

# Session 1:

## The national infant feeding situation

### Objectives

At the conclusion of this session participants will be able to:

- Describe and apply WHO's infant and young child feeding recommendations.
- Describe the terms used for breastfeeding and complementary feeding.
- Describe the infant and young child feeding situation in their countries, including breastfeeding and complementary feeding patterns and trends over time.

### Duration

45 minutes

### Teaching methods

Presentation by national breastfeeding or infant and young child feeding coordinator or other knowledgeable official

Discussion

### Preparation for session

It is important to start preparing for this session long enough in advance to allow for much of the required materials to be collected from outside sources. What exactly is needed will vary from country to country. The following are some general ideas of how to prepare for the session:

- Review breastfeeding and complementary feeding definitions and recommendations (see slides/transparencies 1.4-1.6 for overview).
- Collect national data and other relevant information on breastfeeding and complementary feeding practices and trends over time, reviewing recent national and local surveys and studies.
- Determine how patterns compare with those in neighbouring countries or elsewhere in the region.
- Contact government health officials, local researchers (e.g., at universities, nutrition institutes) and WHO and UNICEF country and regional officers for additional data.

- Consult the *WHO Global data bank on breastfeeding and complementary feeding* (<http://www.who.int/research/iycf/bfcf/bfcf.asp>) and collect nationally representative data on breastfeeding prevalence and duration.
- Check for country information from Macro International's *Demographic and health surveys* (DHS), UNICEF's *State of the world's children*, UNICEF's *Multiple indicator cluster surveys* (MICS), La Leche League branches, other national or international breastfeeding non-governmental organizations (NGOs) such as WABA or IBFAN, and any other relevant sources. (See Handout 1.4 for details on how to access this data.)
- For data on HIV prevalence, including prevalence among pregnant women, search for statistics on the UNAIDS website. (See Handout 1.4 for details on how to access this data on the website.)
- Prepare PowerPoint presentations or overheads to display the data.

### Training materials

#### *Handouts*

- 1.1 Presentation for session 1
- 1.2a The *WHO Global data bank on breastfeeding and complementary feeding*
- 1.2b "Requested Survey Information" for the *WHO Global data bank on breastfeeding and complementary feeding*
- 1.3a Breastfeeding indicators for households
- 1.3b Breastfeeding indicators for health facilities
- 1.4 Possible sources of infant and young child feeding data

Copies of relevant data on the country/regional infant and young child feeding situation (their number depends on how much material and data are available).

#### *Slides/transparencies*

- 1.1-3 Facts on infant and young child feeding
- 1.4 WHO's infant and young child feeding recommendations
- 1.5-6 Breastfeeding and complementary feeding terms and definitions
- 1.7 Key questions to compare the country situation with WHO infant and young child feeding recommendations
- 1.8 Key questions to compare health facility data with WHO recommendations

Additional overheads with country-related data available from surveys, studies and research.

The website featuring this Course contains links to the slides and transparencies for this session in two Microsoft PowerPoint files. The slides (in colour) can be used with a laptop computer and LCD projector, if available. Alternatively, the transparencies (in black and white) can be printed out and copied on acetates and projected with an overhead projector. The transparencies are also reproduced as the first handout for this session, with 6 transparencies to a page.

## References

- 15 Years After Innocenti Declaration, Breastfeeding Saving Six Million Lives Annually* [press release]. New York, UNICEF, 2005 ([http://www.unicef.org/media/media\\_30011.html](http://www.unicef.org/media/media_30011.html)).
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- Feachem RG, Koblensky MA. Interventions for the control of diarrhoeal diseases among young children: promotion of breastfeeding. *Bulletin of the World Health Organization*, 1993, 62: 271-291.
- Fifty-fifth World Health Assembly A55/15. Provisional agenda item 13.10 16 April 2002. Infant and young child nutrition. Global strategy on infant and young child feeding*. Geneva, World Health Organization, 2002.
- Global data bank on breastfeeding and complementary feeding*. Geneva, World Health Organization, 2002 (<http://www.who.int/research/iycf/bfcf/bfcf.asp>).
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- Indicators for assessing health facility practices that affect breastfeeding, Report of the Joint WHO/UNICEF Informal Interagency Meeting 9-10 June, 1992, Geneva, Switzerland*. Geneva, World Health Organization, 1993 (WHO/CDR/93.1, UNICEF/SM/93.1).
- Jones G, Stekette RW, Black R, Bhutte ZA, The Bellagio Child Survival Group. How many child deaths can we present this year? *Lancet*, 2003, 362:65-71.
- Kleinman RL, Senanayake P (eds). *Breastfeeding: fertility and contraception*. London, International Planned Parenthood Federation, 1987.
- Kramer MS, Kakuma R. *The optimal duration of exclusive breastfeeding: A systematic review*, Geneva, World Health Organization, 2001 (WHO/NHD/01.08, WHO/FCH/CAH/01.23) ([http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO\\_FCH\\_CAH\\_01.23.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO_FCH_CAH_01.23.htm)).
- Report of the expert consultation on the optimal duration of exclusive breastfeeding: Geneva, Switzerland 28-30 March 2001*. Geneva, World Health Organization, 2001 (WHO/NHD/01.09, WHO/FCH/CAH/01.24) ([http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO\\_FCH\\_CAH\\_01.24.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO_FCH_CAH_01.24.htm)).
- UNICEF/WHO/UNESCO/UNFPA. *Facts for life: A communication challenge*, revised ed. Wallingford, UK, P & LA, 1993.

Victora CG, Vaughan JP, Lombardi C, et al. Evidence for protection by breast-feeding against infant deaths from infectious diseases in Brazil. *Lancet*, 1987, 2:319-322.

WHO and LINKAGES. *Infant and young child feeding: A tool for assessing national practices, policies and programmes*. Geneva, World Health Organization, 2003 (<http://www.who.int/nutrition/publications/infantfeeding/en/index.html>; [http://www.who.int/child-adolescent-health/publications/NUTRITION/IYCF\\_AT.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/IYCF_AT.htm)).

*WHO infant and young child nutrition (progress and evaluation report; and status of implementation of the International Code of Marketing of Breast-milk Substitutes), forty -seventh World Health Assembly, provisional agenda item 19, 23 March 1994*. Geneva, World Health Organization, 1994.

WHO/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, World Health Organization, 2003 (<http://www.who.int/nutrition/publications/infantfeeding/en/index.html>; [http://www.who.int/child-adolescent-health/NUTRITION/global\\_strategy.htm](http://www.who.int/child-adolescent-health/NUTRITION/global_strategy.htm)).

WHO/UNICEF. *Innocenti declaration on the protection, promotion and support of breastfeeding*, adopted by participants at the WHO/UNICEF policymaker's meeting on "Breastfeeding in the 1990s: A Global Initiative", Spedale degli Innocenti, Florence, Italy, 30 July – 1 August, 1990.

Outline

Content	Trainer's Notes
	Mention that a mini-version of the presentation is reproduced in Handout 1.1 and included in the participants' folder.
<b>1. Key facts on infant and young child feeding</b>	
Breastfeeding facts	Show slides/transparencies 1.1 - 1.3. Briefly mention each point, emphasizing the important role that breastfeeding plays in protecting the health and nutrition of children and their mothers.
<b>2. Current infant and young child feeding recommendations</b>	
<ul style="list-style-type: none"> <li>■ Summary and discussion of the recommendations:</li> </ul>	Show slide/transparency 1.4
<ul style="list-style-type: none"> <li>■ Initiate breastfeeding within one hour of birth</li> <li>■ Breastfeed exclusively for the first 6 months of age (180 days)</li> <li>■ Thereafter give nutritionally adequate and safe complementary foods to all children.</li> <li>■ Continue breastfeeding for up to 2 years of age or beyond.</li> </ul>	<p>Refer to the recommendations in the <i>Global Strategy for Infant and Young Child Feeding</i>, paragraph 10, pages 7-8.</p> <p>Discuss the new interpretation of "Step 4" of the "Ten Steps to Successful Breastfeeding":</p> <p><i>Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognize when their babies are ready to breastfeed, offering help if needed.</i></p>
<b>3. Breastfeeding and complementary feeding terms</b>	
<ul style="list-style-type: none"> <li>■ Definitions of the main terms used internationally to describe different ways of feeding infants and young children: <ul style="list-style-type: none"> <li>■ Exclusive breastfeeding</li> <li>■ Partial breastfeeding</li> <li>■ Mixed feeding</li> <li>■ Bottle-feeding</li> <li>■ Artificial feeding</li> <li>■ Replacement feeding</li> <li>■ Complementary feeding</li> </ul> </li> </ul>	Use slides/transparencies 1.5 and 1.6 to summarize the definitions of the different terms. Be familiar with the rationale for selecting these definitions for use at the global level.
<ul style="list-style-type: none"> <li>■ Other terms commonly used locally</li> </ul>	

Content	Trainer's Notes
<p><b>4. National infant and young child feeding patterns</b></p> <ul style="list-style-type: none"> <li>■ Data related to breastfeeding and complementary feeding</li> </ul>	
<p>Review national data comparing the country situation with the WHO infant and young child feeding recommendations, including, if available, information on the following indicators:</p> <ul style="list-style-type: none"> <li>■ Percentage of babies breastfeeding exclusively for the first six months of life (180 days)</li> <li>■ Percentage of babies exclusively breastfeeding by month, up to 6 months</li> <li>■ Percentage of babies with appropriate complementary feeding</li> <li>■ Median duration of breastfeeding (in months)</li> </ul>	<p>Show slide/transparency 1.7 summarizing key questions that can be asked to compare the country situation with WHO's infant and young child feeding recommendations.</p> <p>Show slides/transparencies that present country data related to breastfeeding initiation, exclusivity and duration and complementary feeding practices. If possible, show trends over time. If practices do not meet the WHO recommendations, discuss some of the factors that may contribute to this.</p> <p>When presenting data on exclusive breastfeeding rates, show percentage rates by month and, if rates decrease substantially in the later part of the 6 month period, discuss the importance of encouraging improvement during this period.</p> <p>Some of these data can be obtained from the <i>WHO Global data bank on breastfeeding and complementary feeding</i>. Refer participants to handout 1.2 (a-b), "<i>WHO Global data bank on breastfeeding and complementary feeding</i>" and briefly explain that this is a global database containing data on prevalence and duration of breastfeeding and on complementary feeding worldwide.</p> <p>Mention that the Expert Committee (refer to WHO (2001) reference) recommends exclusive breastfeeding for 6 months, with introduction of complementary feeds and continued breastfeeding thereafter. This recommendation applies to all populations.</p> <p>WHO has developed indicators for breastfeeding at the household level to guide data collection worldwide. Refer participants to handout 1.3a that lists these key indicators.</p> <p>Data may also be available from sources such as the <i>Demographic and health surveys (DHS)</i> undertaken in collaborating countries with USAID support, the <i>UNICEF Multiple indicator cluster surveys</i>, national infant feeding or nutrition surveys, etc.</p>

Content	Trainer's Notes
	<p>(Pass out Handout 1.4 to alert participants to these sources of data.)</p> <p>If possible, data from neighbouring countries can also be presented. Discuss possible reasons for current rates and why some countries in the same region or sub region may be doing well while others are not.</p>
<ul style="list-style-type: none"> <li>■ Data related to infant feeding practices following delivery in maternity services</li> </ul> <p>Review health facility data that compare infant feeding practices with WHO recommendations:</p>	<p>Show slide/transparency 1.8 summarizing key questions.</p> <p>Mention that WHO has developed indicators for breastfeeding in maternity services to guide data collection worldwide. Refer participants to handout 1.3b that lists these key indicators.</p>
<ul style="list-style-type: none"> <li>■ <b>Breastfeeding initiation:</b> Percentage of babies who start breastfeeding within 1 hour of birth</li> <li>■ <b>Rooming-in:</b> Percentage of babies who “room-in” on a 24-hour basis with their mothers after delivery</li> <li>■ <b>Exclusive breastfeeding:</b> Percentage of babies who are exclusively breastfed from birth to discharge in maternity wards or hospitals</li> <li>■ <b>Bottle-feeding:</b> Percentage of babies getting any feeds from bottles between birth and discharge (include babies delivered by caesarian-section and babies in special care units)</li> </ul>	<p>Show slides/transparencies that present country or health facility data related to infant feeding practices following delivery in maternity services. If information is available from Baby-friendly Hospital Initiative assessments or other sources, summarize the results.</p> <p>Present this information and any other important data related to the implementation of the “Ten steps to successful breastfeeding”.</p>
<ul style="list-style-type: none"> <li>■ Discussion</li> </ul>	<p>Ask participants to contribute information from their own settings. They might be asked to suggest what they believe are the reasons for certain types of data (e.g., the local beliefs and practices that lead to a low level of exclusive breastfeeding).</p> <p>Respond to any other questions participants may have related to the session.</p>

Handout 1.1

Presentation for session 1

**Facts on infant and young child feeding**

- It has been estimated that about 2 million child deaths could be averted every year through effective breastfeeding.
- Exclusively breastfed infants have at least 2½ times fewer illness episodes than infants fed breast-milk substitutes.
- Infants are as much as 25 times more likely to die from diarrhoea in the first 6 months of life if not exclusively breastfed.
- Among children under one year, those who are not breastfed are 3 times more likely to die of respiratory infection than those who are exclusively breastfed.

From: Jones, 2003; Chandra, 1979; Feachem, 1984; and Victora, 1987.

Transparency 1.1

**Facts on infant and young child feeding**

- Infants exclusively breastfed for 4 or more months have half the mean number of acute otitis media episodes of those not breastfed at all.
- In low-income communities, the cost of cow's milk or powdered milk, plus bottles, teats, and fuel for boiling water, can consume 25 to 50% of a family's income.
- Breastfeeding contributes to natural birth spacing, providing 30% more protection against pregnancy than all the organized family planning programmes in the developing world.

From: Duncan et al, 1993; UNICEF/WHO/UNESCO/UNFPA, 1993; and Kleinman, 1987.

Transparency 1.2

**Facts on infant and young child feeding**

- The peak period of malnutrition is between 6 and 28 months of age.
- Malnutrition contributes to about half of under-five mortality & a third of this is due to faulty feeding practices.
- Counselling on breastfeeding and complementary feeding leads to improved feeding practices, improved intakes and growth.
- Counselling on breastfeeding and complementary feeding contributes to lowering the incidence of diarrhoea.

Transparency 1.3

**WHO's infant and young child feeding recommendations**

- Initiate breastfeeding within one hour of birth.
- Breastfeed exclusively for the first six months of age (180 days).
- Thereafter give nutritionally adequate and safe complementary foods to all children.
- Continue breastfeeding for up to two years of age or beyond.

Adapted from the *Global Strategy*.

Transparency 1.4

**Breastfeeding and complementary feeding terms and definitions**

- **EXCLUSIVE BREASTFEEDING:** the infant takes only breast milk and no additional food, water, or other fluids with the exception of medicines and vitamin or mineral drops.
- **PARTIAL BREASTFEEDING or MIXED FEEDING:** the infant is given some breast feeds and some artificial feeds, either milk or cereal, or other food or water.
- **BOTTLE-FEEDING:** the infant is feeding from a bottle, regardless of its contents, including expressed breast milk.

Transparency 1.5

**Breastfeeding and complementary feeding terms and definitions**

- **ARTIFICIAL FEEDING:** the infant is given breast-milk substitutes and not breastfeeding at all.
- **REPLACEMENT FEEDING:** the process of feeding a child of an HIV-positive mother who is not receiving any breast milk with a diet that provides all the nutrients the child needs.
- **COMPLEMENTARY FEEDING:** the process of giving an infant food in addition to breast milk or infant formula, when either becomes insufficient to satisfy the infant's nutritional requirements.

Transparency 1.6

***Key questions to compare the country situation with WHO infant and young child feeding recommendations***

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- Percentage of babies breastfeeding exclusively for the first six months of life (180 days)
- Percentage of babies exclusively breastfeeding by month, up to 6 months
- Percentage of babies with appropriate complementary feeding
- Median duration of breastfeeding (in months)

Transparency 1.7

***Key questions to compare health facility data with WHO recommendations***

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- **Early initiation:** Percentage of babies who start breastfeeding within 1 hour of birth
- **Rooming-in:** Percentage of babies who “room-in” on a 24-hour basis with their mothers after delivery
- **Exclusive breastfeeding:** Percentage of babies who are exclusively breastfed from birth to discharge
- **Bottle-feeding:** Percentage of babies who are getting any feeds from bottles between birth and discharge

Transparency 1.8

## **The *WHO Global data bank on breastfeeding and complementary feeding***

The *WHO Global data bank on breastfeeding and complementary feeding* is maintained by the Department of Nutrition for Health and Development. The Bank has been restructured in line with the latest breastfeeding indicators and definitions, which have been developed to broaden the nomenclature describing different types of breastfeeding behaviour and to increase the coherence, reliability, and comparability of data.

The Bank will soon add indicators for complementary feeding, as they become available.

The Bank pools information from national and regional surveys, studies, and reviews dealing specifically with the prevalence and duration of breastfeeding. Every effort is made to achieve worldwide coverage, which will permit:

- monitoring of breastfeeding prevalence and duration, and analysis of trends over time;
- comparisons over time within countries, and between countries and regions;
- assessment of breastfeeding trends and practices as a basis for future action;
- evaluation of the impact of breastfeeding promotion programmes;
- ready access to current data for use by policy- and decision-makers, scientists, researchers, hospital administrators, health workers, and other interested parties

For this purpose, it is necessary that global indicators and definitions for breastfeeding and complementary feeding be disseminated worldwide and that researchers and health professionals supply the Bank with up-to-date data. Both conditions have to be fulfilled if the Bank is to achieve its full potential and thereby contribute to the health of mothers and infants everywhere.

To this end, a report is prepared every three to four years on infant and young child feeding (IYCF) trends in countries for which data are available. At present 168 countries and 98% of the world's children are covered. It is hoped that the Bank will help enable the competent national authorities to achieve the IYCF goals they have established, while serving to motivate all concerned parties to strengthen programmes in support breastfeeding and complementary feeding.

The Bank is now accessible on the web at <http://www.who.int/research/iycf/bfcf/bfcf.asp>. Information can be accessed by country or region, indicator and year(s) of survey. If you would like to provide data or other information on breastfeeding, complementary feeding and infant and young child feeding practices in your country, you can use the datasheet (Requested Survey Information) provided on the website and also presented as Handout 1.2b.

Handout 1.2b

# REQUESTED SURVEY INFORMATION

## for the *WHO Global Data Bank on Breastfeeding and Complementary Feeding*

**No additional data available** other than reported in the Global Data Bank on Breastfeeding and Complementary Feeding according to draft extract 2002

**Additional data available:**

**Information source:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Reference:** \_\_\_\_\_  
*(please fill in one form for each study)*

**PLEASE ATTACH ALL ORIGINAL REPORTS/ELECTRONIC COPIES TO THIS FORM**

Attached  
 NOT attached, reason: \_\_\_\_\_

National survey:  yes  
 no, please specify: \_\_\_\_\_

Description of study sample: \_\_\_\_\_

Study size (*number of participants*): \_\_\_\_\_

Disaggregated data available for:  rural/urban  
 region  
please specify: \_\_\_\_\_  
 other  
please specify: \_\_\_\_\_

*If data are available for the above mentioned subgroups, please attach all results for every subgroup*

Attached  
 NOT attached, reason: \_\_\_\_\_

**BREASTFEEDING**

<b>Ever-breastfed rate:</b> _____	Definition: Infants less than 12 months old who were ever breastfed
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<b>Mean duration of breastfeeding:</b> _____	Definition: Average duration of breastfeeding in months
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<b>Median duration of breastfeeding:</b> _____	Definition: Age in months when 50% of children are no longer breastfed
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**EXCLUSIVE BREASTFEEDING**

Give definition of exclusive breastfeeding used in the study: \_\_\_\_\_

<b>Exclusive breastfeeding rate..</b> <i>% exclusive</i> <b>at 1 month:</b> _____ <b>at 2 months:</b> _____ <b>at 3 months:</b> _____ <b>at 4 months:</b> _____ <b>at 5 months:</b> _____	Definition: Infants 1, 2 etc. months old who are exclusively breastfed at the specified age
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at 6 months: \_\_\_\_\_

**Exclusive breastfeeding rate <4 months:**

<b>Exclusive breastfeeding rate..</b> _____ <i>% exclusive</i>	Definition: Infants less than 4 months old who were exclusively breastfed in the last 24 hours
..from 0 to 4 months: _____	
(..from 0 to 6 months): _____	

**OTHER THAN EXCLUSIVE BREASTFEEDING**

**Predominant breastfeeding rate:**

_____ <i>% predominant</i>	Definition: Infants less than 4 months old who were predominantly breastfed in the last 24 h
..from 0 to 4 months: _____	
(..from 0 to 6 months): _____	

**Timely complementary feeding rate...:**

..from 6 to 9 months: _____	Definition: Infants 6-9 months old who received complementary foods in addition to breast milk in the last 24 hours
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**Continued breastfeeding rate (1 year):**

..from 12 to 15 months: _____	Definition: Children 12 – 15 months old who were breastfed in the last 24 hours
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**Continued breastfeeding rate (2 years):**

..from 20 to 23 months: _____	Definition: Children 20 – 23 months old who were breastfed in the last 24 hours
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<b>Bottle-feeding rate:</b> _____	Definition: Infants less than 12 months old who are receiving food or drink from a bottle
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**HEALTH-FACILITY INDICATORS**

<b>Breastfed rate:</b> _____	Definition: Infants who were breastfed in the 24 hours prior to discharge*
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<b>Exclusive breastmilk-fed rate:</b> _____	Definition: Infants exclusively breastmilk-fed from birth to discharge*
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<b>Bottle-fed rate:</b> _____	Definition: Infants who received any food or drink from a bottle in the 24 hours prior to discharge
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<b>Timely first suckling rate:</b> _____	Definition: Infants who first suckled within one hour of birth*
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<b>Rooming-in rate:</b> _____	Definition: Infants rooming in 24 h a day, beginning within 1 hour of birth and not separated from their mothers for more than 1 hour at any time*
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<b>Pacifier use rate:</b> _____	Definition: Infants who received pacifiers at any time prior to discharge*
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\*Denominator: infants discharged

**ADDITIONAL INFORMATION**

Total Fertility Rate ( <i>women age 15–49</i> ):_____	No. of hospitals with maternity facilities:_____
Median maternal age at first birth:_____	Proportion of births attended by trained health pers.: _____
Median years of schooling ( <i>women age 15–49</i> ):_____	Caesarean section rate:_____
Proportion of women age 15-49 with BMI<18.5:_____	No. of designated BFHI hospitals:_____
Proportion of women age 15-49 with BMI>30:_____	No. of hospitals with commitment to BFHI :_____
Proportion of women age 15–49 with HIV/AIDS:_____	( <i>Baby Friendly Hospital Initiative</i> )

(From the WHO website: <http://www.who.int/research/iycf/bfcf/bfcf.asp>; download “datasheet” from link at right side of page.)

# Breastfeeding indicators for households<sup>1</sup>

## EXCLUSIVE BREASTFEEDING RATE

Proportion of infants less than 6 months of age who are exclusively breastfed

$$\frac{\text{Infants <6 months (<180 days) of age who were exclusively breastfed in the last 24 hours}}{\text{Infants < 6 months (<180 days) of age}}$$

## PREDOMINANT BREASTFEEDING RATE

Proportion of infants less than 6 months of age who are predominantly breastfed

$$\frac{\text{Infants <6 months (<180 days) of age who were predominantly breastfed in the last 24 hours}}{\text{Infants < 6 months (<180 days) of age}}$$

## TIMELY COMPLEMENTARY FEEDING RATE

Proportion of infants 6-9 months of age who are receiving breast milk and complementary foods

$$\frac{\text{Infants 6-9 months (180-299 days) of age who received complementary foods in addition to breast milk in the last 24 hours}}{\text{Infants 6-9 months (180-299 days) of age}}$$

## CONTINUED BREASTFEEDING RATE (1 YEAR)

Proportion of children 12-15 months of age who are breastfeeding

$$\frac{\text{Children 12-15 months of age who were breastfed in the last 24 hours}}{\text{Children 12-15 months of age}}$$

## CONTINUED BREASTFEEDING RATE (2 YEARS)

Proportion of children 20-23 months of age who are breastfeeding

$$\frac{\text{Children 20-23 months of age who were breastfed in the last 24 hours}}{\text{Children 20-23 months of age}}$$

## BOTTLE-FEEDING RATE

Proportion of infants less than 12 months of age who are receiving any food or drink from a bottle

$$\frac{\text{Infants <12 months (<366 days) of age who were bottle-fed in the last 24 hours}}{\text{Infants <12 months (<366 days) of age}}$$

<sup>1</sup> From *Indicators for assessing breast-feeding practices, Report of an Informal Meeting 11-12 June 1991, Geneva, Switzerland*. Geneva, World Health Organization, 1991 (WHO/CDD/SER/91.14), page 14 (with first two indicators revised to reflect WHO recommendation re exclusive breastfeeding for the first six months of life (WHA55.25).

## Handout 1.3b

## Breastfeeding indicators for health facilities<sup>2</sup>

	TITLE	DEFINITION	SOURCE
<b>MATERNITY SERVICES</b>			
1	Exclusive breastfed by natural mother rate	<u>Numerator</u> : No. of infants exclusively breastfed by their natural mothers from birth to discharge  <u>Denominator</u> : No. of infants discharged	Maternal interviews at discharge
2	Breast-milk substitutes and supplies receipt rate	<u>Numerator</u> : No. of mother who received breast-milk substitutes, infant feeding bottles, or teats at any time prior to discharge or during a prenatal visit to this facility  <u>Denominator</u> : No of infants discharged	Maternal interviews at discharge
3	Bottle-fed rate	<u>Numerator</u> : No. of infants who received any food or drink from a bottle in the 24 hours prior to discharge  <u>Denominator</u> : No of infants discharged	Maternal interviews at discharge
4	Rooming-in rate	<u>Numerator</u> : No. of infants rooming-in 24 hours a day, beginning within 1 hr of birth, not separated from mother for more than 1 hr at any time  <u>Denominator</u> : No of infants discharged	Maternal interviews at discharge
5	Breastfed rate	<u>Numerator</u> : No. of infants breastfeeding in 24 hours prior to discharge  <u>Denominator</u> : No of infants discharged	Maternal interviews at discharge
6	Timely first-suckling rate	<u>Numerator</u> : No. of infants who first suckled within 1 hour of birth  <u>Denominator</u> : No of infants discharged	Maternal interviews at discharge
Opt.1	Exclusively breast-milk fed rate	<u>Numerator</u> : No. of infants exclusively breast-milk fed from birth to discharge  <u>Denominator</u> : No of infants discharged	Maternal interviews at discharge
Opt.2	Pacifier use rate	<u>Numerator</u> : No. of infant who received pacifiers at any time prior to discharge  <u>Denominator</u> : No of infants discharged	Maternal interviews at discharge

<sup>2</sup> From *Indicators for assessing health facility practices that affect breastfeeding, Report of the Joint WHO/UNICEF Informal Interagency Meeting 9-10 June 1992, WHO, Geneva, Switzerland.* Geneva, World Health Organization, 1993 (WHO/CDR/93.1, UNICEF/SM/93.1), page 30.

## Possible sources of infant and young child feeding data

Data source	How to obtain
MEASURE DHS, Macro International. 11785 Beltsville Drive, Suite 300 Calverton, Maryland, 20705 USA.	Specific country reports and data may be obtained from USAID missions or from Macro International (e-mail: <a href="mailto:reports@orcmacro.com">reports@orcmacro.com</a> or <a href="mailto:archive@orcmacro.com">archive@orcmacro.com</a> )  Data from country reports is also available on the web at <a href="http://www.measuredhs.com/data/indicators/">http://www.measuredhs.com/data/indicators/</a>
UNICEF. <i>Multiple indicator cluster survey</i> . New York, UNICEF.	Results from specific country surveys may be available from the UNICEF country offices.  Information on the MICS, the questionnaires and manuals and specific country reports are also available on the UNICEF website:  <a href="http://www.childinfo.org/index2.htm">http://www.childinfo.org/index2.htm</a>
WHO. <i>WHO Global data bank on breastfeeding and complementary feeding</i> . Geneva, World Health Organization.	Data from the WHO Global data bank is available at the WHO website: <a href="http://www.who.int/research/iycf/bfcf/bfcf.asp">http://www.who.int/research/iycf/bfcf/bfcf.asp</a>  Contact Randa Saadeh for more information at:  Department of Nutrition for Health and Development World Health Organization CH-1211 Geneva 27, Switzerland Tel. 41-22-791-3315 Fax: 41-22-791-4156 E-mail: <a href="mailto:saadehr@who.ch">saadehr@who.ch</a>
UNAIDS Secretariat, Geneva, Switzerland	Data on HIV prevalence by country can be found on the web at the UNAIDS/WHO Global HIV/AIDS Online Database: <a href="http://www.who.int/globalatlas/default.asp">http://www.who.int/globalatlas/default.asp</a>
National surveys and studies [Please list:]	