



17-19 October 2010  
Penang, Malaysia

WABA's Global Breastfeeding Partners are the Academy of Breastfeeding Medicine (ABM), the International Baby Food Action Network (IBFAN), International Lactation Consultant's Association (ILCA), La Leche League International (LLLI), and Wellstart International.

## WABA Global Breastfeeding Partners Forum Highlights of Outcomes & Action

The World Alliance for Breastfeeding Action (WABA) held a 3-day Global Breastfeeding Partners Forum on "Celebrating-Revisiting Innocenti 20 years" with a focus on the theme: **Enabling Mothering: Keeping Mothers and Babies Together**, from 17-19 October 2010 in Penang, Malaysia, involving over 160 participants from 35 countries. The separation of mothers and their babies at the time of delivery and postnatally are major causes of failure to breastfeed, and can adversely affect a child's mental, emotional, and physical health and development. The aim of the Forum was to explore ways for WABA and its partners to reduce such separation and to protect, promote and support breastfeeding worldwide.

The main themes of the Forum were:

1. *Why keeping mothers and babies together matters*: to review the evidence for the long term benefits to children of skin-to-skin contact with their mothers in early infancy, and of exclusive breastfeeding during the following months.
2. *The Expanded Baby-Friendly Hospital Initiative (BFHI)*: to review challenges to the implementation of best maternity practices which enable mothers and babies to stay together and to breastfeed, particularly the concept of mother-friendly practices around the time of delivery, and the continuum of care after delivery.
3. *Working Women and Mother Support*: To identify more effective strategies for supporting working women in both the formal and informal sectors, to enable them to be with their infants and to breastfeed, and to reduce a growing dependence on use of expressed human milk.

A series of plenary presentations, workshops, panel discussions and "talk show" formats contributed to rich discussion and an informed set of suggested actions. A full day meeting of WABA and its Global Partners followed the Forum, to prioritise feasible actions for the near future.



The major areas of discussion and recommendations included:

**The Expanded BFHI concept** and the new materials to support its implementation are currently in use in less than half the countries reporting. Actions will include:

- ▶ Increasing efforts to raise awareness of the new BFHI materials worldwide, particularly the five points on mother-friendly birthing practices, and to promote their wider use, with local adaptations.
- ▶ Exploring the possibility of including aspects of the Ten Steps in school curricula for both boys and girls.

**Mother-friendly components of the BFHI** include both the improvement of birthing practices which affect breastfeeding and the baby, and putting mother's own needs at the centre of maternity care. It was recognised that while it was appropriate for WABA to address these issues as they affect breastfeeding, birthing practices in general go beyond the WABA mandate. Suggested actions are to:

- ▶ Seek wider collaborative partnerships with international organisations concerned with midwifery and obstetric care, to bring WABA's concerns onto a wider platform, with a mandate for all mother-friendly practices.
- ▶ Advocate for reduced interventions in birth practices which adversely affect breastfeeding based on current scientific evidence, and human rights concerns.
- ▶ Disseminate the lessons learned from the mother-baby friendly demonstration sites.

**Health worker training on breastfeeding** and related issues must be expanded and made more available for implementation of the Expanded BFHI, including mother – friendly delivery, and the continuum of care after delivery, in the health system, from peer counselors, and in the community. Possible actions include to:

- ▶ Use innovative approaches, including new electronic media and distance learning approaches.
- ▶ Place greater emphasis in advocacy and educational activities on training of trainers rather than just practitioners, and on training plans, to make a sustained “cascade” of effective training of all health workers more possible.
- ▶ Make information about available training methodology and materials available through WABA's communication channels.
- ▶ Advocate for inclusion of training on breastfeeding in pre-service curricula of doctors, midwives, nurses, nutritionists, and other health workers concerned with care of mothers and babies, and make available suggested approaches to initiating the process of curriculum development in the subject.
- ▶ Contribute through WABA's publications and other communication channels to a regular updating of the relevant knowledge base, to help ensure quality of training and other information exchange, including advocacy.
- ▶ Explore funding for sustainability of these activities.

**The International Code of Marketing of Breast-milk Substitutes** requires continuous attention. At the Forum, the need to increase efforts to reach physicians and their professional associations was of particular concern. Physicians may accept promotional materials, samples and gifts from manufacturers and distributors, without realising how this can influence their attitude and practice. They may miss opportunities to support breastfeeding or even act to counter it. Suggested actions are to:

- ▶ conduct more Code training specifically for physicians, in addition to other groups;
- ▶ learn more about the promotion of breast-milk substitutes in national pediatric and other medical professional associations, as a tool for advocacy and awareness raising.





**Peer counseling** is an effective intervention for breastfeeding promotion and support, and much evidence has accumulated of its potential for increasing exclusive breastfeeding rates. The next actions proposed are:

- The development and dissemination of model guidelines for organising peer counseling services and curricula for training peer counsellors.
- Exploration of the possibility of organising regional meetings to discuss the issue of mother support, focusing on peer counseling, and of the possibility of using electronic media for these meetings.

**Maternity protection (MP)** is the subject of one of the four Operational Targets of the original 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, yet progress on its implementation has lagged behind the other targets (appointment of a national coordinator and committee, implementation of the Ten Steps to Successful Breastfeeding in maternities, and implementation of the International Code of Marketing of Breast-milk Substitutes). Data on such targets are powerful tools for advocating policy change. The World Breastfeeding Trends initiative (WBTi) has shown this target to be the most difficult to realise. The GBPF also recognised that the majority of the world's women work in the non-formal sector where MP through legislative means is often not applicable, and thus discussed other more viable solutions such as mother support and community support systems. The informal sector problem requires greater analysis around the negative effects of globalisation and its impact on poor women, as well as the added influence of gender injustices. The actions proposed are to:

- Update maternity protection data and the Maternity Protection Kit including fact sheets to sharpen this tool for renewed advocacy.
- Foster mutual links and support by networking with allied groups (trade unions, women's organisations, etc.) using a gender and development approach.
- Create a theme for the International Labour Day event on Women and Work.
- Identify, compile, develop and disseminate guidelines on mother-baby friendly community and workplaces; highlighting successful models such as Hirkani's Room concept.

**Feeding a baby with expressed human milk** from his or her mother, often from a bottle, allows separation of mother and infant. It is becoming an increasingly common practice, as more mothers enter the workplace, but lack adequate maternity protection. Human milk is clearly preferable to formula, but is not a complete alternative to breastfeeding. Intimate contact during breastfeeding benefits mothers and infants in a number of ways in addition to the transfer of milk. Promotional activities of manufacturers of breast pumps can foster the belief that breast-milk feeding, even in their absence, is equivalent to breastfeeding.

Suggested actions are to:

- Work to establish clarity on the definition of breast-milk feeding, to prevent it being equated with breastfeeding.
- Advocate for more research on the health outcomes for infants of breast-milk feeding compared with breastfeeding.
- Advocate for breast pumps being included in the form of a WHA Resolution under the provisions of the International Code of Marketing of Breast-milk Substitutes, with the aim of protecting mothers against inappropriate promotion of these products.
- Address the underlying social barriers as well as the legal issues that prevent women's full participation in society while breastfeeding.
- Revive the skills of hand expression of breast-milk, and include this skill in all relevant health worker training, to empower women to remain independent of commercial products.

Throughout the programme, the **cross cutting issues of gender, youth, rights, the arts, new internet technologies and global politics** were well interweaved. The Forum reflected as well as resulted in more gender and youth sensitive approaches to various issues. The Youth Initiative was visibly rejuvenated while recommendations came also from the Men's Working Group discussions. The Forum closed with pledges of support from the participants.

The WABA Secretariat and Board of Directors met following this global meeting to develop a plan of action which will be communicated to participants and other interested parties.

### CONCLUSIONS

The WABA Global Breastfeeding Partners' Forum identified ways in which WABA can contribute to revitalising the Expanded Baby-Friendly Hospital Initiative, including through mother-friendly care, birthing practices which help breastfeeding, and the continuum of care after delivery to support exclusive breastfeeding for six months and continued breastfeeding for two years or more with complementary feeding. Particularly necessary is improved training in breastfeeding for health workers who care for mothers and babies, both pre-service and in-service, at all levels from education of senior resource people to development of peer counseling services.

There is an ongoing need for renewed efforts to improved maternity protection and related means of support especially in the informal sector, to reduce a growing dependence on expression of breast-milk for healthy babies, and to implement the Code of Marketing of Breast-milk Substitutes.

#### World Alliance for Breastfeeding Action

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The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International and Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

