

Optimizing Breastfeeding for Better Health Outcomes: The Way Forward

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ABSTRACT

Breastfeeding is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. However, breastfeeding seems to be under attack by the commercial influence of the baby food industry, supported at work places and in the hospitals where they come to deliver. Artificial baby milk (formula) cannot meet the gold standards of breast milk. Provisions of IMS Act exists but widespread awareness and effective enforcement is required. Various studies reveal the gaps in the provision and implementation of the laws and awareness programs and to suggest appropriate solutions. It, thus, becomes necessary to emphasize upon the provisions of IMS Act, 2003 and evidently bring forward the commercial influence of baby food industry. Review revealed that the provisions of IMS Act has been violated at various online and offline platforms. Strategies to optimise breastfeeding and overcome breastfeeding barriers in the country are recommended, including community health and education programmes and 'baby-friendly' hospital initiatives. Advocates of breastfeeding are needed at the national, community and family levels. In addition, more systematic research should be conducted to examine breastfeeding practices and the best strategies to promote breastfeeding in this country.

KEYWORDS: Breastfeeding, Breastmilk, Artificial baby milk, IMS Act, Baby friendly hospital initiatives

INTRODUCTION

Human milk, or breastmilk, is uniquely engineered for human infants and is the biologically 'natural' way to feed infants. Breastfeeding is the cornerstone of infant and young child survival, nutrition, development and maternal health. WHO recommends that Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.[1] Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or beyond.

The National Institute of Child Health and Human Development (NICHD) supports many studies on the impact of breastfeeding and breast milk on infant health. This research includes efforts to understand nutritional components of breast milk, as well as its

bioactive components—those that have an effect on cells and tissues—and how these components contribute to development and protect against disease.

Among the bioactive components of breast milk is *lactoferrin*. It has been the focus of a number of clinical trials for its effectiveness in preventing diarrhoea. Another group of compounds in focus are the oligosaccharides, short chains of sugar molecules joined together by chemical bonds. These molecules are found in higher concentrations than most nutrients in human milk. Research has proven that these compounds play important roles in the natural defences of breastfed infants by preventing disease-causing bacteria and viruses from infecting the intestines. Additional research has also shown that consuming oligosaccharides in breast milk reduces the risk of respiratory illness. [2]

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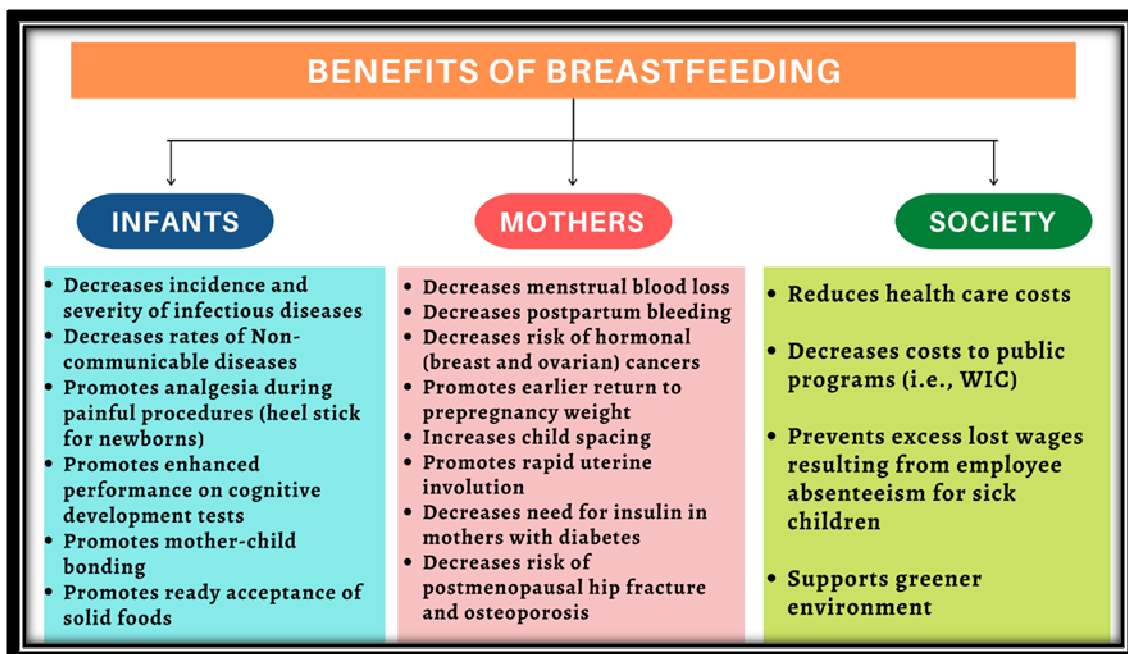


Figure 1: Benefits of Breastfeeding for Infants, mothers and the society
 *WIC- Women, Infants, Children [3]

BREASTFEEDING ATTACKED BY INFANT FORMULAS

Breastfeeding, in comparison to feeding breastmilk substitutes such as infant formula, has numerous health benefits. Despite this, infant formula has been actively promoted as a product equivalent to breastmilk. Consequently, evidence describing the health advantages of breastmilk and breastfeeding needs to ‘argue the case’ for breastfeeding.

Health Outcomes:[4]

- Artificially-fed infants have increased rates of respiratory disease
- increased rates of otitis media
- increased rates of gastroenteritis
- increased risk of Sudden Infant Death Syndrome
- increased incidence of allergies
- increased risk of childhood cancers
- increased risk of IDDM in susceptible children
- increased rates of ulcerative colitis
- increased incidence of Crohn’s Disease
- increased possibility of improperly stimulated immune system
- increased risk for less favorable response to vaccines with low antibody levels leaving some artificially-fed babies under - immunized

Cognitive Outcomes [5]

- Artificially-fed infants have a different brain composition than breastfed babies
- a lower neurodevelopmental response at 4 months of age
- lower mental development scores at 18 months of age
- lower cognitive scores at 3 years of age

- twice the rate of minor neurological dysfunction at 9 years of age
- lower IQs at ages 11-16 years

The Standard of Composition [4]

Artificial baby milk does NOT contain:

- Secretory IgA
- lysozymes
- macrophages
- hormones
- enzymes
- growth factors

WORLD BREASTFEEDING WEEK (1-7 AUGUST 2021)

bpni putting child nutrition at the forefront of social change

IBFAN International Breastfeeding Action Network

PROTECTING BREASTFEEDING: Where Lies the Responsibility?

OBJECTIVES OF WBW 2021

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

World Breastfeeding Week 2021[Aug 01-Aug 07, 2021] theme released by BPNI (Breastfeeding Promotion Network of India) - Protecting Breastfeeding: Where lies the responsibility? [6]

The 2-year report "UNDER ATTACK" 2021, shows how companies continue to undermine breastfeeding. [7]

IMS ACT IN INDIA AND ITS PROVISION

In 1992, India adopted the Infant Milk Substitutes, Feeding Bottles, and Infant Foods (IMS) Act. Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003. (IMS Act) that comprehensively bans all forms of promotion of foods marketed to children up to two years of age.

IMS Act is violated [8]

- If any person promotes any food by whatever name it is sold for children up to two years of age.
- If any person advertises the products under the scope of the IMS Act, i.e. infant milk substitutes, feeding bottles or infant food by any means like television, newspapers, magazines, journals, SMS, emails, radio, pamphlets etc.
- If the manufacturer or its representative distributes the products or samples of infant milk substitutes, feeding bottles and infant foods to any person or contacts pregnant or lactating mothers directly.
- If the manufacturer/distributor/supplier of the infant milk substitutes, feeding bottles or infant foods gives any kind of incentives like discounts or free gifts etc for the use or sales to anyone.
- If the manufacturer/distributor/supplier distributes information and educational material related to promotion of infant milk substitutes, feeding bottles and infant foods to mothers, families etc.
- If the labels of tins, cartons, accompanied leaflets of these products carry pictures of mothers or babies, cartoons, or graphics, phrases or any other such images for increasing saleability.
- If the hospital, nursing home, chemist shop displays placards, posters of baby food companies for promoting their products.
- If the manufacturer/distributor/supplier makes financial inducements or gifts to health workers or to any members of his family for the purpose of promoting the use of infant milk substitutes, feeding bottles or infant foods.
- If the manufacturer/distributor/supplier of baby foods provides sponsorships/research grants/funding of seminar, meetings, conferences,

educational courses/fellowships/ sponsorship of health workers of their associations

- If the manufacturer/distributor/supplier of baby foods fixes commission of employees on the basis of volume of sales of these products.

WHERE LIES THE SOLUTION?

- The advantages of breastfeeding should be presented throughout the childbearing years.
- During pregnancy, counselling on the risks of formula feeding and the process of lactation should be provided to women so that they can make an informed decision about how they will feed their baby and so that they understand how to achieve successful breastfeeding.
- As optimal maternity care practices become the norm in hospitals and birth centres, women should be educated on these practices in advance of delivery.
- Prenatal breastfeeding education is recommended strongly for women and their partners. The emotional support provided by the mother's partner contributes heavily to the success of the breastfeeding experience.
- During this time the mother should identify a support person to call upon after breastfeeding begins because initiation and establishment of breastfeeding can seem intense and full of challenges for new mothers, it is wise for her to know who to turn to when questions or concerns arise.
- A knowledgeable family member or health professional, doula, peer counsellor, or childbirth educator can provide the encouragement so often needed for a mother in the early postpartum period. Prenatal breastfeeding counselling with regular follow-up after delivery has been shown to have a positive effect on early initiation and sustained exclusive breastfeeding, especially among primiparous mothers, with group counselling having even more beneficial impact than individual counselling. [9]
- Establishment of Baby Friendly Hospital Initiative (BFHI) [10]:
 - Have a written breastfeeding policy that is routinely communicated to all health care staff.
 - Train all health care staff in the skills necessary to implement this policy.
 - Inform all pregnant women about the benefits and management of breastfeeding.
 - Help the mother initiate breastfeeding within 1 hour of birth.

- Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- Give new-born infants no food or drink other than breast milk unless medically indicated.
- Practice rooming-in; allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

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