

നം. ഐസിഡിഎസ്/ബി2-24304/12

സാമൂഹ്യക്ഷേമ ഡയറക്ടറേറ്റ്(അനക്സ്),  
സാമൂഹ്യക്ഷേമ ഭവൻ,പുജപ്പുര,  
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സർക്കുലർ

വിഷയം : സാമൂഹ്യക്ഷേമ വകുപ്പ് - ലോക മൂലയൂട്ടൽ വാരം  
ആചരിക്കുന്നത് - സംബന്ധിച്ച്.

സൂചന : 21-7-2012-ലെ അണ്ടർ സെക്രട്ടറിയുടെ 10356/B1/  
12/SWD നമ്പർ കത്ത്.

ലോക മൂലയൂട്ടൽ വാരം 2012 വർഷത്തെ ആചരണത്തിനുള്ള തീം: Taking Stock of policies and programmes എന്നതാണ്. ഈ വരാചരണത്തിന്റെ പ്രധാന ലക്ഷ്യങ്ങൾ താഴെ പറയും പ്രകാരമാണ്.

- 1) മൂലയൂട്ടലുമായി ബന്ധപ്പെട്ട നിലവിലുള്ള മാർഗ്ഗനിർദ്ദേശങ്ങളും, പദ്ധതികളും നടപ്പിലാക്കിയ കാര്യം വിലയിരുത്തുക.
- 2) കഴിഞ്ഞ 20 വർഷമായി വിജയകരമായി നടപ്പിലാക്കിയിട്ടുള്ള കാര്യങ്ങൾ അംഗീകരിക്കുക.
- 3) മൂലയൂട്ടൽ പദ്ധതി നടപ്പിലാക്കുന്നതിന് വന്നിട്ടുള്ള വീഴ്ചകൾക്ക് പരിഹാര മാർഗ്ഗങ്ങൾ കണ്ടെത്തുക.
- 4) കുട്ടികൾക്ക് മൂലയൂട്ടൽ നൽകേണ്ടതിന്റെ ആവശ്യകതയെക്കുറിച്ച് ബോധവൽക്കരണം നൽകുക എന്നിവയാണ്.

ലോക മൂലയൂട്ടൽ വാരം 2012 ഓഗസ്റ്റ് 1 മുതൽ 7 വരെ ആചരിക്കുന്നതിന്റെ ഭാഗമായി താഴെപ്പറയുന്ന നിർദ്ദേശങ്ങൾ പുറപ്പെടുവിക്കുന്നു.

- 1) ആഗസ്റ്റ്-1 അംഗൻവാസിതലം : എല്ലാ അംഗൻവാസികളിലും അമ്മമാരുടേയും, ഗർഭിണികളുടേയും, കുമാരപ്രായക്കാരായ പെൺകുട്ടികളുടേയും യോഗം വിളിച്ചുകൂട്ടി മൂലയൂട്ടുന്നതിനെക്കുറിച്ചുള്ള ബോധവൽക്കരണ ക്ലാസ് സംഘടിപ്പിക്കുക. National guidelines on infant and young child feeding 2006 Meternity Benefit Act 1961, എന്നിവ വിഷയങ്ങൾ ആയി പരിഗണിക്കണം. (ഈ നിയമ പ്രകാരം 6 മാസത്തെ meternity leave അനുവദിക്കുന്നുണ്ട്).

ആഗസ്റ്റ് 1-ാം തീയതി ഉച്ചയ്ക്ക് ശേഷം മൂലയൂട്ടൽകൊണ്ട് കുട്ടികൾക്ക് ആരോഗ്യപരമായും വൈകാരികമായും ഉണ്ടാകുന്ന നേട്ടങ്ങളെക്കുറിച്ച് Medical officer/JPHN/Supervisor/Anganwadi Worker/Helper-മാർ/ANM/CDPO എന്നിവരിൽ ആരെയെങ്കിലും റിസോഴ്സ് പേഴ്സൺ ആയി വിളിച്ച് ക്ലാസുകൾ എടുക്കേണ്ടതും തുടർന്ന് ഗ്രൂപ്പ് ചർച്ച നടത്തേണ്ടതുമാണ്.

പ്രോജക്ട്‌തലം/അംഗൻവാടിതലം/ജില്ലാതലം

- 2) ഓഗസ്റ്റ് 2,3,5,6 ദിവസങ്ങളിൽ ആരോഗ്യ വകുപ്പും സന്നദ്ധ സംഘടനകളും പഞ്ചായത്ത്/കോർപ്പറേഷനുകളുമായി സഹകരിച്ച് ഓരോ ഐസിഡിഎസ്. പ്രദേശത്തുമുള്ള മുലയൂട്ടലുമായി ബന്ധപ്പെട്ട നിയമം നടപ്പിലാക്കുന്നതു സംബന്ധിച്ച പ്രശ്നങ്ങൾ ചർച്ച ചെയ്ത് വിലയിരുത്തേണ്ടതാണ്. ഇതേ തുടർന്ന് Infant milk substitute feeding bottles and infant foods (Regulation of production supply and distribution) Act 1992 എന്ന നിയമം നടപ്പിലാക്കിയിട്ടുള്ള കാര്യം വിലയിരുത്തേണ്ടതാണ്. 6 മാസം വരെ മുലപ്പാൽ മാത്രമാണ് കുഞ്ഞിന് നൽകേണ്ടത്. ജനിച്ച് ഒരു മണിക്കൂറിനകം മുലപ്പാൽ നൽകണം. 6 മാസത്തെ കാലയളവിൽ മുലപ്പാൽ ഒഴികെ മറ്റ് കൃത്രിമ പാലോ, ഭക്ഷണ പദാർത്ഥങ്ങളോ കുട്ടികൾക്ക് നൽകാൻ പാടില്ലെന്ന് ഈ നിയമങ്ങൾ അനുശാസിക്കുന്നുണ്ട്. മേൽ പറഞ്ഞ നിയമത്തിൽ 2006-ൽ വരുത്തിയ ഭേദഗതി അനുസരിച്ച് 2 വർഷത്തിൽ താഴെ പ്രായമുള്ള കുട്ടികൾക്ക് കൃത്രിമ ഭക്ഷണ പദാർത്ഥങ്ങൾ നൽകുന്നത് നിരോധിച്ചിട്ടുണ്ട്. ഈ കാര്യങ്ങൾ ബേബി ഫുഡ്സുകളുടെ ബോട്ടിലുകളിൽ എഴുതി പ്രദർശിപ്പിക്കണമെന്നും ഈ നിയമം അനുശാസിക്കുന്നുണ്ട്. മേൽ പറഞ്ഞ കാര്യങ്ങൾ യഥാർത്ഥത്തിൽ നടപ്പിലാക്കുന്നുണ്ട് എന്നും Breast feeding week-ൽ വിലയിരുത്തേണ്ടത് ആവശ്യമാണ്. ഇതിന് ആവശ്യമായ നടപടികൾ ശിശു വികസന പദ്ധതി ഓഫീസർമാർ എടുക്കേണ്ടതാണ്. ഇക്കാര്യത്തിൽ എന്തെങ്കിലും വീഴ്ചകളുള്ളതായി ശ്രദ്ധയിൽപ്പെട്ടാൽ അക്കാര്യം റിപ്പോർട്ട് ചെയ്യേണ്ടതുമാണ്.
- 3) പ്രോജക്ട്‌തലം : ഓഗസ്റ്റ് 4 - സിമ്പോസിയം - 'തീം Taking Stock of policies and programmes' പഞ്ചായത്ത് പ്രതിനിധികൾ MP-മാർ, MLA-മാർ, മെഡിക്കൽ ഓഫീസർമാർ, സാമൂഹ്യക്ഷേമ വകുപ്പ് ഉദ്യോഗസ്ഥർ എന്നിവരെ പങ്കെടുപ്പിച്ചു കൊണ്ട് ഒരു സിമ്പോസിയം സംഘടിപ്പിക്കേണ്ടതാണ്. ഇതിൽ മുലയൂട്ടലുമായി ബന്ധപ്പെട്ട നിയമങ്ങളെക്കുറിച്ച് ഒരു അഡ്വക്കേറ്റിനെക്കൊണ്ടും ആരോഗ്യ പ്രശ്നങ്ങളെ കുറിച്ച് ഒരു മെഡിക്കൽ ഓഫീസറെക്കൊണ്ടും ക്ലാസുകൾ എടുപ്പിക്കേണ്ടതാണ്. ഈ സിമ്പോസിയത്തിൽ പ്രോജക്ടിലെ എല്ലാ അംഗൻവാടി പ്രവർത്തകരേയും സൂപ്പർവൈസർമാരേയും, JPHN-മാരേയും പങ്കെടുപ്പിക്കേണ്ടതാണ്.
- 4) ഓഗസ്റ്റ് 7 - ജില്ലാതല സിമ്പോസിയം - ജില്ലയിലെ എല്ലാ ശിശു വികസന പദ്ധതി ഓഫീസർമാരേയും, സൂപ്പർവൈസർമാരേയും ഉൾപ്പെടുത്തണം. ആരോഗ്യ വകുപ്പിലെ ഉദ്യോഗസ്ഥരേയും പ്രവർത്തകരേയും ഉൾപ്പെടുത്താവുന്നതാണ്.

വിഷയം-1 - Infant Milk Substitutes Feeding Bbottles and infant foods (Regulation of production, supply and distraction)Act 1992 and Amendment Act 2003 (IMS Act).

വിഷയം-2 - മുലയൂട്ടലും കുട്ടികളുടെ വളർച്ചയും

ക്ലാസ് എടുക്കുന്നതിന് വേണ്ടി ഒരു മെഡിക്കൽ ഓഫീസറേയും ഒരു അഡ്വക്കേറ്റിനേയും ക്ഷണി ക്കാവുന്നതാണ്. ഇത് ജില്ലാതല റിവ്യൂ മീറ്റിംഗിനോടനുബന്ധിച്ച് സംഘടിപ്പിക്കാവുന്നതാണ്.

ഇത്തരത്തിലുള്ള പ്രചാരണ പ്രവർത്തനങ്ങൾ അംഗൻവാടികൾ, ബ്ലോക്ക് തലം, ജില്ലാതലം എന്നീ ഘട്ടങ്ങളിൽ സംഘടിപ്പിക്കുന്നതിന് ആവശ്യമായ പഠന സാമഗ്രികൾ താഴെ പറയുന്ന വെബ്സൈറ്റിൽ ലഭ്യമാണ്. <http://bpni.org/WBW/wbw2012.html>.

ഈ പ്രവർത്തനങ്ങൾ സംഘടിപ്പിച്ച ശേഷം സാമൂഹ്യക്ഷേമ വകുപ്പ് ഡയറക്ടർക്ക് ഉള്ളടക്കം ചെയ്തിരിക്കുന്ന ഫോർമാറ്റിൽ തയ്യാറാക്കിയ റിപ്പോർട്ട് ജില്ലാതലത്തിൽ ക്രോഡീകരിച്ച് നൽകേണ്ടതാണ്.

①  
30-7-12  
സാമൂഹ്യക്ഷേമ ഡയറക്ടർക്കുവേണ്ടി.

എല്ലാ പ്രോഗ്രാം ഓഫീസർമാർക്കും.

ജികെ/

# World Breastfeeding Week

## Objectives:

- To mobilise the world to the potential for saving ONE million babies starting with ONE simple action: allowing the baby to initiate breastfeeding in the first hour of life
- To promote immediate skin-to-skin contact of the mother and baby and continuing with exclusive breastfeeding for six months
- To encourage ministers of health and other authorities to include the initiation of breastfeeding in the first hour as a key indicator for preventive health
- To ensure that families know how important a baby's first hour is, so that they can make sure that their babies are given this opportunity
- To support the newly revised and revitalised Baby Friendly Hospital Initiative (BFHI), with its emphasis on integration and expansion, and on the early initiation of breastfeeding.

"It begins at birth. Our very first act after birth is to suck our mother's...milk. This is an act of affection, of compassion. Without that act, we cannot survive. That's clear...That's the way of life. That's reality."

Dalai Lama and Howard C. Cutler, *The Art of Happiness A Handbook for Living*. 1998

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## [PHOTO CAPTION]

In the first hour of life,  
a baby finds her mother's breast.

Together they can do it on their own, when we respect maternal/infant physiology as we provide expert maternal child care.

This is the beginning of a life-sustaining breastfeeding relationship between mother and child.

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## The Remarkable First Hour of Life

When healthy infants are placed skin-to-skin on their mother's abdomen and chest immediately after birth, they exhibit remarkable capabilities. They are alert. They can crawl, stimulated by mother's gentle touch, across her abdomen, reaching her breast.<sup>13</sup> They begin to touch and massage the breast. This first gentle touch of a baby's hand or head at the breast stimulates release of maternal oxytocin,<sup>9</sup> thus beginning both the flow of milk and enhancing the feelings of love for the baby. Then the baby smells, mouths and licks the mother's nipple. Finally, he or she attaches to the breast and feeds. This sequence of events is important for the survival of human young.

Although many authors describe these normal infant behaviours,<sup>7,13</sup> we are just now discovering the importance of providing the opportunity for a mother and baby to have the experience. For the first time, researchers have assessed the effect of the timing of the first breastfeed on newborn mortality – showing that mortality may be less if infants start to breastfeed in the first hour. (See Research Bulletin box)

## Optimal breastfeeding

The WHO/UNICEF *Global Strategy for Infant and Young Child Feeding* recommends that children breastfeed exclusively for the first 6 months of life, and then continue breastfeeding with adequate complementary food up to 2 years or beyond. Normal initiation of breastfeeding in the first minutes to first hours of life begins with skin-to-skin contact, and helps mothers and infants to achieve optimal breastfeeding. This is required in the BFHI, specifically in Step 4 of the WHO/UNICEF *10 Steps to Successful Breastfeeding*.

### **Breastfeeding Rights**

The *Convention on the Rights of the Child* recognises that every child has the inherent right to life and aims to ensure their survival and development. Breastfeeding within the first hour after delivery helps to ensure child survival. Women have a right to this knowledge and to receive the support that they need to initiate breastfeeding accordingly.

### **Why is skin-to-skin contact after birth and breastfeeding within the first hour of life so important?**

1. The mother's body helps to keep the baby appropriately warm, which is especially important for small and low birth weight babies.<sup>4</sup>
2. The baby is less stressed, calmer and has steadier breathing and heart rates.<sup>7</sup>
3. The baby is exposed first to the bacteria from the mother which are mostly harmless, or against which the mother's milk contains protective factors. The mother's bacteria colonise the baby's gut and skin and compete with more harmful bacteria from health providers and the environment, and so prevent them from causing infection. .<sup>5</sup>
4. **The baby receives colostrum for the first feeds – liquid gold, sometimes called the gift of life.**<sup>5</sup>
  - Colostrum is rich in immunologically active cells, antibodies and other protective proteins. Thus it serves as the baby's first immunization. It protects against many infections. It helps to regulate the baby's own developing immune system
  - It contains growth factors, which help the infant's intestine to mature and function effectively. This makes it more difficult for micro-organisms and allergens to get into the baby's body
  - It is rich in Vitamin A, which helps protect the eyes and reduce infection
  - It stimulates the baby to have bowel movements so that meconium is cleared quickly from the gut. This helps get rid of the substances in the baby's body that produce jaundice and therefore may help reduce it
  - It comes in small volumes, just right for the new baby.
5. Touching, mouthing and suckling at the breast stimulates **oxytocin** release – this is important for many reasons:
  - Oxytocin causes the uterus to contract. This may help delivery of the placenta and reduce maternal bleeding after the birth<sup>10</sup>
  - Oxytocin stimulates other hormones which cause a mother to feel calm, relaxed, and some would say "in love" with her baby<sup>9</sup>

- Oxytocin stimulates the flow of milk from the breast.
6. Women experience incredible joy with this first meeting of their child! And fathers often share this delight. The process of bonding between mother and baby begins.

Overall, skin-to-skin contact and early feeds with colostrum are associated with reduced mortality in the first month of life. They are also associated with increased exclusive breastfeeding and longer duration of breastfeeding in the following months, leading to improved health and reduced mortality later on as well.<sup>6,12</sup>

**Is normal breastfeeding initiation in the first hour all that is needed to guarantee continued exclusive breastfeeding?**

Absolutely not! Mothers need continued support to breastfeed exclusively for 6 months. The family, health workers, traditional healers and others in the community are all important contributors to their network of support. Health providers, health visitors and others need clinical training in assessment of breastfeeding, identification of problems, as well as knowledge and skills for helping the mother to resolve difficulties. Follow-up by a health worker within 48-72 hours after the birth, again after one week, and at appropriate times thereafter provides the opportunity to intervene early if there are problems, as well as to reassure the mother when things are going well.

Implementation of the newly revised and revitalised BFHI with its *10 Steps to Successful Breastfeeding* along with adherence to The International Code of Marketing of Breast-milk Substitutes and Subsequent World Health Assembly Resolutions provide the support structure needed to protect, promote and support optimal breastfeeding.

**Policy Matters**

We do not know how many babies experience skin-to-skin contact and initiation of breastfeeding in the first hour of life.

*The 10 Steps for Successful Breastfeeding* as embodied in the BFHI includes a step that calls for helping a mother to initiate breastfeeding within the first half hour of life. The newly revised BFHI materials clarify this step to indicate the need for immediate skin-to-skin contact and ongoing support to achieve breastfeeding within the first hour. We now understand that all babies should have skin to skin contact immediately after birth and the opportunity to breastfeed as soon as they show readiness to do so.

Other steps increase the likelihood of continued exclusive breastfeeding: help the mother to position and attach the baby at the breast; keep them together after delivery; encourage feeding on infant's cue (demand feeding); avoid the use of artificial teats or pacifiers; and avoid any other food or drink unless medically indicated. In Baby-Friendly hospitals, rates of breastfeeding initiation, exclusive breastfeeding and duration of breastfeeding are improved.<sup>6,12</sup> Policy matters.

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**BOX: #1 Research Bulletin**

**IF BABIES BREASTFED WITHIN THE FIRST HOUR, 1 MILLION LIVES MIGHT BE SAVED**

Researchers in rural Ghana, where early initiation of breastfeeding was not the norm, found that babies who started to breastfed in the first hour of life were more likely to survive the neonatal period than those who did not (Edmond et al, 2006).

- Babies who did not start breastfeeding until after 24 hours of age **were 2.5 times** more likely to die than babies who started within the first hour of life, whether they were partially or exclusively breastfed.
- 30% of babies in the study were fed solids or other milk before one month of age
- These infants were 4 times more likely to die than babies who were exclusively breastfed
- **Conclusions:**  
**For rural Ghana:**
  - 16% of newborn deaths could be prevented if newborns were breastfed exclusively from day one
  - 22% of newborn deaths could be prevented if newborns initiated breastfeeding within one hour of birth.

Edmond K et al (2006) Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics*, 117:380-386

Edmond KM, Bard EC, Kirkwood BA. Meeting the child survival millennium development goal. How many lives can we save by increasing coverage of early initiation of breastfeeding? Poster presentation at the Child Survival Countdown Conference, London UK. December 2005.

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**BOX#2 How to Initiate Breastfeeding in the First Hour of Life<sup>1,7,11</sup>**

1. Provide appropriate, culturally sensitive and supportive labour companionship to mothers
2. Encourage non-pharmacologic measures to help support women through labour (massage, aromatherapy, water injections, movement)<sup>3</sup>
3. Allow delivery to occur in the position preferred by the mother<sup>7</sup>
4. Dry the baby quickly, preserving the natural white cream (vernix) that soothes a baby's new skin
5. Place the baby naked skin-to-skin on mother's naked chest, facing her, and cover them together
6. Allow the baby to seek the breast. The mother will stimulate the baby with her touch and may help position the baby closer to the nipple (Do not force the baby to the nipple)
7. Keep the baby skin-to-skin with the mother until the first feeding is accomplished and as long as she desires thereafter
8. Women who have surgical births should also have their infants skin-to-skin after delivery
9. Delay intrusive or stressful procedures. The baby should be weighed, measured, and given preventive medications **AFTER** the feed<sup>1,11</sup>
10. No pre-lacteal liquids or feeds should be given unless there is a clear medical indication<sup>1,11</sup>

### **BOX #3 Mistaken Beliefs: Barriers to Normal Breastfeeding Initiation**

#### **1. Colostrum is not good, or even dangerous for babies. NO!**

Colostrum is essential for normal growth and development<sup>5</sup>:

- First immunization – protects against intestinal and other infections
- Purgative to reduce severity of jaundice

#### **2. Infants need special teas or other fluids before breastfeeding. NO!**

Any pre-lacteal feeds (feed given before breastfeeding has started) increase the infant's risk of infection, reduce the likelihood of exclusive breastfeeding and shorten the duration of breastfeeding.<sup>6,8,11</sup>

#### **3. Babies will not get enough food or fluid with only colostrum and breastmilk. NO!**

Colostrum is sufficient for a baby's first feeds.<sup>5</sup> It is normal for a newborn to lose 3-6% of birth weight. They are born with a store of water and sugar in their bodies to use at this time.

#### **4. Baby will get too cold. NO!**

Babies are at safe temperatures when skin-to-skin with their mothers.<sup>4</sup> Amazingly, the mother's breast temperature rises 0.5 degrees C within 2 minutes of having the baby on her chest.<sup>2</sup>

#### **5. Mothers are too exhausted after labour and delivery to feed their baby immediately. NO!**

The surge of oxytocin that comes with skin-to-skin contact and breastfeeding helps to calm a mother after the birth of her baby.

#### **6. It is very important to suction the baby's mouth, nose, and oropharynx before the first breath to prevent inhaling birth fluids, especially if the baby had a bowel movement during the labour. NO!**

Suctioning the normal healthy newborn does not reduce the occurrence of meconium aspiration, and may injure the tissue of the mouth, throat or vocal cords. Gastric suction also interferes with breastfeeding.<sup>13</sup>

#### **7. Vitamin K and medication to prevent gonorrhoea eye infection must be given immediately after birth. NO!**

The American College of Obstetrics and Gynaecology and the Academy of Breastfeeding Medicine state that these important preventive measures can be delayed for as long as an hour, until after the baby has breastfed, without risk to the infant.<sup>1,11</sup> They should not in any case require separation of mother and baby.

#### **8. Women require pharmacologic intervention to cope with the pain of labour. Normally, NO!**

Use of labour analgesia/anaesthesia may sedate the baby, hindering breast-seeking behaviour and delaying initiation of breastfeeding for hours or days.<sup>7</sup> Use of complementary therapies including having a companion during labour help women to cope with the pain, and the obstetric outcome may be improved.<sup>3</sup>

#### **9. It requires too much work and time to help the mother during this time. NO!**

While the baby is on the mother's chest, the birth attendant can continue to do the usual assessment of mother and baby or other duties.<sup>11</sup> The baby will find his or her own way to the breast.



## MAP CENTRE PAGE

Title: **Countries that Track Initiation of Breastfeeding within ONE Hour**

Key:

No colour	Data was not reported
Red	Below 29%
Yellow	30-49%
Blue	50-89%
Green	90% and above

Note: It is important to include the timing of first breastfeeding as an indicator of best practices. However, very few countries do so. Of the 60 countries with the highest rates of malnutrition, only 38 reported the frequency of initiating breastfeeding in the first hour of life.

### **BOX: #4 Does skin-to-skin contact matter for women who are HIV positive?**

Even women for whom replacement feeding is Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS), and who choose not to breastfeed, should have skin-to-skin contact with their babies. These mother-infant couples are particularly vulnerable. Skin-to-skin contact provides a special closeness, beginning the mother-child relationship.

If conditions are not AFASS, it is very important for mothers and infants to have skin-to-skin contact immediately after birth and to start breastfeeding in the first hour. For these babies, exclusive breastfeeding carries a lower risk of mother to child transmission of HIV than mixed feeding.

Remember: for women of unknown HIV status, exclusive breastfeeding is recommended.

See [http://www.who.int/child-adolescent-health/publications/NUTRITION/consensus\\_statement.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/consensus_statement.htm) and [/HIV\\_IF\\_Framework.htm](#)

### **BOX #5**

**Help Achieve Important Millennium Development Goals (MDGs): Facilitate breastfeeding in the first hour of life**

At the United Nations Millennium Summit in September 2000, world leaders agreed on critical goals related to child mortality and hunger. Many of the poorest nations are lagging behind in reaching these MDGs. Initiating breastfeeding in the first hour can help achieve MDG #1 and #4. This was reconfirmed at the UN Standing Committee on Nutrition in 2003, where those assembled called for a global indicator for early initiation of breastfeeding.

**MDG #1: Eradicate extreme poverty and hunger - reduce by half the proportion of people who suffer from hunger**

Starting to breastfeed in the first hour of life is associated with increased rates of exclusive breastfeeding and longer duration of breastfeeding. This contributes significantly to meeting

children's nutritional needs during the first two years of life, thus preventing malnutrition and stunting which usually have their origin at this age.

**MDG #4: Reduce child mortality - reduce by two-thirds the mortality rate among children under five**

Most child deaths are caused by diarrhoea and respiratory illness, which are more common and more serious with suboptimal breastfeeding.<sup>8</sup> About 40% of the deaths occur in the first month of life, which is a major barrier to attaining this MDG. Breastfeeding in the first hour could reduce newborn deaths (see Research Bulletin box) and increasing optimal breastfeeding could reduce overall child mortality.

United Nations *The Millennium Development Goals: 2006 Report* UN New York

**ACTION IDEAS:**

Initiation of breastfeeding within the first hour of life has the potential to make a major contribution to the health of the world's children. It can significantly contribute to meeting MDG #1 and #4. Policy changes that encourage promotion of timely breastfeeding initiation must improve locally and globally.

For hospitals and maternity facilities

- Assess birthing sites – what are the barriers to normal breastfeeding initiation? Develop action plans to address any barriers that are identified
- Encourage all facilities to keep records on whether or not initiation proceeds in the first hour
- Carry out monthly “rounds” on early breastfeeding initiation to consider what can be done programmatically and practically to improve the rates
- Implement the newly revised BFHI materials
- Review the impact of birthing practices on breastfeeding initiation so that disruptive practices can be modified.

For health workers

- Teach birth attendants in health facilities and in the community how to facilitate breastfeeding initiation in the first hour
- Review curricula of health providers and traditional birth attendants related to labour, birth and breastfeeding to assure that information about this important step is included
- Support at least ONE mother a day!

For family and community members

- Provide education to families regarding the importance of breastfeeding during pregnancy and soon after birth. Include grandmothers and other influential family members in this discussion
- Identify the natural community leaders and communicators as persons who can bring this message to every woman and man, young and old, to support mothers in breastfeeding initiation and exclusive breastfeeding
- Enlist the popular press in bringing the message to the people. Give ONE coverage per month for breastfeeding!

# WBW 2012

Category  Individual  Organization  
(Please tick)

## Reporting Format for World Breastfeeding Week 2012 Celebrations

Activities completed during the World Breastfeeding Week (1-7 August 2012)

Theme: "Taking Stock of Policies and Programmes!"

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Town \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Details of the Activities

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Number of Person attended \_\_\_\_\_ Target Group \_\_\_\_\_

Material Distributed \_\_\_\_\_

Do you think the activities organised by you would have impact on the people?  Yes  No

If yes, please specify the type of impact *(add extra page, if needed)*

Please specify the problems/challenges faced by you in communicating the messages on optimal feeding practices and organising the activities. *(add extra page, if needed)*

*Please send supporting photographs and other informational material of these activities.*

**Kindly post / courier this form with supporting documents latest by 30.9.2012 to:  
Breastfeeding Promotion Network of India (BPNI). BP-33, Pitampura, Delhi 110 034.  
Tel: 011-27343608, 42683059, Tel/Fax: 011-27343606. E-mail: [bpni@bpni.org](mailto:bpni@bpni.org)**