
PART III

Chapter 11

BREASTFEEDING

Dr. Marcus Renato de Carvalho

Ms. Carolyn Bancroft

Ms. Judith Canahuati

Ms. Cecilia Muxí

I. Introduction

Promotion, protection, and support of breastfeeding practices are essential activities that health systems should carry out in order to preserve this natural resource and help increase the possibilities for raising healthier, safer, and happier children. The encouragement of breastfeeding is one of the most useful and economical tools that can be used at the local level to enhance the health and well-being of mothers and the growth and development of children.

A number of studies have demonstrated that breastfeeding (1):

- **Saves children's lives.** Human milk, especially when it is the only method of feeding, protects against diarrhea and the common infectious diseases that can be life-threatening to children. It contains a variety of immunologic and other elements that destroy bacteria and viruses. Even if diarrheal diseases and other infections occur, they do so less frequently in breastfed infants than in infants who have been fed artificially, and they are easier to treat. Breastfeeding thus also reduces the use of medications and eases the burden on health service resources.
- **Favors child growth and development.** Breastfeeding is the form of nutrition that most effectively contributes to the growth and development of children because it provides all the nutrients that infants need during their first 6 months of life. In addition, babies who are fed on human milk are not exposed to the risks of contamination associated with the use of breastmilk substitutes, baby bottles, and artificial nipples, or to the allergies that may occur as a result of the early introduction of other foods. Some data suggest that breastfeeding may even reduce the risk of contracting certain diseases, such as as diabetes mellitus.
- **Is good for the health and well-being of the woman.** Nursing reduces the risk of postpartum hemorrhage, breast and ovarian cancer in premenopausal women, and hip fractures in women over the age of 65 years (2). It also provides personal satisfaction for the mother, creates a unique bond between mother and baby, and serves as a natural form of birth spacing and a means of saving money. The hormonal suppression of ovulation associated with lactation effectively prevents pregnancy by delaying the return of menstruation for 6 months after delivery. Hence, women who breastfeed are unlikely to become pregnant during that period. Longer intervals between pregnancies help to ensure better health for children and mothers and also reduce fertility and maternal and child mortality rates.
- **Saves money.** Breastmilk is the best and cheapest food for infants. Women who breastfeed their children do not have to buy breastmilk substitutes, and nursing can therefore help families to save money. Moreover, the positive effect of breastfeeding on the health of mothers and children can reduce the burden on public health budgets.
- **Is a natural and renewable resource.** Breastfeeding represents the most efficient conversion of vegetable matter to a high-energy, high-protein food that is perfectly suited for human consumption, unlike bottle-feeding with formulas, which depletes resources and generates pollution.

Analysis of the situation in the region of Latin America and the Caribbean reveals that health services play a very important role in creating a favorable atmosphere for breastfeeding. This chapter outlines the principal strategies and proposes several activities to be carried out at the local level in order to encourage the practice of breastfeeding in its various aspects and, above all, to involve the community. It also proposes that efforts at the local level contribute to the promotion of breastfeeding at the national level through the application of a situation assessment and strategic planning scheme, with monitoring and evaluation that will provide feedback for that planning.

The reality of the region with regard to nursing and child feeding practices is quite complex. Generally speaking, current practices are deficient in terms of optimum breastfeeding: exclusive breastfeeding during the first 6 months of life and continuation of breastfeeding, with the introduction of appropriate complementary foods starting at 6 months, and maintenance of breastfeeding into the second year of life. Prevalence data vary considerably in different countries and in urban and rural areas, but in general they indicate a decrease in optimum breastfeeding practices over the last five decades (3).

While the prevalence of optimum breastfeeding is low in general, the percentage of mothers who initiate breastfeeding is relatively high. It is important to identify some of the reasons why mothers do not continue breastfeeding. The most important determining factors can be classified in two major groups: (a) factors that influence the personal decision of the mother and that have to do with the individual, family, or community; and (b) socioeconomic factors that indirectly affect the mother's decision. In general, these factors contribute to a loss of the culture and tradition of breastfeeding.

a) The first group includes factors such as the following:

- Incorrect information or lack of information;
- Use of baby bottles, artificial nipples, and/or pacifiers almost immediately after birth;
- Introduction of other liquids and/or solids before the age of 6 months;
- Inappropriate routines in health services;
- Inappropriate advice on family planning;
- Inadequate support for the mother both in the home and in health establishments and the community;
- Lacking of protection for working mothers who are nursing;
- Incentives for artificial feeding, in particular distribution of free or low-cost samples of breast-milk substitutes;
- Early pregnancy in adolescents, which often means that children are raised by other family members.

b) The socioeconomic factors include:

- Loss of traditions, beliefs, and values;
- Devaluation of the practice of breastfeeding and child-rearing;
- Failure to recognize breastfeeding as a strategy for achieving food security;
- Unfavorable medical and cultural attitudes toward breastfeeding;

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- Negative commercial influences;
 - Lack of education oriented toward breastfeeding in educational processes;
 - Lack of recognition of the special role of women in society;
 - Unfavorable changes in the burden of labor;
 - Social isolation and loss of social support networks.

Both health services and the community have a fundamental role to play in studying the true causes of early weaning in order to address this problem and provide the necessary conditions to enable all mothers to breastfeed their children.

Maintaining the practice of breastfeeding is a responsibility of society, which includes mothers and fathers, families, communities, health services, education systems, the economy, the State, and other components. Breastmilk is a natural resource which all mothers possess and which should be promoted, supported, and protected.

Efforts to promote breastfeeding should also include a strong component of support for women and should seek to address their needs. The mother is not just a vehicle for producing a healthy child; she is an active participant in ensuring the child's health and her own. Good breastfeeding practices also benefit the woman, but she will make the necessary effort to breastfeed only if she is convinced of this. Achieving this conviction is basically a matter of education and support.

Breastfeeding is a right of society, and it is therefore the duty of the State to protect this resource as a public good and as part of the country's wealth. The health services in the public sector, at least, should have trained personnel and suitable conditions to enable them to fulfill this responsibility. Numerous events in recent years have helped to create a favorable climate for the promotion of breastfeeding (see Annex 1). These events reflect a growing phenomenon at the global level. Now is the right moment to translate the various international agreements and mandates into action at the local level.

In this context, the present chapter is aimed at local-level administrators, managers, directors of health services and coordinators of integrated maternal and child health programs, pediatricians, obstetricians, nurses, nutritionists, psychologists, social workers, and any health professional who is interested in planning—whether at the global or local level—breastfeeding promotion activities and integrating them into other services and components of maternal and child health.

II. Objectives

The general objectives of this chapter are:

- To contribute to the development of an atmosphere in which all mothers are able to breastfeed their children exclusively during the first 4-6 months of life and continue to breastfeed, with the addition of appropriate complementary foods, well into the second year of life.
- To support the development of the technical capacity of local health teams with a view to creating the conditions necessary for the community, together with the health services, to promote, protect, and support breastfeeding.

III. Strategies

To achieve the proposed objectives, activities should be carried out in the following seven areas (4):

- 1. Promotion**, the purpose of which is foster cultural values and behaviors that are conducive to breastfeeding. To this end, a communication network should be developed to link all the actors involved in the promotion of breastfeeding, using social marketing, communication and popular education techniques. The social mobilization initiatives of WHO/UNICEF, including the baby-friendly hospital initiative (BFHI), the World Alliance for Breastfeeding Action (WABA), and World Breastfeeding Week, are examples of motivating strategies. Breastfeeding should also be integrated into social marketing activities in other areas, such as vaccination campaigns, incorporating, for example, the concept of *colostrum as the first vaccine*.
- 2. Protection**, aimed at ensuring the establishment and enforcement of a set of legal provisions that will enable women to exercise their right to breastfeed. Protection includes not only legislation, but also adoption of regulations and implementation of national guidelines designed to protect the practice of breastfeeding, in accordance with the International Code of Marketing of Breastmilk Substitutes (5) and Resolution WHA47.5 adopted by the World Health Assembly in May 1994. Activities in the area of protection seek to promote the implementation, monitoring, and enforcement of national laws to protect working women and to counteract the negative impact of complementary feeding programs that use breastmilk substitutes.
- 3. Support**, the objective being to provide correct and practical information at the right time, accompanied by the necessary emotional support, to meet the needs of adult and adolescent women as nursing mothers (Table 1 illustrates some of the critical points for supporting the practice of breastfeeding). Exchanges of experience between mothers should be encouraged in order to develop their self-confidence. Activities should also be carried out to ensure that all health services apply the **Ten Steps for Successful Breastfeeding** (Annex 2), including fostering the development of communities support systems and counseling for nursing mothers.

Table 1
Critical points for supporting the practice of breastfeeding

STAGE	Prenatal	Delivery	Return home	Return to normal routine	End of EBF	One year
	↑	↑	↑	↑	↑	↑
TIME	9 months	48 hours	up to 6 weeks	6 weeks to 6 months	6 months	12 + months
INTERVENTION	Information on BF; examination of nipples	Rooming-in; BFHI; early initiation of breastfeeding; non-use of prelacteals; education and support	Information; support in the home, health system, and community; maternity leave to establish exclusive breastfeeding (EBF)	Information; support in the home, health system, community, and workplace to maintain EBF	Information; support; continued breastfeeding with introduction of sufficient and appropriate complementary feeding	Continued breastfeeding with sufficient and appropriate complementary feeding

Source: Plan Regional de Acciones Integradas de Lactancia Materna para América Latina y el Caribe (PRAIL-ALC). Washington, DC: PAHO; 1994.

4. **Coordination**, by means of which it is hoped that integrated efforts can be developed with the participation of all sectors of society that are associated directly or indirectly with the practice of breastfeeding at the local level.
5. **Information**, with a view to improving the use of data for more appropriate decision-making at all levels, from the home up to the highest levels of power. One mechanism of action for this purpose is the exchange of programmatic experiences and the dissemination of technical knowledge by various means. The aim is to contribute to the development of a network of information exchange and communication on breastfeeding in order to keep health workers and the general public up to date.
6. **Education**, both formal and informal, for health personnel, individuals (women), families, and the community. Education in health services is intended to ensure that health promoters receive the knowledge and skills needed at all levels (hospital, outpatient facilities, and community level) to carry out activities for the promotion of breastfeeding.

- 7. Research**, which is needed to identify new techniques and knowledge, test procedures, and evaluate practices. Priority should be given to operations research on the causes of early weaning and the most effective mechanisms for providing services to the community.

IV. Implementation of the Strategies

Described below are some activities that might be carried out at the local level to promote breastfeeding.

1. Formulation of an operational plan

In order to develop a feasible operational plan, it is necessary to secure the participation of all the social actors involved in the issue. Strategic planning is a way of incorporating the knowledge and participation of all segments of society, including those that the activities are intended to benefit (women and children). This social mobilization begins with an assessment of the situation, which serves as an instrument for enlisting the support of the various sectors, especially at decision-making levels.

A situation assessment will identify the prevalence of practices with regard to breastfeeding, weaning, and child feeding in the community and the knowledge, attitudes, and practices of health personnel. It will also help to evaluate the efficiency of health services, especially maternity services and hospitals, in addition to identifying existing initiatives and programs in the community that can serve as partners in the planning and execution of activities.

The BFHI assessment materials (6) provide maternity services with an effective instrument for assessment and analysis of the situation to guide decision-making. A guide for evaluating efficiency in the study of health practices relating to the promotion and facilitation of breastfeeding, published by the Latin American Center for Perinatology and Human Development (7), is another resource for carrying out assessments and establishing guidelines for prenatal and postnatal care of women and children.

After the initial assessment, a plan of action is developed, incorporating the knowledge and experience of the various sectors of society. Goals are established for improving the situation in critical areas such as training, modification of attitudes and practices among health workers, and changes in health service procedures. An important component of the plan of action is the establishment of monitoring and follow-up mechanisms.

The areas of application for the activities and lines of action are health establishments in the community (hospitals, clinics, and outpatient facilities); family planning programs (8); programs for working women and mothers; complementary feeding programs; and professional training centers (schools of medicine, nursing, nutrition, social work, public health and education, departments of psychology, and others).

Some of the specific places in which an operational plan on breastfeeding might be fully or partially implemented are listed below.

1.1 Hospitals: Maternity services are essential spaces within the health structure that can have a significant impact in promoting good breastfeeding practices. In several countries, the majority of women give birth in a hospital, and the negative experiences they have there in relation to breastfeeding affect them throughout the period of nursing. A recent study indicates that promotion of breastfeeding in hospitals is an effective intervention. In several countries, promotion of breastfeeding in maternity services, with support from outpatient care facilities, has been responsible for 27 to 53 additional days of exclusive breastfeeding. BFHI has been very important for sensitizing hospital personnel to their role in the successful establishment of breastfeeding. Plans of action need to be developed at the local level to ensure that hospitals, both private and public, apply the Ten Steps to Successful Breastfeeding, a central feature of BFHI. These plans should also seek to eliminate the distribution of free supplies of breastmilk substitutes in hospitals.

1.2 Outpatient facilities/health centers: If health promoters place greater emphasis on breastfeeding, both within health services and at the community level, the number of medical consultations will decrease and there will be fewer cases of diarrhea, acute respiratory infection, and malnutrition in children under 2 years of age. In addition, the number of closely spaced pregnancies will decrease. This will enable and encourage health personnel to devote more effort to improving the quality of preventive care, since they will have more time available for the delivery of services and for their own continuing education and training.

The ideal at this level is to establish ties with the community. In Brazil, Guatemala, Honduras, and other countries, outpatient clinics and health posts with volunteer or semi-volunteer consultants have integrated the management of breastfeeding at the community level. These consultants maintain ongoing contact with mothers and refer them to services for vaccination, family planning, nursing problems that require clinical attention (for premature infants and children with congenital defects, among others), and the treatment of various medical conditions.

1.3 Community/health posts: In most countries of the region, there are nongovernmental organizations (NGOs) working to promote breastfeeding at the community level. It is important to establish relationships with these NGOs at the local level because they often have considerable experience in working with the community at various levels and know how to effectively support mothers during breastfeeding. Although they are not health organizations, these NGOs can provide valuable resources to enhance planning processes. Several agencies, including UNICEF and USAID, have collaborated in supporting these activities.

2. Training

Training and sensitization should be conducted to provide health personnel with the most recent knowledge on breastfeeding at all levels of the health structure: hospitals/maternity services; professional training centers (schools of medicine, nursing, nutrition and public health, university courses in social work and psychology, among others); outpatient clinics/health centers; and at the community level/health posts.

At the level of *hospitals*, training strategies might be derived from the document **Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services**, a joint statement of WHO and UNICEF that contains the Ten Steps to Successful Breastfeeding.

At least one hospital in each country has achieved recognition as a "baby-friendly hospital" or a "mother- and baby-friendly hospital," designations which recognize the commitment of these hospitals to the promotion, protection, and support of breastfeeding. These institutions, which may or may not be affiliated with a university (teaching hospitals), should receive the support they need to become training centers for the entire health sector. BFHI has succeeded in focusing attention on the important role of maternity services in the initiation and establishment of optimum breastfeeding. Personnel in maternity services should also be trained in how to implement the "kangaroo mother" method (an alternative method for the treatment of low birthweight babies consisting of constant nursing of the baby skin-to-skin on the mother's chest), since some studies have suggested that this approach may shorten hospital stays and reduce morbidity in premature infants (9). Knowledge and changes in practice generated by baby-friendly hospitals should be incorporated into the curricula of professional training institutions on a priority basis, as this will lead to sustainable changes in the abilities of health personnel.

At the level of *outpatient care facilities*, training should also include clinical management of breastfeeding. This in-service training should be supported by national reference centers and organizations that work in the region, including PAHO, UNICEF, and other national and international agencies.

At the *community level*, training may involve anyone interested in promoting breastfeeding. These people may be individuals who have received some basic training or have experience, preferably in breastfeeding for longer periods than the cultural norm in the country or sociodemographic region. They may be midwives or health agents, recognized leaders, or self-selected volunteers. They may be literate or illiterate. In any case, they should be willing to offer their time as volunteers or work as paid health agents in order to provide guidance to nursing mothers. The training of these people should be participatory and oriented toward preparing and helping mothers in the community to solve problems related to breastfeeding. This training should also involve primary health care personnel in order to forge ties between the community and health personnel. In addition, there should be a system of referral and back-referral so that special cases can be transferred to the appropriate level.

3. Provision of supplies

Supplies to support breastfeeding include educational materials, professional text books, curricula and guides for in-service training and program organization, pamphlets, videos, books, and radio and

television programs at the community level. These materials are intended to keep health teams abreast of the latest information on breastfeeding and to provide the necessary support for training activities among members of the community (women and their husbands and employers, for example).

4. Monitoring

At present there are few instruments and guidelines for monitoring in the area of breastfeeding. The Latin American Center for Perinatology and Human Development has developed several indicators for its child information system (10). A Brazilian center, Pastoral da Criança, includes exclusive breastfeeding during the first 4 months as an indicator to be monitored by its volunteer personnel. Some NGOs have tried to develop information systems that include indicators on breastfeeding. All health systems should collect information on at least the basic community indicators recommended by WHO: prevalence and average duration of breastfeeding and percentage of children aged 0 to 4 months or 0 to 6 months who are exclusively breastfed (Resolution WHA47.5, 1994). In addition, health systems should gather information on the institutional indicators suggested by WHO.

5. Information and education for the community

Making information accessible to both health personnel and the community is critical, since promotion of breastfeeding is a relatively new field which is still developing and new knowledge is constantly emerging on the benefits of breastmilk and the impact of breastfeeding on children. At each level, mechanisms for the collection and analysis of data should be developed in order to maintain up-to-date information and provide feedback to decision-makers.

6. Establishment of goals

The following six general goals might be used as a guide at the local level, where health personnel are considered "friends of breastfeeding." It is recommended that five years (1995-2000) be allowed for the attainment of the goals, given that health systems and services may be at various stages of progress in relation to these objectives. The goals proposed for each locality are:

- 6.1 To have at least one "baby-friendly hospital" that is applying the Ten Steps to Successful Breastfeeding;
- 6.2 To ensure that 80% of health centers and posts meet the efficiency standards for promoting optimum breastfeeding practices;
- 6.3 To establish community support systems that provide support to all women through, for example, women's groups, mother-to-mother support groups, community health agents who are trained to advise nursing mothers, daycare centers, and others;
- 6.4 To incorporate the management of breastfeeding as a key topic in the curricula of teaching centers at the primary, secondary, and university levels, as well as in adult education programs, adapting and developing the content in accordance with the previous educational level and cultural background of the audience;

- 6.5 Prevent any promotion of breastmilk substitutes, baby bottles, or artificial nipples in local stores, markets, supermarkets, and other retail outlets.
- 6.6 Ensure that all leaders of health services at the local level recognize the value of breastfeeding as a matter of public health and that they establish an overall integrated plan of action with the participation of all sectors.

7. Lines of action

Once the situation has been analyzed and goals have been established, the next step is to develop a plan of action that includes lines of action and areas of application. A discussion workshop should be organized to review the results of the situation assessment and discuss the plan of action with people from the community as well as decision-makers. A concerted plan of action should have the commitment of all sectors to the implementation of specific activities. Examples of some of these activities include:

- 7.1 Coordination: Develop working groups in each health service and/or a committee on breastfeeding at the local level;
- 7.2 Policy formulation: Promote new public policies—involving other sectors in addition to the health sector—that recognize the responsibility of society as a whole toward pregnant and nursing women and their children;
- 7.3 Education: Provide training for health personnel in counseling and clinical management of breastfeeding and for women and the general public that attend health centers; provide personnel with up-to-date information to facilitate their work (bulletins, bibliographic references, and courses, among others);
- 7.4 Protection of working women: Recognize that many mothers are also working women and promote the creation of daycare centers for their children and/or places where nursing mothers can go to extract breastmilk;
- 7.5 Information for monitoring and evaluation: Develop process and impact indicators and collect information periodically, analyze it, and use it to improve future activities.

8. Monitoring and follow-up of the operational plan

Guidelines should be developed for supervision and monitoring based on impact indicators (11, 12) such as the following:

- 8.1 Rate of exclusive breastfeeding: Proportion of children under 6 months of age who are breastfed exclusively;
- 8.2 Rate of continued breastfeeding for two years: Proportion of children aged 20 to 23 months who continue to be breastfed;
- 8.3 Rate of complementary feeding: Proportion of children aged 6 to 9 months who receive complementary feeding in addition to breastmilk;

- 8.4 Rate of baby-friendly hospitals: Proportion of hospitals, maternity services, and health care centers classified as "baby-friendly";
- 8.4 Rate of application of Resolution WHA47.5: Proportion of health services in the country or locality (hospitals, maternity services, health posts) that do not provide free breastmilk substitutes.

These indicators should be part of the normal instruments used to collect process-related information for other child survival and health interventions. This information might be used by health services to publicize the achievements of programs, for example, through permanent murals in buildings or through other means that show that the objectives have been attained. This will help to involve the community in the process and secure the participation of all in the promotion, protection, and support of breastfeeding.

V. References

1. Labbok M, Koniz-Booher P. **Lactancia materna: como proteger un recurso natural**. Washington, DC: Institute for Reproductive Health; 1990.
2. Cummings RG, Klineberg RJ. **Breastfeeding and other reproductive factors and the risk of hip fracture in elderly women**. *International Journal of Epidemiology* 1993; 2(4):684-691.
3. Organización Panamericana de la Salud, División de Promoción y Protección de la Salud, Programa de Alimentación y Nutrición. **Prácticas y tendencias de la lactancia materna y aplicación del código internacional de comercialización de sucedáneos de la leche materna en las Américas**. Washington DC: OPS; 1994.
- 4.* Organización Panamericana de la Salud, Programa Ampliado de Control de Enfermedades Diarreicas, Programa Especial de Salud Materno-infantil y Población. **Lactancia materna: plan regional de acciones integradas de promoción, protección y apoyo para América Latina y el Caribe**. Washington, DC: OPS; 1994.
5. Organización Mundial de la Salud/Fondo de las Naciones Unidas para la Infancia. **Código internacional de sucedáneos de la leche materna**. Ginebra: OMS; 1981.
- 6.* Fondo de las Naciones Unidas para la Infancia. **Iniciativa hospital amigo del niño**. Parte I: Aplicación a nivel del país; Parte II: Aplicación a nivel del hospital; Parte III: Manual para la evaluación global del hospital; Parte IV: Cómo terminar con la distribución de los suministros gratuitos y de bajo costo de sucedáneos de la leche materna en las instalaciones de salud: apoyando la acción gubernamental y ganando el apoyo de la industria; Parte V: Recursos y materiales para la defensa y capacitación. New York: UNICEF; 1992-1993. [Materials for implementation of the baby-friendly hospital initiative].
- 7.* Leyton MG, Ageitos ML. **Guía de evaluación de las condiciones de eficiencia para el estudio de las prácticas de salud con respecto a la promoción y facilitación de la lactancia materna**. Montevideo: Centro Latinoamericano de Perinatología y Desarrollo Humano; 1986. (Publicación científica del CLAP No. 1091).
- 8.* Labbok M. **Guías para la lactancia materna en los programas de planificación familiar y supervivencia infantil**. Washington, DC: Institute for Reproductive Health; 1993.
9. Osorno J. **Hacia una feliz lactancia materna: texto práctico para profesionales de la salud**. Bogotá: UNICEF; 1992.
- 10.*Díaz Rosselló JL et al. **Sistema informático del niño**. Montevideo: Centro Latinoamericano de Perinatología y Desarrollo Humano; 1993. (Publicación Científica del CLAP No. 1204).
- 11.*Organización Panamericana de la Salud. **Indicadores para evaluar las prácticas de lactancia natural**. Washington DC: OPS; 1991.
- 12.*World Health Organization/United Nations Children's Fund. **Indicators for Assessing Health Facility Practices that Affect Breastfeeding**. Geneva: WHO; 1992.

* The documents marked with an asterisk are valuable tools for the execution of activities at the local level. They can be obtained from the PAHO/WHO and UNICEF representative offices in the countries.

VI. Annexes

Annex 1			
International Policies and Recommendations to Support Women and Breastfeeding			
YEAR	AGENCY	DOCUMENT/EVENT	SUMMARY
1919 1941 1952	ILO	Convention No. 3 Convention No. 95 Convention No. 103	Establishes a maternity leave of 12 weeks with at least 2/3 of normal salary
1979	WHO/UNICEF	Joint meeting on infant and young child feeding	Promote breastfeeding; improve weaning practices; strengthen education, training, and information on infant and child feeding; promote women's health and social status; need to control marketing of breastmilk substitutes
1981	World Health Assembly	International Code of Marketing of Breastmilk Substitutes	Control of the marketing of breastmilk substitutes and complementary foods, baby bottles, and artificial nipples
1982	FAO/WHO	Codex Alimentarius	Establishment of minimum quality and health requirements for breastmilk substitutes
1986	World Health Assembly	Resolution WHA39.28	Limitations on free and low-cost supplies of breastmilk substitutes; follow-up formulas are unnecessary
1988	Group of experts meeting in Bellagio, Italy	Bellagio Consensus	From research reviewed at the meeting, the experts concluded that women who are fully or nearly fully breastfeeding and amenorrheic are likely to experience a risk of pregnancy of less than 2 percent in the first six months after delivery.
1989	WHO/UNICEF	Promoting, Protecting, and Supporting Breastfeeding: The Special Role of Maternity Services, a joint statement	Establishment of the Ten Steps to Successful Breastfeeding
1990	32 governments and 10 international agencies	Innocenti Declaration on the Promotion, Protection, and Support of Breastfeeding	Promotion of exclusive breastfeeding for 4-6 months, continued breastfeeding with appropriate complementary feeding until the age of 2 years or more; formation of national committees/programs to ensure that health services implement the Ten Steps by the year 1995; agreements to end free and low-cost supplies of breastmilk substitutes
1990	UN	Convention on the Rights of the Child	Legal obligation to protect mothers, children, and families; support for the practice of breastfeeding

Annex 1 (cont'd.)			
YEAR	AGENCY	DOCUMENT/EVENT	SUMMARY
1990	UNICEF and 79 heads of state	World Summit for Children	Empowerment of all women to breastfeed their children exclusively for 4-6 months and to continue breastfeeding, with complementary food, well into the second year of life
1991	UNICEF/WHO	Baby-friendly hospital initiative (BFHI)	Adoption of the Ten Steps; creation of a favorable environment for children in maternity services; elimination of breastmilk substitutes
1991	PAHO/WHO	Fortaleza Declaration	Establishes the importance of natural childbirth and the negative consequences of routine practice of unnecessary procedures
1992	UN	Agenda 21, United Nations Conference on Environment and Development (UNCED '92)	Protection of women to enable them to breastfeed for at least the first 4 months following delivery
1992	FAO/WHO/159 countries and the European Community	International Conference and Plan of Action for Nutrition	Breastfeeding is one of the 9 strategies for achieving adequate nutritional development; reduction of obstacles to breastfeeding
1992	UN	Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	Elimination of all forms of discrimination against working women
1992	UN	Monitoring of progress toward the goals of the World Summit for Children	Establishment of mid-decade goals on BFHI and elimination of free supplies of breastmilk substitutes by 1995
1994	WHA	Resolution WHA47.5	Adopted unanimously; seeks to eliminate free or low-cost supplies of breastmilk substitutes in any part of the health care system.
1994	UN	Conference on Population and Development, Cairo, Egypt	Establishes protection, promotion, and support for exclusive breastfeeding for 6 months as one of the principal strategies for ensuring infant survival; government responsibility for promotion and for training of health personnel

Annex 2

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in—that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

