



YOUR HEALTH

An Official Monthly Publication in English of the Indian Medical Association since 1952 for the people to propagate Health Awareness in the Community

World Breastfeeding Week (1- 7 August 2021)



Objectives of WBW 2021 :

- To raise awareness among government, civil society organisations, and health workers to protect breast-feeding from the bad marketing of baby food/feeding-bottle industry.
- To advocate for effective implementation and enforcement of the IMS Act.

PROTECTING BREASTFEEDING: Where Lies the Responsibility?

YOUR HEALTH

OF INDIAN MEDICAL ASSOCIATION

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Dr Samarendra Kumar Basu

Editorial

Breastfeeding is a right to all newborn:

Breastfeeding is when mother feed her baby usually directly from her breast. It is also called nursing. Many medical expert including American Academy of Pediatrics and American College of Obstetrics & Gynaecologists strongly recomend breastfeeding exclusively (no formula, juice or water) for first 6 months. After 6 months when foods are recommended, breastfeeding to be continued till first year.

Breast milk provides the ideal nutrition to infant. It has a nearly perfect mix of vitamins, protein, fat, minerals, everything that baby needs to grow. Breast milk contains antibodies that baby can fight against viruses & bacteria. Breast feeding lowers risk of asthma or allergies.

Baby who are exclusively on breastfeeding for 6 months shows fewer ear infections, respiratory illness or diarrhea. Its also has been linked to higher IQ scores in later childhood shown in some studies. Breast feeded infant are more likely right weight gain & plays a role in the prevention of Sudden Infant Death (SIDS) its also lowers risk of diabetes, obesity though more research is needed to establish this fact.

Mother should well trained by expert in what position or how & when to feed. There are several positions like cradle position, football position, side lying position, etc. Mother should maintain ABCs of breastfeeding - Awareness, Be patient, Comfort. Till date India is a country where breastfeeding is a part of life in remote areas. But in urban areas, mothers particularly working mothers depend on commercial preparation or cows milk.

Breastfeeding should be a real subject of movements in India.

I personally grateful to Dr Udas Chandra Ghosh & Mr Debabrata Chatterjee of JIMA to help me to publish this month magazine of your health. I do firmly believe that we can able to fulfill our dream within few month.



Dr Sarbari Dutta

From the Desk of Secretary

Like previous issue on Snakebite, we are happy to bring out another issue of a subject of utmost social interest i.e. Breastfeeding. I am just trying to placard the tone of the issue which you will find in various beautiful articles inside in details.

Background:

Breastfeeding is the cornerstone of infant and young child survival, nutrition, development and maternal health. It contributes to short & long-term health of the society in large.

Optimal infant feeding is defined as exclusive breastfeeding for the first six months and continued breastfeeding for two years or beyond along with appropriate complementary feeding beginning after six months.

To be successful, breastfeeding women need to be protected from the commercial influence of the baby food industry, supported at work places and in the hospitals where they come to deliver. While India has taken several policy steps in this direction, implementation remains a concern When we talk of protection, the 2-year report "UNDER ATTACK" 2021 shows how companies continue to undermine breastfeeding.

The Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003, (IMS Act) exists but widespread awareness and effective enforcement is required.

What Can Health Professionals Do?

Health professionals and their associations should follow the IMS Act in letter and spirit.

Refuse to accept any sponsorships or free gifts from the baby food companies, or their front organizations /allies. (source: BPNI)

I profusely thank all the Contributors!

Happy Independence Day!



Prof (Dr) Udas Ch Ghosh

From the Desk of Chairman Editorial Advisory Board, Your Health

Care of the breast

Care of the breast is an utmost important part in relevance to breastfeeding. And for this, mental makeup of the pregnant mother is the primary issue. She should be fully aware of the importance and advantage of breastfeeding.

The concept of breast care should be taken from the premarital period of woman. She should take care of breast by taking proper massage and wearing of proper sized inner garment (brassieres). She should be educated about the developmental changes of the breasts and slight fullness with pain may occur before menstruation especially in premenstrual syndrome. She should consult the doctors if they have retracted or inverted nipple.

The main changes of the breast occur during pregnancy. Some common breast changes that the woman may notice during pregnancy are:

The breasts can grow as much as 1.5 sizes bigger during pregnancy and the pregnant mother may feel tender, sore, and more sensitive than usual. The hormonal changes during pregnancy can cause the nipples and areolas (which is the skin around the nipples), to become dark. She may experience leakage of colostrum, which is a thick, yellowish substance, from the breasts. The veins along your breasts may darken and become prominent due to increased blood supply to the breasts. The nipples and areolas will become larger and stick out more during pregnancy.

Proper breast care provides good breast hygiene, prevents loss of muscle tone and prepares the breasts for eventual infant feeding. Loss of muscle tone, sore nipples and difficulties in feeding her baby are among the problems the new mother may encounter. Our primary aim is to prepare the expectant mother for an uncomplicated, natural breastfeeding experience.

Instruction and supervision in breast and nipple care should begin at the time of the first prenatal visit to office or clinic and continue throughout pregnancy. At the initial breast examination, the mother-to-be should be advised to expect breast enlargement and encouraged to wear a brassiere that provides firm, comfortable support. The brassiere should encase the entire breast without underarm or midline bulging. The size of the cup should be large enough to avoid compressing the nipples or pressing mammary tissues, and yet, it should provide adequate support. Straps should be sturdy and sufficiently wide to prevent the

breasts from sagging without pulling on the shoulders.

A daily bath, omitting soap on the nipples, will provide adequate cleanliness. Soap tends to dry and crack the nipples, leaving them vulnerable to infective organisms. Soap also removes the natural protective antiseptic, lysozyme, secreted by cutaneous glands in the areolae surrounding the nipple.

Toward the end of the second trimester of pregnancy, all mothers-independent of the condition of their nipples or their intent regarding breastfeeding will profit by a regimen of daily breast and nipple care. No more than 3 to 5 minutes are required for the regimen, and it may profitably be undertaken twice a day during the last month of pregnancy by the mother who plans to breastfeed her infant.

Tips for Breast and Nipple Care in Pregnancy:

Get the Right brassieres, Massage, Maintain Hygiene No Soap on the Nipple, Apply Moisturising Creams, Use Nipple Protectors if required

1. Always use warm water to wash your breasts.
2. Change your brassieres on a regular basis, at least once in a day. This prevents discomfort due to sweat and leakage from the nipples.
3. Check your breasts every day for any changes. If you notice any irregular changes that cause you to worry, do not hesitate to contact your doctor.
4. Make simple exercises, like arm rotations, a part of your everyday work out to prevent the breasts from sagging during pregnancy.

How do I care for my breasts while breastfeeding?

- Eat well by following balanced diet for breastfeeding women
- Stay hydrated by drinking lots of fluids and limiting your caffeine intake
- Quit smoking and limit alcohol intake
- Make an effort to get as much sleep and rest as possible
- If your nipples are sore or cracked, applying a small amount of lanolin after feeding may help
- Keep your nipples dry between feedings

This month issue of Your Health on Breastfeeding will be helpful to lactating mothers, pregnant women and also pre pregnant women.

Long Live IMA!

Long Live Your Health!



Dr. Asim Kumar Mallick
Professor and In-Charge of SNCU & NICU
Department of Pediatrics, NRS MCH, Kolkata

Time to go back to our roots, go back to breastfeeding - for a healthier tomorrow

"If ever I get a chance, I should love to be reborn just to have the ecstasy of being re-fed by the kindly mother"

– W. Oscar

Optimum nutrition is essential for child survival and quality of life. The words nutrient and nourish both come from the Latin word *nūtrīre*, "to feed, nurse, support, preserve." It is a well-established fact that exclusive breastfeeding is essential for optimal growth, development and health of infants and in this view the WHO, UNICEF promoted a worldwide campaign to support breastfeeding. Yet globally 2 out of 3 babies are not breastfed.

The WHO is in opinion that over 823,000 children could be saved yearly if all children of 0-23 month were optimally breastfed. But only 41% of infant under 6 month of age are exclusively breastfed globally. In India, only 41.6% women are able to begin breastfeeding within an hour of birth as against nearly 80% delivering in the health facilities as per the NFHS-4 (2015-16) and only 55% babies are exclusively breastfed during 0-6 months. However, the NFHS-5 data shows improvement in exclusive breastfeeding with 16 states and UTs reporting a rise. These include Andaman and Nicobar Islands, Assam, Bihar, Dadra and Nagar Haveli and Daman & Diu, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Ladakh, Lakshadweep, Maharashtra, Meghalaya, Mizoram, Telangana and West Bengal. Maharashtra has reported an increase of 14.4 in exclusive breastfeeding whereas Sikkim has recorded a decline of 26.3 per cent.

In countries such as Sri Lanka and Turkmenistan, the promotion of baby-friendly hospitals, which comply with the Ten Steps to Successful Breastfeeding has been instrumental in increasing rates of breastfeeding. Almost 90 per cent of women in Turkmenistan, and almost all mothers in Sri Lanka give birth in hospitals certified as baby-friendly and both of the countries have nearly universal rates of breastfeeding.

Worldwide Exclusive Breastfeeding (EBF) rate at present : 41% Target rate by 2030 : 70%
Rate of Early initiation of breastfeeding and EBF in India and neighbouring countries at present :
Country rate (%) India 55 Sri Lanka 82 Nepal 65 Bangladesh 63 Pakistan 48
Early initiation of breastfeeding rate (%) EBF 41.5 90.3 54.9 50.8 18

Over past decades various initiatives has been taken to increase the rate of exclusive breastfeeding globally like Baby friendly hospital initiatives (BFHI), Mother friendly childbirth initiatives, Baby friendly community initiatives (BFCl), World breastfeeding costing initiatives (WBCI), International codes of marketing of breastfeeding substitute and celebrating world breastfeeding week to increase global awareness. Despite all of these noble measures, we are lagging far behind the target. This obviates to find out the gaps and possible solutions to overcome the gaps.

Results :

It has been found that 60% of the mothers don't breastfeed for as long as they intend to. They have issues with lactation and latching, especially for primigravida mothers, being concerned about infant nutrition and weight, about taking medications while breastfeeding, cultural norms and lack of family support, inappropriate hospital practices and policies, issues with unsupportive work policies and lack of parental leave for working mothers. So the probable solutions we suggest are-

1. **Training of staffs** : Healthcare providers (HCP) can play a pivotal role in educating and encouraging mothers to begin and continue breastfeeding. This requires adequate numbers of healthcare providers as studies revealed that mothers supported by trained HCP have significantly better chance of prolonged breastfeeding. However most of the healthcare providers have not received adequate training and education in this. So proper training and periodical monitoring of skills should be evaluated to deliver best services and for better outcome. In this current COVID pandemic, not only the mothers but also the healthcare professionals have various queries regarding breastfeeding. So queries of the healthcare providers should be addressed with due

importance in any circumstances. First 2-3 weeks following delivery is critically important as mother learns the skills of latching and also should get support from both medical and community sources to boost her confidence to continue breastfeeding.

2. **Education of the mother and other family members** : Each contact of the pregnant and lactating mothers with the health facilities should be taken as an opportunity to educate the parents and other family members about importance of exclusive breastfeeding. Each mother should be individualized and counseling should be done accordingly involving father or other family members. Educating the parents about the growth of their child may be useful to remove their concerns that the child is not growing well. Open source applications where the parents can self-monitor the growth of their child may be useful in this scenarios. Special care to be taken regarding counseling of the mothers taking medications (May adopt similar legislations like the regulatory guidelines of US-FDA namely PLLR 2015 : Pregnancy and Lactation Labelling Rules). Social issues have to be addressed in scenarios pertaining to broken family and working mothers. The steepest decline in breastfeeding has been between 2-6 weeks following childbirth, thus community and family supports are of utmost necessity.
3. **Skin to Skin contact (STS), Kangaroo Mother Care (KMC)**: In STS, every stable baby is placed on mother's bare chest between her breasts, immediately after birth, uninterrupted and continued for at least first 1-2 hours. There are various proven benefits of STS including better cardiopulmonary stability, stress reduction in both baby and the mother, thermal protection of the child, early initiation of breastfeeding, acceleration of baby's adaptations to extrauterine life, enhancement of mother-baby communications and boost their bonding. Studies showed that those who practiced STS has been found to continue with breastfeeding for longer period (at least 6months) than the control group.^{4,5} KMC for low birth weight babies increases the rate of exclusive breastfeeding.
4. **Promotion of breastfeeding** : In this era of digitalization, promotion of breastfeeding digitally, may be an effective way to reach out to maximum people. But it should be appropriate for the target audience because of the huge diversity among cultures, lifestyles all around the globe. Banners, posters, videos, pictorial depictions may be useful in this context. World Breastfeeding Week is a global campaign to raise awareness and galvanize action on themes related to breastfeeding (2021 theme- Protect Breastfeeding: A Shared Responsibility). It is organized and celebrated every year (1st -7th Aug) to protect, promote, support and encourage breastfeeding mothers everywhere across the globe.
5. **Marketing of breast milk substitute** should be highly monitored, as many countries fails to stop harmful marketing of this substitutes and easy availability over the counter makes the situation worse.

Government should take appropriate steps for this and should also focus on appropriate funding to promote breastfeeding. In 1992, India adopted the Infant Milk Substitutes, Feeding Bottles, and Infant Foods (IMS) Act which was strengthened in 2003. The IMS Act comprehensively bans all forms of promotion of foods marketed to children up to two years of age and sponsorship to health care professionals and health organizations by infant formula companies. Violation of the IMS act is a criminal offense and may result in fines and imprisonment. Monitoring of the IMS Act is undertaken by four NGOs, food safety officials, and other government officials authorized by the government as specified in section 21. A particular NGO, the Breastfeeding Promotion Network of India (BPNI), has been widely involved and successful in monitoring the IMS Act. BPNI holds events to raise awareness of infant formula risks, develops monitoring tools, regularly monitors product labelling and promotional activities of the infant formula companies, periodically reports to the Ministry of Women and Child Development, and files cases before law, if necessary.

Conclusions:

Interventions are most effective when they are implemented in combination, rather than piecemeal or in isolation. Indeed, studies have found that combined implementation of pro- breastfeeding interventions within health systems and the community have the potential to increase exclusive breastfeeding rates by 2.5 times. Breastfeeding should be supported among all the mother, started with hospital initiatives, work site accommodation and then continuity of care with community supported initiatives. We strongly encourage an appropriate training for all healthcare providers in maternity service and to support breastfeeding, empower parents and other family members, prevent inappropriate use of formula feeding through promoting , protecting and supporting breastfeeding.



Dr. Asim Kumar Mallick
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It is a well-established fact that exclusive breast feeding is essential for optimal growth, development and health of infants and in this view the WHO, UNICEF promoted a worldwide campaign to support breastfeeding. Yet globally 2 out of 3 babies are not breastfed.

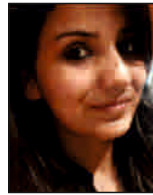
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In India, only 41.6% women are able to begin breastfeeding within an hour of birth as against nearly 80% delivering in the health facilities as per the NFHS-4 (2015-16) and only 55% babies are exclusively breastfed during 0-6 months. However, the NFHS-5 data shows improvement in exclusive breastfeeding with 16 states and UTs reporting a rise. These include Andaman and Nicobar Islands, Assam, Bihar, Dadra and Nagar Haveli and Daman & Diu, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Ladakh, Lakshadweep, Maharashtra, Meghalaya, Mizoram, Telangana and West Bengal. Maharashtra has reported an increase of 14.4 in exclusive breastfeeding whereas Sikkim has recorded a decline of 26.3 per cent.

In countries such as Sri Lanka and Turkmenistan, the promotion of baby-friendly hospitals, which comply with the Ten Steps to Successful Breast feeding, has been instrumental in increasing rates of breastfeeding. Almost 90 per cent of women in Turkmenistan, and almost all mothers in Sri Lanka give birth in hospitals certified as baby-friendly, and both of the countries have nearly universal rates of breastfeeding.

THE IMPORTANCE OF BREAST FEEDING :

Breastfeeding, initiated within the first hour of birth, provided exclusively for six months, and continued up to two years or beyond with the provision of safe and appropriate complementary foods, is one of the most powerful practices for promoting child survival and well being. Improving breastfeeding rates around the world could save the lives of more than 820,000 children under age 5 every year, the majority (87 per cent) under 6 months of age. In addition to improving child survival and protecting against life-threatening and chronic illnesses, breastfeeding promotes healthy growth and boosts early child development.



Dr. Bilkish Islam
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**Breastfeeding, not a choice,
is a responsibility for a
healthier tomorrow**

Breastfeeding supports healthy brain development, and is associated with higher performance in intelligence tests among children and adolescents across all income levels. But breastfeeding is not just good for babies, it is good for mothers as well. Indeed, breastfeeding has been shown to protect against postpartum haemorrhage, postpartum depression, ovarian and breast cancer, heart disease and type 2 diabetes. It is estimated that improving breastfeeding rates could prevent an additional 20,000 maternal deaths from breast cancer.

BARRIERS TO BREAST FEEDING :

It has been found that 60% of the mothers don't breastfeed for as long as they intend to. They have issues with lactation and latching, especially for primigravida mothers, being concerned about infant nutrition and weight, about taking medications while breastfeeding, cultural norms and lack of family support, inappropriate hospital practices and policies, issues with unsupportive work policies and lack of parental leave for working mothers.

CALL TOWARDS A FAIRER, HEALTHIER WORLD – POSSIBLE SOLUTIONS :

1. Training of Healthcare providers can play a pivotal role in educating and encouraging mothers to begin and continue breastfeeding. So proper training and periodical monitoring of skills should be evaluated to deliver best services and for better outcome.
2. Each contact of the pregnant and lactating mothers with the health facilities should be taken as an opportunity to educate the parents and other family members about importance of exclusive breastfeeding. Each mother should be individualized and counseling should be done accordingly involving father or other family members.
3. Skin to Skin Contact and Kangaroo Mother Care also helps to increase the rate of exclusive breastfeeding.





Dr. Annie Bajaj
Junior Resident, Department of Paediatrics, NRSMCH

“Something as simple as better breastfeeding could save a million children a year”

- Anne M Mulcahy

Breastfeeding is about more than simply providing food for a baby; data shows it is a vital way to help ensure a child develops to their full potential. When a mother chooses to breastfeed, she provides herself, her child and the community with numerous short and long term benefits. It is the most effective tool in reducing early childhood deaths thus reducing its epidemiological burden and building the foundation for a healthy future. When breastfeeding is encouraged and supported, we all win.

Here we discuss the various benefits of breastfeeding to the mother, baby and community.

BENEFITS TO THE BABY

- It is the most physiological milk for term and preterm infants. It is the sweetest milk with high lactose content. The protein is easily digestible and lipids are rich in essential fatty acids, long chain polyunsaturated fats, phospholipids and prostaglandin precursors. These promote brain growth and reduce dyslexia and hyperactivity. It supplies enzymes increase digestibility and also act as defence against microbes. It also contains growth regulating factors, promoting factors and modulators.
- Biochemically it is superior and the protein is mostly whey protein rich in lactalbumin and lactoferrin. Lactalbumin is rich in tryptophan, which is the precursor of serotonin that plays an important role as a neurotransmitter. Lactoferrin ensures absorption of iron and zinc and is bacteriostatic as well. The non-protein nitrogen in breast milk plays a significant role in the growth and development of the infant. The calcium-phosphorous ratio is more than 2 and it ensures calcium absorption. Also, there is lower solute load on the immature infant's kidney.
- Breast milk is sterile with least chance of contamination. The bifidus factor and acidic Ph of human milk leads to colonisation by *Lactobacillus bifidus*. Breastfeeding facilitates exchange of

Benefits of Breastfeeding

microbes between mother and infant via skin contact. New evidence also suggests that maternal gut microbiota is vertically transferred to infant via the enteromammary pathway.

- The provision of colostrum in the form of oral care for sick premature infants has been proposed as a method of stimulating the oropharyngeal lymphatic tissue and altering the oral microbiota.
- The composition of breastmilk differs according to gestation suited most appropriately to the needs of that age. The preterm milk contains more protein, fats, aminoacids and sodium as compared to term milk.
- Human milk oligosaccharides (HOM), the second most abundant carbohydrate in breast milk after lactose have beneficial effects that include modification of intestinal microbiota, anti-adhesive effect against pathogens, modulation of intestinal epithelial cell response and development of the immune system.
- Immunologically breastmilk is safe and non-allergenic. It supplies passive immunity, acute phase reactants, along with T and B lymphocytes. It contains immunoglobulins, secretory components and secretory IgA that offers surface protection to the respiratory and GI tracts.
- Breastfeeding during a painful procedure such as heel-stick for newborn screening provides analgesia to infants.

LONG TERM BENEFITS TO INFANTS

- Breastfeeding decreases the incidence and/or severity of a wide range of infectious diseases including bacterial meningitis, diarrhoea, respiratory tract infections, necrotising enterocolitis, otitis media, UTI, late onset neonatal sepsis and retinopathy of prematurity.
- Some studies suggest decreased rates of sudden infant death syndrome in the first year of life and reduction in incidence of insulin dependant (type 1) and non-insulin dependant diabetes mellitus, lymphoma, leukaemia, obesity, metabolic syndrome, Hodgkin disease, Celiac disease and asthma in older children and adults who were breast fed compared to those who were not.

- Breastfeeding has been associated with slightly enhanced performance on tests of cognitive development.

BENEFITS TO THE MOTHER

- The benefits include decreased postpartum bleeding and more rapid uterine involution attributable to increased concentrations of oxytocin, decreased menstrual blood loss, anaemia and increased child spacing attributable to lactational amenorrhea, earlier return to pregnancy weight, decreased risk of breast cancer, ovarian cancer and possibly decreased risk of hip fractures and osteoporosis in the postmenopausal period, and also less incidence of postpartum depression.
- The relationship between mother and child is rooted in the interactions of breastfeeding. The emotional health of the mother may be enhanced by this relationship she develops with her infant during breastfeeding, resulting in fewer feelings of anxiety and a stronger sense of connection with her baby.

BENEFITS TO THE COMMUNITY

- Breastfeeding offers society not only improved health of children and mothers but also economic and environmental benefits. The approximate cost to artificially feed a baby less than 6 months of age is estimated to be more than one-third of the average family income, i.e., almost more than the per capita income. We are unable to afford this at national, community or family level.
- There is decreased environmental burden for disposal of formula cans and bottles and decreased energy demands for production and transport of artificial feeding products.

- It is also very convenient as there is no need to carry or sterilise utensils.
- Breastfeeding leads to reduced absenteeism in the workplace due to their child's illnesses. It reduces the cost of healthcare and the need for costly health services that must be paid for by insurers, government agencies or families.
- Epidemiologically it decreases morbidity and mortality. It is estimated that a breastfed baby is 14 times less likely to die from diarrhoea, 4 times less likely to die from respiratory diseases and 2.5 times less likely to die from other infections than a non-breastfed infant.



Breastfeeding, not a choice, is a responsibility for a healthier tomorrow

...Contd from page 8

4. Increasing funding and awareness to raise breastfeeding rates from birth through two years. World Breastfeeding Week is a global campaign to raise awareness and galvanize action on themes related to breastfeeding (2021 theme- Breastfeeding: Foundation of life). It is organized and celebrated every year (1st -7th Aug) to protect, promote, support and encourage breastfeeding mothers everywhere across the globe.
5. Enacting paid family leave and workplace breastfeeding policies, including paid breastfeeding breaks.
6. Enacting legal measures to regulate the marketing of infant formula and other breastmilk substitutes, bottles and teats, in line with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
7. Implementing the Ten Steps to Successful

- Breastfeeding developed by UNICEF and WHO in all maternity facilities, and providing breastmilk for sick newborns.
8. Strengthening links between health facilities and communities, to ensure continued support for breastfeeding and Improving monitoring systems to track improvements in policies and programmes, and in breastfeeding practices.

Breastfeeding should be supported among all the mother, started with hospital initiatives, work site accommodation and then continuity of care with community supported initiatives. We strongly encourage an appropriate training for all healthcare providers in maternity service and to support breastfeeding, empower parents and other family members, prevent inappropriate use of formula feeding through promoting, protecting and supporting breastfeeding.



Dr Bageshree Saha
Junior Resident, Paediatrics, N.R.S.M.C.H.

Breastfeeding - Misconceptions, Prejudices and Breaking The Glass Ceiling

Breastfeeding is the cornerstone of optimum nutrition essential for child survival as well as quality of survival. As we all know, WHO and UNICEF unanimously recommends infants should be exclusively breastfed for first 6 months.

In my 5 months tenure as a junior resident in an SNCU of a tertiary care hospital, there have been quite a few opportunities to interact with mothers -- some new, confused and uncomfortable, lacking confidence of this sudden imposed responsibility of nursing and caring for a child and full of self-doubt; some experienced, yet holding on to the prejudices and misconceptions imbibed in them by the age-old beliefs of the elderly women of the household regarding breastfeeding.

MYTHS=MITHYAS

Some of the misconceptions mothers latch on to are:

- Common aversion to colostrum due to its pus-like texture and consistency and unaware of its vitality, giving way to the tendency of discarding it.
- Practice of pre-lacteal feeds like janamghutti, honey or ghee as a social taboo for the want of a sweet-talker in future.
- Intake of more milk by mother will increase breastmilk content. Some mothers have the tendency of consuming sumptuous amounts of ghee, while cereals being denied for few days post childbirth.
- Washing nipples before breastfeeding.
- Separating a newborn from the mother to let the



Animated representation of lactation consultant providing support to mother during breastfeeding



Initiating skin-to-skin contact with mother in a Normal Vaginal Delivery in the labour room in our Institution

mother rest.

- Concern regarding the size of the breast—small breast will produce less milk is a belief held on by many.
- Breastfeeding hurts, sore nipples inevitable and breasts will sag.
- Pressing the breast yields more milk.
- Refrain from breastfeeding if she is sick or the baby has diarrhoea.
- Breastfed babies are clingy, do not gain weight as quickly as their formula-fed counterparts.
- It is hard to wean a baby if you breastfeed for >1 year.
- Unwilling to wake the baby at regular intervals to breastfeed as it will disrupt baby's sleep.
- Failure to breastfeed first child will yield same result in the second.
- Lending breastmilk to other babies in need will reduce my milk content.

The setbacks

Moreover, many mothers think breastfeeding is easy. Though impeded by the naturally coordinated rooting-suck-swallow reflexes, still breastfeeding is something that both mother and baby has to learn and practise and mould to perfection. Many mothers need practical support with positioning their baby and making sure the baby is correctly attached to the breast.

The problems deepen more as :

- Most mothers are young, less than 20 years old with little or no knowledge about breastfeeding before falling pregnant.



Helping mother in initiating skin-to-skin contact during a cesarean section in the OT in our Institution

- Educationally backward and coming from low socio-economic strata with poor maternal nutritional state.
- Receiving inaccurate information or lack of skilled lactation counselling from health care providers.
- Lack of lactation support from family.
- Face-aggressive marketing of breast milk substitutes.
- Unsupportive work environment for employed mothers and lack of legal protection for women working in non-government and unorganized sectors.

The initiatives

The breastfeeding rates can be improved drastically with the following initiatives:

- Skin to skin contact with mother immediately after delivery for stable newborns facilitating the breast crawl.
- Early initiation of breastfeeding within 30 minutes of delivery.
- Kangaroo mother care for low birth weight babies.
- Implementing the Baby Friendly Hospital Initiatives(BFHI) at all levels of healthcare and abiding by the ten steps to successful breastfeeding.
- BFHI launched World Breastfeeding Week – the first week of August being a reminder to protect, promote and support breastfeeding.
- Appointing a lactation consultant in Well Baby Clinic and empathetic, non-judgemental counselling by non-verbal communication, gestures and reflecting back can help in busting the common myths and also infuse confidence in mothers in carrying on with exclusive breastfeeding.
- The pro-breastfeeding and mother-friendly NICU setup providing mothers the privacy and comfort for expressing milk and feeding the babies.

Working Women and the Laws

The Maternity Benefit Amendment Act 2017 has been a game changer.

From “increasing the maternity leave duration to 26 weeks which used to be 12 weeks previously” to

“employers requiring to provide fully paid nursing breaks of prescribed duration for new mothers in order to express breast milk”, from “requiring any establishment with more than 50 employees to provide creche facilities within 500m” to “allowing mothers four visits per day” ---this act brings a huge relief to new mothers unwilling to compromise between either career or childcare.

Recognising a father's role and in an attempt to balance the childcare responsibilities, a proposed bill in the Parliament is considering granting paternity leave of 15days extendable upto 3 months.

The laws notwithstanding, workplaces in India need to be equipped with breastfeeding conveniences and employees need to be more empathetic. Flexible working hours, posting a new mother near her residence, arranging lactation rooms with a refrigeration facility for storing expressed breast milk are some of the facilities sought after.

A long way to go:

Breastfeeding still remains a major challenge in India, as is clearly evident by India acquiring a sombre 78th position in the World Breastfeeding Trends initiative (WBTi) by International Baby Food Action Network (IBFAN) out of the 97 countries that participated, whereas a study by Indian Institute of Human Settlements (IIHS) found that only 27% of working mothers are able to continue to feed their baby during working hours.

Breaking the barriers

The laws being made, examples have started to come up as well.

Recently, New Zealand's Prime Minister was seen in UNGA carrying her baby girl, while Australian senator Larrisa Waters seen nursing her baby in parliament igniting controversies regarding breastfeeding in public.

However, the indomitable spirit of these women are paving way for more mothers to follow, to leave behind their inhibitions, embarrassment and prejudices for better childcare and Larrissa's words, ” I have a job to do as a mother and as a parliamentarian and thankfully its 2018 and I can do both”, reverberating and urging a conservative society to change its outlook.

The Breastfed Baby

Breastmilk has more of the good things babies need.

Antibodies: Fight off germs to protect babies from infections.

Hormones: Help baby's brain and gut develop.

Anti-Viruses: Help protect baby from viruses.

Anti-Allergies: Help reduce risk of allergies.

Anti-Parasites: Help protect baby from parasites.

Growth Factors: Help baby's cells grow and divide.

Enzymes: Help baby digest food.

Minerals: Help build strong bones.

Vitamins: Help baby's body function.

Fat: Help baby's brain and body develop.

DHA/ARA: Help baby's brain and eye development.

Carbohydrates: Help baby's gut health.

Protein: Help baby's muscles and bones grow.

Water: Help keep baby hydrated.

Immune system: Breastfed babies have lower risk of infections and allergies.

Brain: Breastfed babies have higher IQ and better cognitive skills.

Heart and circulatory system: Breastfed babies have lower risk of obesity and heart disease.

Regulatory system: Breastfed babies have better gut health and immune system.

Formula: Lacks many of the good things babies need.

Formula ingredients: Includes vitamins, minerals, and protein, but lacks antibodies, hormones, and growth factors.

Formula-fed babies: Have higher risk of infections, allergies, and obesity.



Dr Shrabani Mandal

Assistant Professor, Dept of Pediatrics, NRS MCH

Encourage Breastfeeding and Human Milk Feeding in NICU for the preterm infants.

"O thou with a beautiful face, may the child reared on your milk, attain a long life, like the gods made immortal with drinks of nectar."

So said Acharya Sushruta, the famous physician of ancient India. The poetic line shows the significance of breastfeeding millennia ago.

Breast feeding is not a choice; it's a fundamental right of a newborn. So we can't be indifferent to this motherly act. Every mother has their own choice, but in this regard we should have the same judgment. Mother is the only one who always thinks best for her baby. Term baby or preterm baby the target should be breast milk feeding. Some rare situations may come, but that cannot be the same for all. No manufactured food can match the content of human milk. Human milk is species specific food for human beings.

Preterm baby and breast feeding

Delivery of a preterm baby may have a psychological impact on the mother. As the baby is being separated from their mother, she might lose her confidence. This may lead her to unnecessary artificial food. Babies who are born preterm may have difficulty in suckling effectively at first. But they can be fed on breast milk by orogastric tube or katori and helped to establish full breastfeeding later.

What are the problems: The birth of a premature baby negatively influences milk production. The close infant contact frequently experienced by mother following term delivery is usually limited in birth of a preterm baby. As a result the neurohormonal stimulus of the lactogenic hormones is impaired. So we have to give emphasis on early skin to skin contact in a stable preterm baby.

There is a widely held belief that the suck - swallow - breath mechanism is not mature until approximately 34 weeks of gestation.

The fear that premature babies will choke, desaturate and aspirate leads to more practice of artificial feeding by bottle.

Another obstacle is when a mother delivers twin preterm babies. Then we have to teach the mother how to hold the babies simultaneously on breast. Mother can adapt football hold method for twins.

Absence of breast feeding friendly NICU. Inaccurate, inconsistent advice and assistance given by health care staff, Unavailability of private rooms, portable screens for expression of breast milk, not having enough hospital grade electric breast pumps are the major setbacks.

Advantages of human milk feeding for premature babies.

Human milk is living, dynamic adaptive fluid. It contains over 200 known components including live cells, host defense factors, hormones in addition to its nutrients. Human milk is ever adapting from beginning to the end of feeding session, throughout the course of the day and over the course of lactation. That's why preterm milk differs from term milk in terms of its nutrients. Preterm milk has higher concentrations of protein, fattyacid, sodium and chloride. But the higher concentration of nutrients in preterm milk decreases to approximately term milk levels over the course of the first postnatal month. But the demand for higher nutrients continue upto term corrected gestational age. Then we need to add human milk fortifiers specially made from human milk.

Improved cognitive development has been demonstrated in premature babies due to presence of LC-PUFA, DHA in breastmilk.

Premature babies receiving human milk have been shown to have faster brainstem maturation.

ROP incidence is significantly lower in infants fed maternal milk.





Dr Srinanda Majumder
Junior Resident, Department of Pediatrics, NRSMCH

“Breastfeeding is a mother's gift to herself, her baby and the earth”

– Pamela K. Wiggins

It has been proven beyond a doubt that breast milk is the best milk for a neonate which provides them with the most optimal nutrition. But there are some special situations which make us wonder if it's safe to breastfeed the baby in those conditions.

Here we mainly discuss two such very common diseases in India, AIDS and Tuberculosis, both of which carry a lot of social stigma around them and breastfeeding in such a situation demands special discussion along with comments on some other common maternal infectious conditions.

HIV INFECTION:

Breastfeeding with concurrent AntiRetroviral therapy (ART) intervention offers HIV exposed infants the greatest chance of HIV-free survival and is the recommended feeding strategy for them in India. Use of concomitant maternal ART not only decreases the maternal viral load, but also, upon transmission to the infant through placenta and breast milk, provides an effective pre-exposure prophylaxis to the infant preventing replication of any transmitted virions. Thus, the chances of HIV transmission to the infant are greatly reduced, and breast feeding is rendered even safer.

In concordance with the recommendation for HIV unexposed infants, it is therefore recommended that, exclusive breastfeeding (EBF) be provided to all HIV exposed infants; and at 6 months of age, these infants should be offered complementary foods along with breast milk. However, given the fact that breast feeding still carries some risk of HIV transmission, however slight it may be, individual pregnant women should also be informed about the alternative infant feeding options and their advantages and disadvantages as compared to breastfeeding in the current era. According to recent systemic review based on 11 isolated studies, estimated rate of overall HIV transmission by age six months of 3.5% and postnatal

Breastfeeding against all odds

transmission rate by six months of age of 1.1% in women who were on ART from early-mid pregnancy and who were recommended to breastfed their infants for six months. Exclusive Replacement Feeding (RF) is not a viable public health strategy in India for HIV exposed infants due to increased chances of non-HIV related morbidity and mortality like diarrhea, pneumonia and other infections, negating the benefits of reduced HIV transmission. Thus, it cannot be recommended and promoted as the optimal infant feeding strategy for HIV-infected mothers in India.

The current national guidelines for feeding of HIV-exposed and infected infants < 6 months age are:

Exclusive Breast feeding for first 6 months of life is recommended. In a situation where the mother is practicing mixed feeding (breastfeeding plus replacement feeding), Health-care workers and counsellors should motivate her to exclusively breastfeed.

Mothers known to be HIV-infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first six months of life, introducing appropriate complementary foods thereafter and continue breastfeeding.

Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided. Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or beyond (similar to the general population) while being fully supported for ART adherence.

Exclusive Replacement feeding may be considered only in situations where breastfeeding cannot be done like in cases of maternal death or severe maternal illness or upon individual mother's choice, provided the Exclusive Replacement feeding is AFASS, i.e. Acceptable, Feasible, Affordable, Sustainable and Safe.

MIXED FEEDING: YES OR NO?

It was earlier recommended that giving an infant a combination of both BF and RF is to be avoided since an artificially fed or breastfed child is at less risk of



Dr Parul
Junior Resident, Pediatrics, NRS MCH

Breastfeeding is the best method of infant feeding as human milk is the only milk suited to the needs of the baby. All mothers should be encouraged to breastfeed their babies. If they cannot feed the baby directly, expressed breastmilk should be given.

Breast milk is considered as a pillar of child survival especially for premature babies and in resource poor settings. Breast milk is nutritionally superior than the artificial substitutes. Breast milk contains all the nutrients a baby needs for normal growth and development, in an optimum proportion and in a form that easily digested and absorbed.

WHO/UNICEF emphasizes the first 1000 days of life i.e 270 days in-utero and first 2 years as critical window period as maximal growth of brain occurs, malnutrition in this critical period can lead to stunting and suboptimal developmental outcome.

Breast milk has dynamic composition as it varies according to the age of the baby and from the beginning to the end of the feed.

Hence Mother's own milk (MOM) is always superior. If MOM is not available, donor human milk is next best option followed by infant milk substitutes.

What is Human milk bank?

A human milk bank is a service provided by the hospitals or nursing home where breast milk is collected, screened and stored. This milk is donated by healthy lactating mothers who are willing to undergo blood testing for screening of infections; and has enough milk after feeding her baby satisfactorily and baby is thriving nicely.

Asia's first human milk bank was established in 1989 at Sion hospital by Armida Fernandez, currently run by Jayashree Mondkar.

In 2017, milk bank was established at Lady Hardinge Medical College in collaboration with Norwegian government and Oslo University

In India at present there are 80 milk banks.

When can donor breast milk can be used?

1. Treatment of medical conditions-
 - (a) Prematurity
 - (b) NEC

Mother's Milk : The Milk You Can Bank Upon!!!

2. Absent or insufficient lactation .
3. Adoption or surrogacy
4. Baby of mother who dies in perinatal period
5. Mother who have double mastectomy and are unable to produce sufficient amount of breast milk.

Who cannot donate?

A donor is disqualified who:

- uses illegal drugs, tobacco products or nicotine replacement therapy
- regularly takes more than two ounces of alcohol or its equivalent or three caffeinated drinks per day
- has a positive blood test result for HIV, HTLV, Hepatitis B or C or syphilis; or HCV and venereal diseases OR either one has high risk behaviour for contracting them in last 12 months
- has received organ or tissue transplant, any blood transfusion/blood product within the prior 12 months.
- is taking radioactive or other drugs or has chemical environmental exposure or over the counter prescriptions or mega doses of vitamins, which are known to be toxic to the neonate and excreted in breastmilk; or
- has mastitis or fungal infection of the nipple or areola, active herpes simplex or varicella zoster infections

Processing and Storage

Fresh breast milk can be stored at room temperature for 4 to 6 hours or in a refrigerator at 4 to 8°C for 24 hours. It can be stored for three months if kept in the deep freezer at -20°C. However, in order to prevent contamination, it is always safer to send the stored milk to the Comprehensive lactation management centre (Human Milk bank) within 15 days of expression. The milk meant for donation should be stored in the home refrigerator's deep freezer section at -4 to -8°C. Home collection of breastmilk is better avoided at present in our country due of the risk of contamination.

You can add freshly expressed breast milk to already

cooled or frozen milk; however, it is best to cool down the newly expressed milk first before adding it to older stored milk.

Holder pasteurization using 62.5o C for 30 mins is widely used. Properties are better preserved at this temperature without bacteriological safety.

Use of safer methods of pasteurization with better preservation of nutrients and other properties, like flash treatment , HTST (High temperature short time 72o C for 16 secs)

Why do we need to emphasize on strengthening the human milk bank?

Over 22 million babies are born with birth weight less than 2500 gm with India having the third highest incidence. These babies account for 60-80% of total neonatal deaths. It has the largest numbers of under-five children who are moderately or severely stunted, accounting for 38% of the global burden. India also has the highest numbers of children with moderate and severe wasting feeding these babies with breast milk can significantly reduce infections. The burden neonatal mortality due to NEC and Sepsis can largely be mitigated by providing donor human milk. Though wet nursing had been in practice since mythological ages, modern human milk banking is still in its early stages.

Milk banks should ideally be in close proximity or even inside the boundaries of neonatal unit. Post natal wards or well-baby clinics should be used for encouraging mothers who can donate milk.

The lack of infrastructure, lack of community, policy and financial support; and competition from breast milk substitutes and unregulated milk sharing and various taboos and misconceptions have prevented Donor human milk from reaching many vulnerable neonates.

The first milk bank in Asia under the name of Sneha, founded by Dr.Armeda Fernandez, was started in Dharavi, Mumbai. In West Bengal the first human milk bank was started in 2013 at PGIMER Hospital that caters to the need of babies born prematurely or are of low birth weight.

The minimum requirement is a partitioned room of 250 square feets that can comfortably lodge at least the equipment required for milk banking. Private space for milk expression and safe and clean space for storage along with well trained staff is needed to run a milk bank.

How safe is donor human milk for your baby?

A donor is always screened for infections, substance abuse and medications that are secreted through breast milk

Microbiological screening of donor milk is done before (if there is no cost constraint), and as soon as possible after pasteurization. No growth is acceptable in post-pasteurization microbiology cultures. Whole batch of culture positive container of pasteurized milk is discarded.

Staff working undergo regular health checks and are immunized against Hepatitis B.

Parents may fear accepting donor milk can lead to infections, but the health benefits outweigh the risks.

As stated by WHO and UNICEF the use of human milk from other sources should be the first alternative when it is not possible for the mother to breastfeed. Human milk banks should be made available in appropriate situations.





Ushosee Ghosh ,
Sister in Charge (NICU SNCU), M.Sc. in Child Health Nursing

Breastfeeding - A dilemma for a covid positive mother

Breastfeeding is the cornerstone of infant and young child survival, nutrition and development and maternal health. The World Health Organization recommends exclusive breastfeeding for the first 6 months of life, followed by complementary feeding and continued breastfeeding upto 2 yrs. Early and uninterrupted skin-to-skin contact, rooming-in and kangaroo mother care also significantly improve neonatal survival and reduce morbidity and are recommended by WHO.

The severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has created a dilemma about care of mother-newborn dyads, particularly regarding KMC and breastfeeding. However, concerns have been raised about whether mothers with COVID-19 can transmit the SARS-CoV-2 virus to their infant or young child through breastfeeding. During the pandemic, mothers who may be exposed or infected might be unsure about feeding their infant breast milk. Mothers, along with their family and health care professionals, should decide whether and how to start or continue breastfeeding. While much is still unknown about the risks of COVID-19 to newborns born to mothers with COVID-19, we do know that:

- COVID-19 is uncommon in newborns born to mothers who had COVID-19 during pregnancy.
- Some newborns have tested positive for COVID-19 shortly after birth. It is unknown if these newborns got the virus before, during, or after birth.
- Most newborns who tested positive for COVID-19 had mild or no symptoms and recovered. However, there are a few reports of newborns with severe COVID-19 illness.

Can a mother breastfeed if she has suspected/confirmed COVID?

YES

Is it safe to give expressed breastmilk from a mother confirmed/suspected to have COVID-19?

YES

WHO recommendations

WHO recommends that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed. Mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks for transmission.

Mother and infant should be enabled to remain together while rooming-in, kangaroo mother care, especially immediately after birth and during establishment of breastfeeding, whether they or their infants have suspected or confirmed COVID-19.

If one tests positive for COVID-19 and wants to breastfeed or express breast milk, the following guidelines should be followed:

- One must always wash their hand before breastfeeding or touching the newborn.
- Keep tissue papers or handkerchiefs in handy. The mother must always sneeze or cough into the tissue and dispose of the tissue immediately.
- Regularly disinfecting and 'sanitizing' the baby's surroundings and toys.
- Wear a mask. Never put a mask or any kind of face shield on the child, as it can suffocate the baby.
- Wash your hands with soap and water regularly. One can also use an alcohol-based hand sanitizer.
- If the child is in NICU the mothers can still provide milk for the child by expressing the breastmilk.
- Gloves can also be used when the mother is touching the child.

For working mothers

If one is breastfeeding and may have been exposed to COVID-19 and/or work in a setting with increased risk of exposure to the virus, such as a health care professional or first responder, limiting duties or isolating from her family are not currently recommended. As always, employer should provide access to a private space to express milk. Clean hands routinely, whether breastfeeding or expressing milk. Clean all pump and collection kit parts as directed by the manufacturer. Some women may wish to follow

the guidelines above for those who have COVID-19, in addition to these suggestions:

- 1) Upon returning home immediately wash work clothing, and shower.
- 2) You can continue your usual work while following workplace guidelines.
- 3) You may wish to work with supervisors to limit high-risk situations, especially with people testing positive for COVID-19.
- 4) You may wish to clean areas that are touched a lot in work lactation rooms when you go in and out of the room.
- 5) Cleaning the outside of milk bottles or bags is not currently recommended.
- 6) If your infant has risk factors such as age younger than 2 months, born early, heart defect, severe lung disease, or severe immune problems, you may wish to isolate from your infant while providing your milk.

The best alternatives to breastfeeding a newborn or young infant are:

Expressed breastmilk - Expression of breastmilk is primarily done or taught through hand expression, with the use of a mechanical pump only when necessary. The mother, and anyone helping the mother, should wash their hands before expressing breastmilk or touching any pump or bottle parts and ensure proper pump cleaning after each use. The expressed breastmilk should be fed to the child preferably using a clean cup and/or spoon (easier to clean), by a person who has no signs or symptoms of

illness and with whom the baby feels comfortable. The mother/caregiver should wash their hands before feeding the newborn/infant. If one has COVID-19 and choose to express breast milk:

- Use own breast pump (one not shared with anyone else), if possible.
- Wear a mask during expression.

Wash your hands

- with soap and water for at least 20 seconds before touching any pump or bottle parts, and before expressing breast milk.
- Follow recommendations for proper pump cleaning after each use. Clean all parts of the pump that comes into contact with breast milk.

Donor human milk - If the mother is unable to express milk and milk is available from a human milk bank, donor human milk can be fed to the baby while the mother is recovering.

Should breastfeeding women get a COVID-19 vaccine? Yes, as per ACOG (The American College of Obstetricians and Gynaecologist) guidelines.

Breastfeeding not only provides the optimum source of nutrients for the neonate and its first strong shield against infection but also lays the foundation for somatic and psychological bonding between the mother and child. As there is no evidence till now regarding transmission of virus through breastfeeding, it is prudent to continue breastfeeding keeping in mind the overall benefits of breastfeeding to both the newborn and the mother.

...Contd from page13

Encourage Breastfeeding and Human Milk Feeding in NICU for the preterm infants

Bioactive components like epidermal growth factor (EGF) present in excess in preterm milk prevents programmed cell death and helps gut maturation and prevent necrotising enterocolitis.

Human milk is not only as the perfect form of nutrition but also as babies first dose of immunization. Human milk feeding attributes to enteromammary immune system that helps to fight against pathogenic organisms in which both mother and baby have been exposed.

Establishment of breastfeeding of a preterm baby in NICU.

We can start preterm care by colostrum oral care to prevent infection.

Then slowly progression of enteral feeding by providing minimal enteral nutrition by human milk.

Allow the baby for prolonged skin to skin contact with the mother for improved milk production of the mother.

Practice non nutritive sucking at breast during skin to skin contact.

Assessment of breast feeding readiness every day for smooth transition from human milk feeding to breastfeeding.

Establish successful breastfeeding in hospital settings and then discharge.

Conclusion: In today's high-tech world of neonatal intensive care, there is only relatively low-tech intervention that we as neonatologists can provide-the gift of mother's milk. The research also supports it. It is important to accept the underlying concept that all babies were born to breastfeed.



Dr. Sandipan Sen

Junior Resident, Dept of Pediatrics, NRS MCH, Kolkata

IMS ACT: Promoting Birth-Right of Infant

“A newborn baby has only three demands. They are Warmth in the aim of its mother, Food from her breasts and Security in the knowledge of her presence. Breastfeeding satisfies all three”

-Grantly Dick-Read (British obstetrician)

More than 2.4 million child deaths occur in India each year and two-thirds of these deaths are related to inappropriate infant feeding practices. The mother and her infants form a biological unit & breastfeeding is an integral part of that reproductive process. It is a natural and ideal way of feeding the infant and provides a unique biological as well as emotional foundation for healthy child development.

Every child has the right to be adequately nourished as a means of attaining and maintaining health. Being exclusively breastfed during initial 6 months of life is the earliest, yet most important step towards attainment of proper health and nutrition. Breastfeeding is, therefore, the key aspect of self-reliance and primary health care & must be protected from any influence that disrupts it.

As far baby's feeding is concerned, with fast lifestyle of present era, lack of awareness and promotion of other human milk substitutes, this practice has gradually been declined among mothers. With advent of digital platforms, promotion of infant milk substitutes and related products had been more extensive & pervasive than dissemination of information concerning advantages of breastfeeding, thus contributed to decline in breast-feeding. Mass scale commercial advertisement and propaganda by the baby food companies in absence of strong interventions had resulted in misconception and lack of awareness among the parents regarding breastfeeding, has caused a gloomy situation as far as infant health is concerned.

In this background, the first initiative was taken by the World Health Assemble (WHA) in the year 1981, when it adopted an International code that regulates the promotion, sale & marketing of teats, bottles, milk substitutes and baby foods, but it didn't prescribe any punishment to the offenders.

Government of India, based on WHA code, enacted

the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of production, supply and distribution) Act, 1992 referred as IMS act, which was implicated since August 1, 1993. Besides prohibition of any kind of promotion of infant milk substitutes, this act had provisions of educating pregnant women & lactating mothers, defining roles and responsibilities of health care institutes & health workers and overall restriction & controlled use of infant milk substitutes and feeding bottles. Later in 2002, following increasing information on the benefits of exclusive breast feeding and the subtle promotional techniques adopted by some manufacturers to circumvent the IMS act, the act was amended as Infant Milk Substitutes, Feeding Bottles and Infant food (Regulation of production, supply and distribution) Amendment act, 2002 that came into force since January 1, 2004.

Important aspects that were covered in this act are as follows:

1. It prohibits a person from advertisement of infant milk substitutes, feeding bottles and infant foods or publication of advertisement that gives an impression that artificial milk is better than mother's milk
2. It bans the use of health systems for promotion of these products like display of posters or giving free samples, bans sponsorship of health workers or their associations, bans commission on sales.
3. It prohibits donation and distributions of educational equipment, materials related to infant milk substitutes or feeding bottles by health care system.
4. Labels of all Infant milk substitutes should indicate the words 'important notice' in capital letters with a statement “mother's milk is BEST for your baby” in English and local language in clear, conspicuous and easily readable and understandable manner.
5. Every educational material/ advertisement/ promotional material for Pregnant and Lactating Women must include information for appropriate breastfeeding.

In case any person contravenes the provisions of the act, should be punishable with.

Though, the IMS act had a clear intent to save millions of children's lives and improve their nutritional status, there were always some excuses or loopholes in the law, which are used by the manufacturers for their benefit to defeat the aim of the act. There was no stringent rule to tackle the issue of sponsoring of scientific sessions, inducements and other gifts given away by infant food manufacturers. Lastly, after 2003 amendment, though infant food companies & health workers were brought under restriction, the chemists were exempted from many provisions.

Enactment of the Act has been seen as an example of an innovative & progressive legislation and India was heralded as a global leader in the area of legislation on infant and young child health. The IMS Act proved effective in curbing the promotional activities of baby food companies. The National Family Health Survey reports of later years documented a positive, albeit small, improvement in the practice of breastfeeding.

Besides Government of India, various voluntary organizations like Breastfeeding Promotion Network of India (BPNI) and Association for Consumer Action on Safety and Health (ACASH) have already taken up the cause of fighting the menace of commercial foods by filing criminal cases against companies violating the IMS Act. These organizations are authorized by Government of India to make complaint in writing for

THE IMS ACT

**VIOLATIONS-
PENALTIES**



Imprisonment:
not < 6 months
upto 3 years

Fine:
not < Rs.2,000/-
upto Rs.5,000/-

any violation of IMS Act.

To make this act work and to improve the health of the child promotion, support and protection exclusive breastfeeding is to be ensured whenever opportunity arises along with initiation of breastfeeding within 30 minutes of birth. Baby Friendly Hospital Initiative (BFHI) is one of the well-accepted movements to achieve this goal. Now, concept of Baby Friendly Medical Store Initiative (BFSI) is coming up and is taking form of a movement. Thus, the parents, health workers, various organizations as well as the Government must work in unison with the help of more strengthened law to promote and secure the health of future of India.

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Dr Olivia Bhattacharya
Resident, Department of General Medicine
Medical College Kolkata

Quiz

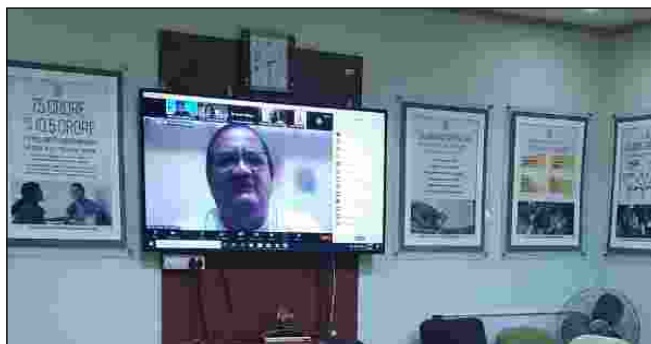
- 1) **World Breastfeeding Week is celebrated on?**
 - a) 1st week of August
 - b) 2nd week of July
 - c) 1st week of September
 - d) None of the above
- 2) **Benefits provided to the baby through breastfeeding is/are?**
 - a) Promotes brain growth
 - b) Development of intestinal microbiota
 - c) Provide passive immunity
 - d) All of the above
- 3) **Recommendations to promote breastfeeding is/are?**
 - a) Promoting skin to skin contact between mother and baby
 - b) Rooming in
 - c) Kangaroo mother care for preterm babies
 - d) All of the above
- 4) **The diseases which can be prevented in the long term through regular breastfeeding?**
 - a) Asthma
 - b) Obesity and Diabetes
 - c) Inflammatory bowel disease
 - d) All of the above
- 5) **Breastfeeding encouraged after what time duration of normal delivery?**
 - a) 30 mins
 - b) 2 hrs
 - c) 4 hrs
 - d) 6 hrs
- 6) **Benefits provided by breastfeeding to mothers include?**
 - a) Emotional bonding with child
 - b) Involution of uterus
 - c) Decreases menstrual blood flow
 - d) All Of the above
- 7) **Contraindications to breastfeeding is/are?**
 - a) HIV positive mother on ART
 - b) Mother having Tuberculosis on ATD
 - c) Covid 19 infected mother
 - d) None of the above
- 8) **Not an indication of feeding a child milk from human milk bank?**
 - a) Adoption or surrogacy
 - b) Absent or insufficient lactation
 - c) Baby of mother who dies in perinatal period
 - d) Mother HIV positive on ART
- 9) **Contraindications to breastfeeding is/are?**
 - a) Mother using illicit drugs
 - b) Infant having classical Galactosemia
 - c) Both a and b
 - d) None of the above
- 10) **Drugs that are secreted in sufficient quantities in breast milk?**
 - a) Steroids
 - b) Anti tubercular drugs
 - c) Tricyclic antidepressants
 - d) All of the above

Send your answers to: The Hony. Editor, Your Health of IMA (email: yourhealthofima@gmail.com)
The first three correct respondents shall be honoured with surprise gifts.



Answers of July 2021:

1) a 2) d 3) d 4) d 5) a
6) d 7) d 8) d 9) c 10) d

Release ceremony of Snakebite issue at Swasthya Bhawan



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Seventy YEARS

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The last month issue of Your Health of IMA on Snakebite was released by Dr. Santanu Sen, MP, Secretary IMA Bengal and Past National President of IMA at Swasthya Bhawan on 7th August, 2021. Mr. Swarup Nigam, IAS, Health Secretary of Govt. of West Bengal was also present along with Dr. Debasish Bhattacharya, Director of Medical Education, Dr. Ajoy Kumar Chakraborty, Director of Health Services. Dept. of Health & Family Welfare, Govt. of West Bengal. Dr. Samarendra Kumar Basu, Editor and Dr. Sarbari Dutta, Hony. Secretary of Your Health, Dr. Jyotirmoy Pal, Hony. Secretary, JIMA were present.

Dr. A. Jayalal, National President of IMA and Dr. Jayesh M. Lele, Hony. Secretary General of IMA, Dr. Sanjoy Banerjee, Hony. Joint Finance Secretary, IMA Hqs. addressed virtually from Chennai, Mumbai and Kolkata respectively.

Everyone present were of the opinion that the issue will be helpful not only for general people but also for doctors, mainly those who are practicing in rural community.

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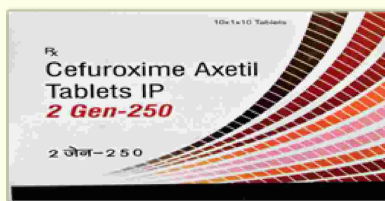
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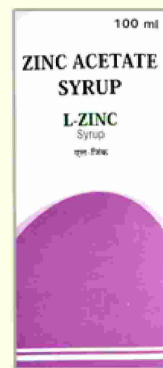
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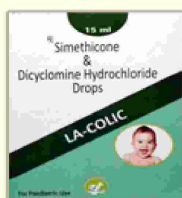
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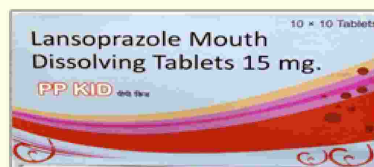
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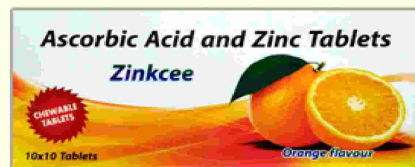
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