Exclusive breastfeeding indicators

Ma del Carmen Casanovas
Technical Officer, Evidence and Programme Guidance Unit
Department of Nutrition for Health and Development
Outline

• Background for target
  – Rationale
  – Definition

• Proposed outcome indicators
  – Strengths
  – Limitations
  – Data availability

• Proposed process indicators
  – Strengths
  – Limitations
  – Data availability
Background

• Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers.

• Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

• Currently, only about 38% of infants 0-5 months old are exclusively breastfed
Rationale

- Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases.

- Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness.

- These effects can be measured in resource-poor and affluent societies.
Definition

Proportion of infants 0-5 months of age who are fed exclusively with breast milk

• Criteria to define exclusive breastfeeding:
  • Infant receives breast milk (including milk expressed or from a wet nurse)
  • Infant can receive oral rehydration salts (ORS), syrups (vitamins, minerals, medicines)
  • Infant should not receive anything else

Actions to protect, promote and support exclusive breastfeeding

a. Application of a policy of maternity entitlements;

b. Implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions;

c. Provision of accurate and complete information about appropriate infant and young child feeding practices;

d. Provision of skilled counselling and support for infant and young child feeding;
Actions to protect, promote and support exclusive breastfeeding

e. Ensuring that hospital routines and procedures remain fully supportive of the successful initiation and establishment of breastfeeding;

f. Increasing access to antenatal care and education about breastfeeding;

g. Revising and reforming pre-service curricula for all health workers;

h. Promoting development of community-based support networks.
POLICIES
Development & implementation of:
- *International Code of Marketing of Breast-milk Substitutes*
- *Maternity protection*

QUALITY
Development & implementation of Baby-friendly care system, including the Baby-friendly Hospital Initiative

BEHAVIOUR CHANGE COMMUNICATION
Behavioural change communication targeting health care providers, parents and community at large for protection, promotion and support of optimal breastfeeding

EFFECTIVE PROJECT MANAGEMENT & MONITORING AND EVALUATION

© World Health Organization 2011

WHO/NMH/NHD/MNM/11.5
POLICIES
Development & implementation of:
* International Code of Marketing of Breast-milk Substitutes
* Maternity protection

QUALITY
Development & implementation of Baby-friendly care system, including the Baby-friendly Hospital Initiative

BEHAVIOUR CHANGE COMMUNICATION
Behavioural change communication targeting health care providers, parents and community at large for protection, promotion and support of optimal breastfeeding

© World Health Organization 2011
Availability of intervention in country
- National Law on BMS
- Maternity protection
- BFHI
- Counselling and support at facility and community level

Access to or presence of intervention in communities or facilities:
Proportion of facilities providing maternity care designated as baby-friendly

Counselling and promotion of breastfeeding during antenatal care and immediate postpartum

Providers have knowledge & motivation to adequately provide counselling and support to pregnant women, mothers and families

Decreased mortality & morbidity

Improved nutritional status

Improved development, performance & productivity

Achieved Millennium Development Goals

 Mothers breastfeed exclusively their infants 0 to 5 months old

Other interventions

© World Health Organization 2011
Pregnant women and mothers demand and receive support in baby-friendly facilities.

Women start breastfeeding within the first hour of life.

Mothers breastfeed exclusively their infants 0 to 5 months old.

- Decreased mortality & morbidity
- Improved nutritional status
- Improved development, performance & productivity
- Achieved Millennium Development Goals
- Other interventions

Policies, production, delivery, quality, & behaviour change communication
Access & coverage
Knowledge & appropriate use
Impact on intake, status and function in target population

POLICIES
Development & implementation of:
- International Code of Marketing of Breast-milk Substitutes
- Maternity protection

QUALITY
Development & implementation of Baby-friendly care system, including the Baby-friendly Hospital Initiative

BEHAVIOUR CHANGE COMMUNICATION
Behavioural change communication targeting health care providers, parents and community at large for protection, promotion and support of optimal breastfeeding

EFFECTIVE PROJECT MANAGEMENT & MONITORING AND EVALUATION

© World Health Organization 2011

WHO/NMH/NHD/MNM/11.5
Primary Outcome Indicator

Prevalence of exclusive breastfeeding among infants < 6 months old (at least 50% by 2015)

- Data availability: Some national-level household-based surveys capture information on infant and young child feeding, such as the Demographic Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS).

- Limitations: A difficulty for this indicator in cross-sectional surveys is that the proportion of the population <6 months of age is small and therefore the number of respondents will be small. In addition, usually only breastfeeding behaviour within a limited time period is captured, such as the previous 24 hours or 3 days, this will cause an overestimation of proportion of exclusively breastfed infants.

- Additionally – many countries are collecting data on exclusive breastfeeding at 6 months, recall among mothers of children less than 24 months or 36 months.
Intermediate outcome

Timely initiation of breastfeeding

- Definition: proportion of children born in at the last 24 months who were put to the breast within one hour of birth

- Data availability: Some national-level household-based surveys capture information on early initiation, such as the Demographic health Surveys and the Multiple Indicators Cluster Survey. Data is also collected in countries implementing the baby-friendly hospital initiative of baby-friendly community care.

- Rationale:
  - Infants with early initiation of breastfeeding are more likely to be exclusively breastfed
  - There are reports of lower morbidity and mortality among infants who had skin-to-skin contact and were put to the breast soon after birth
  - Is one of the indicators used to assess quality of care in facilities providing maternity care, as it reflects antenatal care, care at delivery and in postpartum

- Limitations: The indicator is based on historic recall. The denominator and numerator include living children and deceased children who were born within the past 24 months

Process indicators

Proportion of hospitals providing maternity care designated as baby-friendly

- Rationale: The designation of baby-friendly implies that the institution is providing protection, promotion and support of breastfeeding during antenatal care, delivery and postnatal care, as well as implementing the International Code of Marketing of Breast-milk Substitutes

- Data availability: National or hospital records

- Limitations: collection of information depends on status of implementation of the Baby-friendly Hospital Initiative. It is desirable to have information for births at both institutional and community level
Sources of data

• The World Health Statistics annual report includes rate of exclusive breastfeeding for all Member States. This information is collected by WHO using existing surveys (DHS, MICS, other national surveys)

• Data on exclusive breastfeeding is included in the Global Databank on infant and young child feeding

• Early initiation of breastfeeding is also included in the Global Databank on infant and young child feeding

• Many Member States collect information on early initiation as part of neonatal care and quality of care in facilities providing maternity services
Policy and health system capacity indicators

• Ratio of community health workers to total population
  – A level of 1 community nutrition health worker per 33 children, estimated as part time, is needed for an improvement rate of 1 ppt/year or higher in underweight.
  – Health workers need to have appropriate knowledge and skills

• Adoption and implementation of International Code of Marketing of Breast-milk Substitutes

• Adoption and implementation of Maternity Protection Convention 183 and Maternity Protection Recommendation 191 (2000)