

# Breastfeeding a lifesaving practice in floods

By Dr Aisha Zafar

The worst floods in the history of Pakistan have affected millions of people with a staggering 7.5 million children comprising the most vulnerable group of the flood victims.

Although established as the best lifesaving practice, breastfeeding's crucial role is often compromised and at times hampered by indiscriminate supply of dry baby formula milks as part of humanitarian aid. The supply of infant formula milks in emergencies as lifesaving relief nutrition can actually contribute to do the contrary as their intake involves unhygienic bottle-feeding practices, increasing the risk of waterborne diseases among infants.

The child mortality rate increases by 70 times due to diarrhoea, respiratory illnesses and malnutrition during emergencies. However, breastfeeding is a simple, safe, traditional and protective practice that is the best way to safeguard an infant against fatal diseases. The WHO recommends exclusive breastfeeding until a baby is six months of age, and continued breastfeeding up to two years and beyond.

During the 2005 earthquake in Pakistan, incidents were reported where a well-known multinational baby

formula milk company provided the supply of formula milk as donation to quake victims. This was reported by the National Alliance for Protection and Promotion of Breastfeeding (NAPBF) to the Health Ministry. Such incidents and practices are not unexpected during the current flood crisis, requiring a vigilant monitoring by relief workers and agencies.

The increased morbidity and mortality rate among the bottle-fed babies during emergencies is attributed mainly to lack of safe drinking water and unavailability of heating facilities for bottles and teats, resulting in fatal diseases. Lack of privacy in temporary camps, fatigue and grief can make even previously breastfeeding mothers to opt for bottle feeding.

The protection and promotion of breastfeeding practice in emergency situations becomes critical when it is one single safeguard against many fatal diseases among infants. The special guidelines prescribed by the Health Ministry for promoting and protecting the infant and young child feeding among the IDPs become important and need to be put into practice. These guidelines bar donations of the Breast Milk Substitutes (BMS) and powdered milks as part of general rations, and encourage availability and use of appropriate complementary foods and supplements.





# Revisiting Baby Friendly Hospital Initiative (BFHI)

By Rubina Bhatti

**T**he Baby-Friendly Hospital Initiative (BFHI) is a global UNICEF/WHO-sponsored effort to promote breastfeeding by ensuring that all women are provided with sound information regarding their infant feeding choices and that those who choose to breastfeed their infants are given physiologically sound and evidence-based advice, and skilled assistance.

Ten Steps were accepted as the central theme of the Innocenti Declaration in 1990 and endorsed at the World Summit on Children, which urged the world governments to fully implement Ten Steps in all maternities by 1995. The WHO and the UNICEF recommend the initiation of breastfeeding within an hour after birth, exclusive breastfeeding for six months and continued breastfeeding with nutritious complementary feeding up to two years or beyond.

The BFHI's campaign aims at

encouraging all hospitals providing maternity services to accept Ten Steps of initiation and maintenance of breastfeeding as basic maternity and newborn infant care policy at their respective health facility. Hospitals that develop and implement this policy are accredited as **baby-friendly hospital**

Today more than 152 countries have baby-friendly hospitals and about 28 per cent of all maternities worldwide have fully implemented Ten Steps.

## **Impact of BFHI over last two decades (1991-2010)**

Since the launch of BFHI in 1991, implementation of Ten Steps has significantly contributed to the increase of early initiation and exclusive breastfeeding at the local, national and global levels. According to UNICEF, the recent decline in child deaths from 13 million globally in 1990 to 8.8 million in 2008 is partly due to the adoption of basic health interventions such as early and exclusive breastfeeding.

In Pakistan, around 300 hospitals have been declared baby friendly. The Infant Mortality Rate (IMR) has improved from 102/1000 live births in 1990 to 73/1000 in 2007. Likewise the mortality rate has improved from 132/1000 to 90/100.<sup>1</sup>

## **Need to Revisit BFHI**

Despite the improvement manifested in the child health indicators, the progress is far from satisfactory. The goal of achieving all maternities practicing Ten Steps is still far and forlorn. Reduced BFHI programming, inadequate training and weakened compliance with Ten Steps in accredited maternities are contributing to stagnant or declining exclusive breastfeeding rates in many settings and this approach needs to be revisited.

Currently only 37 per cent infants are exclusively breastfed in Pakistan till the age of six months - unfortunately the lowest rate in the SAARC regional countries. Reviving the pledge of Baby-Friendly

## **Editorial: Breastfeeding**

**B**reastfeeding Week is celebrated every year with great enthusiasm, and assurances are made to strictly monitor and implement the relevant laws on promotion and protection of breastfeeding. Yet enthusiasm for these arduous and laborious tasks fades away to the next year. This only underlines the need for strict vigilance, advocacy, and research work to make sure that the practice of breastfeeding is protected from the influence of commercial interests.

The current flood disaster calls for even more vigilance to protect and promote this practice as activities of baby formula milk companies go unchecked in the chaos and urgency of relief response. With Pakistan becoming increasingly disaster prone, the possibility of emergency situations becoming a fertile ground for promotional activities of baby formula milk companies is ever present now.

Therefore the need for urgent health advocacy initiatives to promote breastfeeding and nutrition in emergency situations cannot be overemphasized.

**Dr Arif Azad**  
Executive Coordinator

Hospital Initiative is a simple yet highly effective proven mean to safeguard the health of millions of infants and children, and to improve health demographic indicators.

**Global Breastfeeding Week (GBWk) 2010's theme: Just 10 Steps!**

**The Baby-Friendly Way**  
GBWk 2010 commemorates the 20th anniversary of the Innocenti Declaration under the theme of 19th GBWK "Just 10 Steps! The Baby-Friendly Way", and aims at revisiting and reinforcing the BFHI in health settings and beyond. This is an excellent intervention and major developmental theme when accepted, adopted and implemented in health facilities.

**Key Guidelines for Baby-Friendly Hospital Accreditation**

The following are the key points to adopt and implement in a health facility to be termed as 'baby friendly':

1. All hospitals providing maternity services develop a breastfeeding policy based on key guidelines in English, Urdu and regional languages.
2. The policy should clearly state that free or subsidised supplies of infant formula milks are neither accepted

nor distributed by this facility, and have it displayed at antenatal clinics, labour rooms, post operative wards, postnatal clinics, paediatric OPD and immunisation centres.

3. This policy should be well communicated to the hospital administration as well as to all health workers on regular basis, alongside imparting trainings to the staff.
4. Information should be disseminated to mothers to dispel misconceptions and problems regarding breast-

touch with lady health workers of relevant area, and as the mothers are discharged from the hospital, they should be connected to the mother support groups if any.

8. Employees of the facility should also be facilitated at workplace to sustain breastfeeding as they resume work after giving birth.
9. In case artificial feeding is unavoidable, mothers should be directed individually rather than in groups.
10. The health facilities as well



feeding, and to support in lactation sustenance.

5. Babies should be put to the breast within an hour of birth and it should be recorded in the medical history of the mother. All sorts of dummies and nipple shield should be strongly discouraged, and mothers and babies should be kept together 24 hours to encourage demand feeding.
6. All health facilities should set up a lactation room and appoint trained lactation management counsellors.
7. The lactation management counsellor(s) should be in

as the communities need to follow the simple yet very effective Ten Steps of successful breastfeeding

Although both public and private health facilities should take initiative on their own to adopt and implement the guidelines, government too has an important duty to discharge. The Ministry of Health has to ensure effective implementation of breastfeeding policies within public and private health facilities, and strictly regulate the marketing of the BMS industry.

Social Security Hospital (SSH), an active member of the Health Professionals Alliance, announces the adoption of the lactation management policy and the establishment of a lactation management room.

*Dr Tabinda Zaman, AMS, SSH*

# Campaign for Advocacy & Awareness on Breastfeeding

TN Staff Report

## Awareness raising

Different activities regarding the Global Breastfeeding Week (GBWk) were chalked out to create mass awareness among the general public about breastfeeding. However, due to the current flood emergency and the displacement of a large number of people, the National Alliance for Promotion and Protection of Breastfeeding (NAPBF) managed to reach only around 50 districts. Media partners were extra busy highlighting and reporting miserable situation in the flood-hit districts.

A preparatory meeting of the NAPBF held on 15th of July was chaired by Health DDG Dr Baseer Khan Achakzai to chalk out a coordinated awareness campaign through a set of activities on one-point agenda of GBWk.



Dr Baseer Khan Achakzai, DDG Health, MoH, Mr Yaqoob Qureshi, Health Education Adviser, NW, Dr Aisha Zaman and Dr Zafar Naeem in the NAPBF meeting.

## Core Group meeting at TN office

The meeting was held at TheNetwork (TN) office to finalise the activity chart as well as the joint press release for the press briefing.

## Radio programme (FM100, FM 97)

Two programmes were conducted on importance of breastfeeding, role of healthcare workers, relevance of the implementation of lactation policies such as Ten Steps and Breastfeeding Ordinance 2002 within health facilities. Dr Aisha Zaman, Ms Rukhsana Shirin, Prof Dr Parveen Tariq and Ms Rubina Bhatti were the panellists.



## Special TV report

A special 5-minute report by Ms Rubab Hussein of SAMAA TV was aired by the channel.

## Strengthening alliances

A follow-up meeting of media partners and a press briefing to launch GBWk was chaired by Mrs Yasmin Rehman.



Mrs Yasmin Rehman, adviser to PM on women development, MoWD, Dr Anwar Rafay, TN advocacy & research coordinator, and Dr Iqbal Kahut from WHO.

## Banner display

One hundred banners were displayed at prominent crossings, public places and hospitals in Islamabad and Rawalpindi.



## IEC material dissemination

As many as 2,000 posters and 3,000 brochures were disseminated among partners of NAPBF, health professionals, media, maternities and mothers visiting health facilities.

## Monitoring the implementation

An awareness session with health workers of the Social Security Hospital was organised. About 500 posters regarding important provisions of breastfeeding law and GBWk were displayed in hospitals.



## Advocacy with parliamentarians

TN Nutrition team consisting of Rubina Bhatti and Dr Aisha visited Mrs Yasmin Rehman at her office to invite her as the chief guest for the forthcoming meeting with the Media Alliance on Promotion of Breastfeeding and briefed her about the critical role of breastfeeding in optimal infant and child health.



Dr Saeda Iqbal, PPP senator, visits TheNetwork office.

Senator Dr Saeda Iqbal was contacted for a meeting regarding the role of parliamentarians to speed up the early implementation of BF Ordinance 2002 in Pakistan. The senator was kind enough to visit the TN office.

The TN team also contacted Dr Nadeem Ehsan, chairman of the Parliamentary Standing Committees on Health, and Kalsoom Parveen, chairwoman of the Senate's Standing Committees on Health.



Dr Mohamad Sisse, UNICEF nutrition chief, speaks at the workshop.

### Workshop on 'Nutrition in Flood Emergency

A one-day workshop was organised on August 19 for CSOs involved in the relief work in response to flood emergencies. Over 27 organisations representing the NAPBF as well as GAVI Alliance from all over the country attended this workshop. Chaired by Mohammad Sisse, nutrition chief in UNICEF, this workshop aimed at sensitising the CSOs representatives on their critical role in flood emergency and the way to help the affected/vulnerable communities.

## Partners activities on Breastfeeding Week



A walk was organised by Sangi Development Foundation, Unicef, and Health Ministry in Abbottabad. A seminar on breastfeeding was also held at DHQ Teaching Hospital



The Batool Welfare Trust and the NCLSW held a sitting with women in Rawalpindi to highlight the importance of breastfeeding.



Awareness sessions with men and women of reproductive age were conducted by National Rural Support Programme (NRSP) in Badin and Tharparkar.



Sessions with the community held by BEHBUD Association of Pakistan during Global Breastfeeding Week in Rawalpindi.



# Guidelines about use of 'infant formula milk' in flood emergency

It has been observed that manufacturing companies of infant formula milk try to exploit humanitarian disasters by aggressive promotion of their products, and use emergency situations to push forward the Breast Milk Substitutes (BMS) under the guise of humanitarian activities.

This practice should be discouraged as the mortality and morbidity rate in bottle-fed infants rises from 50 to 70 per cent in emergency situations globally.

Keeping this situation in view,



the Ministry of Health (MoH) has circulated guidelines for infant and young child nutrition in the emergency situation. In the scenario of current flood emergency with millions of people being internally displaced, these guidelines become all the more important to be held at high priority and implemented in letter and spirit. The below is the selection of guidelines pertinent to the distribution of BMS in an emergency situation:

## Replacement feeding (in exceptional circumstances)

- BMS or other powdered milks should never be part of general aid distribution. They should only be used when breastfeeding is not possible. Clear assessments of the number of infants needing BMS should be quickly established in order to ensure their adequate supplies, and check their over-supply.
- All BMS should be labelled in accordance with the International Code of Marketing of Breast Milk Substitutes (i.e. with easily understood health messages and instructions printed in local languages).

- BMS should be provided to caregivers, who need it, through a separate distribution channel to that of other food aid and be under the close supervision of trained health workers. To prevent spread of BMS and powdered milks to breastfeeding mother-baby pairs, the responsible persons/organisations or local authority should ensure their use only by those who need it.

- Bottles and teats should



Infant formula donation detected from IDP camps in Jalozi



never be distributed, and their use should be discouraged.

## Prevent donations of BMS and powdered milks:

[NB Limited amounts of BMS and powdered milks may be appropriate in the hands of hospitals and orphanages, and should be purchased locally; however, wet-nursing is more likely to result in survival.]

- MoH strongly urges all sectors not to ask or accept any donation of BMS or other powdered milks as part of general ration. Donations are easily misused and could undermine breastfeeding, leading to infant morbidity and mortality.
- Requirements of BMS are likely to be small, and are better managed, if they are purchased to fulfil recognised or established needs.
- Any unsolicited donations should be collected from all points of donation and stored centrally under the control of a single agency. A plan for their safe use, combination with other foods or destruction should be developed to prevent their indiscriminate use.

– TN Staff Report

# NIFB's formation a welcome step, but consumers ignored

By Advocate Waheed Iqbal

**F**inally the federal government of Pakistan notified the National Infant Feeding Board (NIFB) - a mandatory requirement under Section 3 of the Protection of Breastfeeding and Child Nutrition Ordinance 2002. No doubt the credit for this achievement goes to the current leadership of the Health Ministry's Nutrition Wing.

Prior to the year of 2002, there was no legislation in Pakistan for the protection of breastfeeding, and the government enacted 'Protection of Breastfeeding and Child Nutrition Ordinance 2002' due to the civil society's pressure.

Seven years after the promulgation of this ordinance, the federal government notified Protection of Breastfeeding and Child Nutrition Rules, which determine powers and functions of the NIFB. Before the notification of the rules, breastfeeding laws were toothless due to the absence of a mechanism for functioning of the NIFB.

At last with efforts of the Breastfeeding Alliance, the Unicef and the Health Ministry's

Nutrition Wing, the federal government issued a notification on July 5, 2010 for the establishment of the 19-member National Infant Feeding Board.

Fifteen members out of 19 belong to government institutions, one from the Baby Food Manufactures and Marketers Association, and two from civil society organisations. The notification was welcomed by the Breastfeeding Alliance and the civil society; however, they expressed concern over the missing of any consumer rights-based organisation from the board.

According to S.R.O 97 (KE) 2004 dated October 4, 2004, The Network for Consumer Protection, a consumer rights-based organisation, was a member of the National Infant Feeding Board. But in the notification, S.R.O 614(1)/2010 dated July 5, 2010, the name of the The Network for Consumer Protection was deleted, contrary to the previous notification.

It is astonishing that a representative of the Baby Food Manufactures and Marketers Association is mandatory member of the NIFB for protection of their rights whereas help-

less consumers of Pakistan have been ignored in the board.

Despite the promulgation of the ordinance and notification of the Protection of Breastfeeding and Child Nutrition Rules, infant formula milk companies are aggressively marketing and promoting designated products in violation of law, but no action has been taken against a single violator so far. The reasons for these violations are loopholes and weak implementation of the ordinance.

Section 3(3) of the Protection of Breastfeeding and Child Nutrition Ordinance 2002 required that provincial governments shall notify the provincial infant feeding committees to monitor and effectively implement the ordinance. However, these committees have not been notified yet even seven years after the promulgation of the ordinance.

In this miserable situation, it is the responsibility of provincial governments to notify provincial infant feeding committees because the health is a provincial subject now after the 18th Amendment in Constitution of Pakistan.

## Breastfeeding prevents baby infections

**E**xclusive breastfeeding for six months wards off baby infections, further evidence suggests. Regardless of other factors, such as good healthcare and vaccination programmes, breastfeeding still gives babies a boost, say Greek researchers. They say it is the composition of breast milk that helps babies fight infections. The findings, from a study of 1,000 vaccinated infants, are published in Archives of Diseases in Childhood. Researchers say the benefit only comes with exclusive breastfeeding - mixing breast and bottle will not achieve the same. World experts already recommend that infants are exclusively breastfed for

at least the first six months of life. For the study, the researchers tracked the health of 926 infants for a period of 12 months, recording any common infections these babies had during their first year of life. All the newborns were routinely vaccinated and had access to a high standard of healthcare. Breast milk contains antibodies passed from the mother, as well as other immunological and nutritional factors that help the baby fight off infections. Janet Fyle of the Royal College of Midwives said: "This research is very welcome and adds to the growing weight of evidence about the many benefits of breastfeeding. - TN Monitoring

## Nestle agrees to drop 'deceptive' ad claims

Nestle SA has agreed to drop allegedly deceptive advertising claims about the health benefits of its children's drink 'Boost Kid Essentials' as part of a settlement with the Federal Trade Commission (FTC), Dow Jones Newswires reported in July.

The FTC complaint says that from fall 2008 to fall 2009, Nestle made deceptive claims in television, magazine and print ads that the product prevents upper respiratory tract infections in children and protects against cold and flu by strengthening the immune system.

"Nestle's claims that its probiotic product would prevent kids from getting sick or missing school just didn't stand up to scrutiny," said David Vladeck, director of the FTC's consumer-protection bureau.

According to the settlement, Nestle has agreed to stop claiming that Boost Kid Essentials - which contains probiotic helpful bacteria in the straw - will reduce the risk of sickness unless the claim is approved by the US Food and Drug Administration.

## South Africa urges worldwide ban on infant formula milks

Infant milk formula is 'no different from skin lightening creams' and should be banned worldwide, South Africa Health Minister Aaron Motsoaledi said.

He said at the launch of a Human Sciences Research Council report on children and HIV: "I think throughout the world it was a very good idea to taper down the advertisement of infant feeding formulas".



## Moms who don't breastfeed at risk of diabetes

Diet and exercise are widely known to impact the risk of type 2 diabetes, but few people realise that breast-feeding also reduces mothers' risk of developing the disease later in life by decreasing maternal belly fat. Researchers of the University of Pittsburgh studied more than 2,200 women aged 40 to 78. They found that 27 percent of mothers, who didn't breast-feed developed type 2 diabetes, almost double the rate among women who breast-fed or never gave birth.



## Baby formula causes premature puberty in Chinese girls

Chinese baby girls between the ages of 15 months and four years old have reportedly developed breasts after drinking formula milks. Three baby girls were tested and found to have hormone levels greater than adult women. Parents and doctors in Hubei were reported voicing fears that milk powder produced by Nasdaq-listed Synutra International, based in Shandong province's Qingdao had caused these infant girls to develop prematurely.

## Breast-milk advocates in attack on Nestlé over labelling

A campaign group targeted the powdered milk manufacturer Nestlé as part of Breastfeeding Awareness Week in June. The Baby Milk Action wanted the company to remove 'Protect' logos from its formula milk labels because it believes they undermine the message that breast milk is best for babies. Campaigners called for supporters to e-mail Nestlé to say they disagree with the claim.

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