Enabling women to breastfeed:

protecting and promoting breastfeeding, supporting women

WHO seminar
World Breastfeeding Week 2014

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University of Dundee, Scotland
Enabling women to breastfeed
the evidence

- Breastfeeding – the most important priority
- Barriers to breastfeeding
- Enabling all women, all babies to breastfeed
Breastfeeding remains the most important priority in newborn care

Peter Dunn 1995

Major ethical problems confronting perinatal care around the world.
Int J Gynaecol Obstet. 1995 Dec;51(3):205-10
Breastfeeding as a priority

• Breastfeeding contributes to all the Millennium Development Goals
  WABA 2014
  http://prezi.com/0tuxwr1pzqrn/welcome-to-waba-world-breastfeeding-week-august-1-7-2014/

• And enables the rights of both women and children
  CEDAW, CRC
Infant feeding and survival

• 800,000+ deaths annually under age 2 as a result of sub-optimal breastfeeding/use of breastmilk substitutes

  Black, Victora, Walker, Bhutta et al 2013 The Lancet

• mainly in low- and middle-income countries

• as a result of poverty, lack of clean water and sanitation
Breastfeeding

- Immunology
- Neurology
- Endocrinology
- Nutrition
- Psychology

- Pain relief
- Immunisation
- Oral rehydration
- Appropriate growth and development

- Birth spacing
- Acute and chronic disease prevention
- Cancer prevention
- Maternal health and wellbeing

- Balanced
- Dynamic
- Tailored
- Bioavailable

- Appropriate growth and development
- Maternal health and wellbeing

- Oral rehydration

- Pain relief

- Immunisation

- Oral rehydration

- Appropriate growth and development

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- Pain relief

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- Maternal health and wellbeing
Very early child development & attachment

- Immunology
- Neurology
- Endocrinology
- Nutrition
- Psychology
- Sociology

Enabling secure attachment behaviours to develop

Support positive birth experiences, even in adversity

Enable skin to skin contact at birth & ongoing

Breastfeeding is the mechanism that underpins a loving bond

Love promotes oxytocin release & helps keep cortisol levels low

Provide a nurturing environment & promote loving touch

The mother & baby will learn to be responsive to each other's needs

A strong maternal-baby relationship is the foundation of maternal & infant health & wellbeing

UNICEF UK 2013 The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards
How many women breastfeed?

- Globally, 37% exclusively breastfed for six months

- Huge variation by socio-economic-geographic-cultural background
  - Low income 47%
  - Lower middle income 39%
  - Upper middle income 29%
  - High income -

World Health Statistics 2014
Birth
1 week
2 weeks
3 weeks
4 weeks
6 weeks
2 months
3 months
4 months
5 months
6 months

Proportion of mothers breastfeeding

Prevalence of exclusive breastfeeding at ages up to 6 months by country: Infant Feeding Survey 2010

England
Wales
Scotland
Northern Ireland

Base: All Stage 3 mothers (10768) McAndrew et al 2012
Enabling women to breastfeed: the evidence

- Breastfeeding – the most important priority
  - impact on children, women, families, communities
  - wider than health – attachment, development
  - data low quality, but apparent that global rates are low, and socially, culturally patterned
  - increasing affluence = decreasing breastfeeding

- Barriers to breastfeeding

- Enabling all women, all babies to breastfeed
Problems for breastfeeding women

- Lack of support, resulting in painful feeding, anxiety, ineffective feeding, early discontinuation
- Distressing and difficult problems
- Mainly preventable, easily treatable
- Health worker support can make a difference
  - from pregnancy onwards
  - for initiation, duration, exclusivity

What works to support breastfeeding women

- Face to face support
- Scheduled and pro-active
- On-going beyond the early days and weeks
- That reflects local need, individualised and practical
- With trained lay and professional staff

The Cochrane Library
The wider context of infant feeding

- Breastmilk substitutes – formula, and bottles and teats – their risks, and marketing practices

- Distorted discourse in the media

- Embarrassment re feeding in public

- The wider context of women’s lives

- Many health professionals are not adequately skilled in the support of women
  - some are ambivalent about its importance
  - paradoxically, those who promote breastfeeding may be blamed, criticised
High rates of breastfeeding problems → Lack of support and skilled services to enable women to breastfeed → Societal barriers continue → Lack of knowledge and experience of breastfeeding - health professionals, academics, wider society → Formula use is the norm → Low breastfeeding rates

Renfrew et al 2012 UNICEF
As a consequence…

• Pressure falls on individual women

• and family members

• and on individual health workers

• with blame, guilt, contentious discourse
Breastfeeding and formula feeding

• Paradoxically – focus on breastfeeding can increase the tension

• Professionals and parents not given adequate or independent information about the alternatives

• The risks of artificial feeding are not being minimised
  • ‘….by ensuring the proper use of breast milk substitutes, when these are necessary, on the basis on adequate information…’ WHO Code 1981 Article 1

Cairney PA, Alder EM. *Health Bull (Edinb)* 2001 Mar;59(2):97-101
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• Barriers to breastfeeding
  • socio-economic-cultural, commercial, health system
  • pressure falls on individual women and health workers
  • all women need support, not only breastfeeding

• Enabling all women, all babies to breastfeed
Coordinated, concerted effort needed

• to transform this picture

• with wider societal involvement

• broad focus on quality care across the health system
The Lancet Series on Midwifery
Framework for quality maternal and newborn care
**Quality maternal and newborn care: a framework**

<table>
<thead>
<tr>
<th>Practice categories</th>
<th>For all childbearing women and infants</th>
<th>For childbearing women and infants with complications</th>
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<td>Education</td>
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**Organisation of care**
- Available, accessible, acceptable, good-quality services—adequate resources, competent workforce
- Continuity, services integrated across community and facilities

**Values**
- Respect, communication, community knowledge, and understanding
- Care tailored to women’s circumstances and needs

**Philosophy**
- Optimising biological, psychological, social, and cultural processes; strengthening woman’s capabilities
- Expectant management, using interventions only when indicated

**Care providers**
- Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence
- Division of roles and responsibilities based on need, competencies, and resources

Renfrew MJ et al 2013 Midwifery and quality care. The Lancet
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60789-3/fulltext
Quality maternal and newborn care: a framework for infant feeding

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• Enabling all women, all babies to breastfeed
  • concerted effort to break through the barriers
  • a focus on quality across the health system
  • health workers are key – need education, skills, coordination
  • and to work together with communities
Resources and references

- WABA WBW information - http://prezi.com/0tuxwr1pzqrn/welcome-to-waba-world-breastfeeding-week-august-1-7-2014/
- Global strategy on infant and young child feeding - http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/
- World Health Statistics 2014 – http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdf?ua=1
- UNICEF UK. The evidence and rationale for the UNICEF UK Baby Friendly Initiative Standards 2013

Infant feeding - health and cognitive outcomes -

- A Sacker, Y Kelly, M Iacovou, N Cable, M Bartley. Arch Dis Child 2013
Enabling women to breastfeed

WHO seminar

World Breastfeeding Week 2014

With thanks to all the mothers, babies, fathers, families and colleagues who contributed to this work

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