global breastfeeding target](#), the capacity of all actors in the Warm Chain needs to be strengthened.

Governments and decision-makers need to invest in education and support for breastfeeding to create an enabling environment for families with babies.

ACKNOWLEDGEMENTS:

WABA would like to thank the following:

- Contributors : Alison Stuebe, Carol Williams, Charlotte Scherzinger, Decalie Brown,
Elien Rouw, Felicity Savage, Kathy Parry, Pong Kwai Meng, Prashant Gangal,
Sandra Lang and Zaharah Sulaiman
- Reviewers : Allesandro Iellamo, Fatmata Fatima Sesay, Hiroko Hongo and team from LLLI,
Jennifer Cashin, JP Dadhich, Julie Smith, Khalid Iqbal, Larry Grummer-Strawn,
Lisa Mandell, Mackenzie Mayo, Marina Rea, Maryse Arendt, Mimi Maza, Mona Alsumaie,
Rafael Pérez-Escamilla, Rufaro Madzima and Rukshana Haider
- Editorial Team : Amal Omer-Salim, Thinagaran Letchimanan, Chuah Pei Ching
- Design & Layout : Chuah Pei Ching
- Advisor : Felicity Savage
- Designer : C-Square Sdn Bhd

COPYRIGHT NOTICE: WABA asserts all legal rights and intellectual property rights under the Berne Convention over the World Breastfeeding Week Logos and Campaign Materials. This copyright is subject to fair use, with appropriate attribution to WABA. The logos and materials shall not be used in any way that directly or indirectly damages WABA's reputation and/or standing, whether by content, context or association. Prior written consent shall always be sought before the logos and materials are used in any commercial activity or adaptations/modifications are made (email to wbw@waba.org.my). The logos and materials shall not be used in any event and/or activity sponsored, supported or organised by companies manufacturing, distributing or marketing breastmilk substitutes, feeding bottles, or teats. See FAQ on www.worldbreastfeedingweek.org for further information.



World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations dedicated to the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC). WABA coordinates the annual World Breastfeeding Week campaign.

WABA, PO Box 1200 10850 Penang, Malaysia

Tel: 60-4-658 4816 | Fax: 60-4-657 2655 | Email: wbw@waba.org.my | Web: www.worldbreastfeedingweek.org