Breast is Best!
Improving breastfeeding uptake: What it takes to ensure a best start in life

Early Childhood Development Knowledge Building Seminar
26 November 2015

Zamazulu Mtshali
The 1000 days concept

270 days  365 days  365 days

Gestation  Early Infancy  Later Infancy

-9 -6 -3 0 3 6 9 1 1 1 2 2 4

Start of pregnancy  Birth
Impact of Breastfeeding on Child Survival


- Breastfeeding (EBF up to 6 mo & BF up to 12 mo)
- Insecticide treated materials, 7%
- Complementary feeding, 6%
- Zinc, 5%
- Hib vaccine, 4%
- Clean delivery, 4%
- Water, sanitation, hygiene, 3%
- Antenatal steroids, 3%
- Vitamin A, 2%
- Tetanus toxoid, 2%
- Newborn temperature management, 2%
- Nevirapine & replacement feeding, 2%
- Measles vaccine, 1%
- Antibiotics for premature rupture of membrane, 1%
- Antimalarial preventive treatment in pregnancy, <1%
Key proven interventions for the prevention and treatment of stunting and other forms of undernutrition

**Adolescence & Pregnancy**
- Improved use of locally available foods
- Food fortification, including salt iodization
- Micronutrient supplementation and deworming
- Fortified food supplements for undernourished mothers
- Antenatal care, including HIV testing

**Birth**
- Early initiation of breastfeeding within one hour of delivery (including colostrum)
- Appropriate infant feeding practices for HIV-exposed infants, and ARV
- Vitamin A supplementation in first eight weeks after delivery
- Multi-micronutrient supplementation
- Improved use of locally available foods, fortified foods, micronutrient supplementation/home fortification for undernourished women

**0-5 Months**
- Exclusive breastfeeding
- Appropriate infant feeding practices for HIV-exposed infants, and ARV
- Vitamin A supplementation in first eight weeks after delivery
- Multi-micronutrient supplementation
- Improved use of locally available foods, fortified foods, micronutrient supplementation/home fortification for undernourished women

**6-23 Months**
- Timely introduction of adequate, safe and appropriate complementary feeding
- Continued breastfeeding
- Appropriate infant feeding practices for HIV-exposed infants, and ARV
- Micronutrient supplementation, including vitamin A, multi-micronutrients; zinc treatment for diarrhoea; deworming
- Community-based management of severe acute malnutrition; management of moderate acute malnutrition
- Food fortification, including salt iodization
- Prevention and treatment of infectious disease; hand washing with soap and improved water and sanitation practices
- Improved use of locally available foods, fortified foods, micronutrient supplementation/home fortification for undernourished women, hand washing with soap

*Note: Blue refers to interventions for women of reproductive age and mothers. Black refers to interventions for young children.*

Global Context

The WHO and UNICEF recommend that mothers worldwide “exclusively breastfeed infants for the first six months to achieve optimal growth, development and health”.

Breastfeeding and Complementary feeding are listed as two of the lifesaving solutions that globally could prevent more than 3 million child deaths per year.
National Context

Exclusive Breastfeeding rates

Globally 38%
Sub Sahara 31%
South Africa 8%

Mixed feeding is common in South Africa and has undermined successful breastfeeding
Breastfeeding Rates

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<tbody>
<tr>
<td>Exclusive breastfeeding:</td>
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<tr>
<td>0 – 3 months</td>
<td>10,4%</td>
<td>11,9%</td>
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<tr>
<td>4 – 6 months</td>
<td>1%</td>
<td>1,5%</td>
<td>8%</td>
<td>7,4%</td>
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<tr>
<td>0 – 6 months</td>
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<td></td>
<td>25,7%</td>
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<td>Initiation of Breastfeeding</td>
<td></td>
<td>80%</td>
<td></td>
<td>92,6%</td>
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<tr>
<td>Never Breastfed</td>
<td>16,6%</td>
<td>20,1%</td>
<td>22,5%</td>
<td>17,5%</td>
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<td>Average duration of breastfeeding</td>
<td>16,6 months</td>
<td>16,6 months</td>
<td>5,9 months</td>
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<td>Mixed Feeding*</td>
<td>70%</td>
<td>Not reported</td>
<td>51,3%</td>
<td>75,1%</td>
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*Breastfeeding and introducing inappropriate complementary foods at <6 months
Definitions

Exclusive Breastfeeding / Exclusive Breastmilk Feeding
• Breastmilk only for first 6 months of life, no other liquids or solid food, not even water with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines prescribed by a healthcare facility

Continued breastfeeding
• Breastfeeding that continues after 6 months up until 2 years of age or beyond with appropriate complimentary foods introduced at 6 months of age.
Definitions

Complementary feeding

- Any foodstuff, whether in liquid, solid or semi-solid form, given to an infant **after the age of 6 months**, as part of the transitional process during which an infant learns to eat food appropriate for his or her developmental stage, while continuing to breastfeed or being fed with commercial infant formula.

Mixed feeding (MF)

- Feeding an infant breastmilk as well as other milks (including commercial formula or home prepared milk), foods or liquids before the age of six months.
Breastfeed – Why?

- Breastmilk meets all the infant’s nutritional requirements for first 6 months of his life
- Contains all nutrients in the correct amounts
- Changes composition to meet infant’s changing needs
- Is easily digested with digestive aids in the milk
- Is species specific – the protein is unique to human milk
- Continues to be an important source of high-quality protein, carbohydrates, vitamins, minerals, and fatty acids for older infants and toddlers
Breastfeeding- Child Survival

• Important for early childhood development – breastfeeding supports healthy brain development which has long term education benefits

• Protects against childhood illnesses

• Reduce risk to non-communicable diseases i.e obesity, diabetes, heart disease

• Protects maternal health

• Contributes to environmental sustainability
Tshwane Declaration

• August 2011
  – National Breastfeeding Consultative Meeting
  – Declared South Africa a country that actively promotes, protects and supports breastfeeding

• Outcomes Achieved
  – Update of National IYCF Policy 2013
  – Regulation of the International Code of Breastmilk substitutes – Regulations R991
Creating an enabling environment to improve breastfeeding rates

National 2013 IYCF Policy

• The National Breastfeeding Consultative Meeting August 2011
• New recommendation for IYCF in the context of HIV
• Provide guidance on feeding infants and young children
• Promotes and Encourages
  • Exclusive Breastfeeding for the first 6 months of life
  • Continued Breastfeeding until two years and beyond
  • Safe and Appropriate Complementary Feeding after six months of age
Creating an enabling environment to improve breastfeeding rates

Regulations R991

- A regulation of the Foodstuffs, Cosmetics and Disinfectants Act of 1972
- The legalisation of the International Code of Marketing of Breastmilk Substitutes In South Africa
- Was gazetted in 2012 after 10 years of development and come into full effect in December 2015
- It protects public from inappropriate marketing of breastmilk substitutes (Designated Products)
Creating an enabling environment to improve breastfeeding rates

Regulations R991 (Continue)

• Applies to designated products suitable from birth until 3 years of life
• It relates to:
  • the labelling, composition, packaging and manufacturing matters,
  • Promotion of formulas, complementary foods and related products to the general public and mothers.
  • Promotion of formulas, complementary foods and related products to health care personnel and health care establishments.
  • Financial contributions or sponsorship to health care personnel working in infant and young child nutrition.
  • Information and educational material on infant feeding
Creating an enabling environment to improve breastfeeding rates

- Basic Conditions of Employment Act, 1997: Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child
  - Allows for two continued breastfeeding or breastmilk expression breaks
  - Require awareness of this aspect and policy alignment
Creating an enabling environment to improve breastfeeding rates

Mother-Baby Friendly Initiative (MBFI)

- Implemented in facilities with maternity beds
- Support the Mother baby pair through the continuum of care from conception until postnatal care:
  - health education during Antenatal Care,
  - Mother-friendly care during labour and delivery,
  - Breastfeeding initiation within the first hour following delivery and
  - Continuous Lactation Management Skills Support - hand expression,
  - Community referral for post-discharge support
Creating an enabling environment to improve breastfeeding rates

Kangaroo Mother Care (KMC)

• Mothers holding their babies in skin to skin contact
• Helps with milk production and
• Promotes early breastfeeding.

• Mother lodges at healthcare facilities to limit separation of the mother-baby pair
What can we do

• A recent systematic review has shown for interventions should be delivered in a combination of settings to have greater impact on early initiation of breastfeeding, exclusive breastfeeding and continued breastfeeding rates
  – Combination of counselling or education in community and home, health systems and community, health systems and home settings respectively \(^1\)
  – This means there is an opportunity at all levels to improve breastfeeding rates

• Consistent BF messaging across all platforms

The Role ECD practitioners and policy makers can play

- Protection:
  - Implementing the Regulations R991 to protect breastfeeding in ECDs and in local policy
  - Maternity Protection:
    - enabling opportunities to breastfeed or express for working mothers (employees) within the sector following maternity leave in the work environment.

  Advocate for local policy as per the Code of Good Practice on the Protection of Employees during Pregnancy and after the Birth of a Child (BCE Act, 1997)
  - Allow and provide facilities for breastfed infants attending ECD

- Promotion
  - Advocate for exclusive breastfeeding and continued breastfeeding

- Support
  - Initiatives in the community for breastfeeding
  - Enable continued breastfeeding in your sector / setting
Post Millennium Development Goals

• WHO, UNICEF calls for the Protection, Promotion and Support of Breastfeeding and improve breastfeeding rates
  – Remains part of the post-2015 / SDGs
  – Breastfeeding remains critical in child survival, maternal and Child Health, Development, alleviation of poverty and equity

• Sustainable Development Goals target
  – Increase exclusive breastfeeding globally to **50% by 2025**
Conclusion

• Continued Prioritisation of breastfeeding protection, promotion and support to ensure this primary child health intervention remains elevated to save children under 5 lives.

• Collaborative efforts are critical success factors to achieve SDG and optimal development.
THANK YOU