Expanded Global Breastfeeding Partners' Forum (GBPF), 17-19 October 2010, Penang, Malaysia

GBPF Web Report

DAY 1 (Sunday 17 October 2010)

Welcoming Message by Sarah Amin, WABA Director

Sarah Amin began her Opening Address with the words, "The biggest challenge is lack of resources – but all of you are here. People across the network requested a face-to-face meeting, for renewal, and WABA responded". Her key points were:

- Today, we celebrate 20 years of the Innocenti Declaration, where there have been "huge achievements, but also huge gaps."
- This Forum will serve to update and motivate participants on
  - Ways to keep mothers and babies together
  - Progress on the BFHI and the need to promote the new Expanded BFHI
  - Supporting working women in both the formal and particularly informal sectors
  - Developing "a holistic and collective approach to supporting the woman so that she and the baby survive and thrive!"
  - World Breastfeeding Week and its continued importance as a mobilising force for the global breastfeeding movement
- "Every movement needs three generations to sustain and support it" – the seniors, the pioneers; the people in their middle years, and the young. This is for our renewal, revival, and integration which we must foster.
- "The GBPF is a gender-sensitive event, with a gender lens being woven throughout the programme, and includes men."
- It is also addresses cross-cutting and issues including rights, new information technology, the arts, inter-generational work and youth needs across the board.
- WABA recognises a number of *pro bono* contributors, including performers, to make this event happen!

Opening Ceremony by Raj Anand

Raj Anand opened the Global Breastfeeding Partners Forum (GBPF), by striking the gong. A dance performance choreographed by WABA's Ms Aida Redza followed. The WABA Secretariat also sang: "Just One Voice Singing in the Darkness". The metaphor of "Voice" recurred in this session.

Raj Anand: "God says when you talk, I like you; when you sing, I love you." He gave credit to Aida Redza who choreographed the dance performance. Of the five elements, he emphasised two elements:

1. Mother Earth, helping the tree to grow; and
2. Mother breastfeeding her baby

Raj Anand led the audience in a meditation, with visualisation linked to the care of Mother Earth and the mother – supporting the mother. He quoted a paediatrician from Sri Lanka, whom he did not name: "Feed the mother. Feed the mother, and let her feed the baby." He added: "The greatest thing is love – I love you all." Raj Anand paid tribute to Anwar Fazal, as mentor and as the pioneer of WABA and his efforts over the years. He then introduced Anwar Fazal.

OFFICIAL OPENING

WABA - Nurturing For Change, Mobilising For the Future - *Anwar Fazal*

Anwar Fazal opened his presentation by stating: "Movements are about three things – people, people and people". He described the contribution of one person, born in Jamaica, but who was in Malaysia, and was later in Africa. This was Cecily Williams who, in 1939, made the first most powerful statement about nurturing the future. In her speech, "Milk and Murder, she expressed anger that the world could tolerate "the massacre of the innocents". Cecily Williams served in prison during World War II. She said: Twenty babies were born there; twenty babies were breastfed and twenty babies survived.

Anwar Fazal said: "This remarkable voice was the first call to the world. It grew and grew…. All of you are part of this movement – a mighty river, resonating all over the world." He listed the WHO International Code of Marketing, World Breastfeeding Charter, and the Ten Links for Nurturing the Future, "with which we should all be engaged". He then went on to cite the Ten Links Nurturing the Future, pointing out that printed copies were also on our tables. In speaking to the Ten Links, Anwar Fazal emphasised the importance of Capacity Building, reminding us that "true leadership is not about creating more followers; it is about creating more leaders!" To ensure that mothers and babies and children are secure, he presented 5 symbols- the flower, wheel, triangle, star and the straight and wavy line and elaborated on each of these as they applied to the movement.

The flower - its five petals represent the power of breastfeeding: medicine, nutrition, ecology, economics and love.

The wheel - which reminds us that the movement must be driven by passion that translates to words, action, change and always continuing vigilance.

The triangle – the power of the triangle as the building blocks (like Buckminster Fullers Geodesic dome) lining three generations, linking the heads, intellectuals, hearts (the blood, sweat and tears of people) and the hands (the 'getting things done' people); and transcending the local, national and global.

The five pointed star- representing the power of one, the power of many, the power of information, the power of universal instruments and values and the power of success.

The straight and wavy line - the straight line representing clear vision and goals and the wavy line represents the flexibility of different paths and tactics to the destination.

He reminded the meeting about another great person who made a difference through the United Nations and the University of Peace, the late Robert Muller who passed away recently. He wrote a beautiful poem "Decide to Network" which in part said, "… Network though thought, network through action, network through love, network through the spirit……Affirm it, spread it, radiate it….and you will see a miracle happen….

Raj Anand commented on "vigilance", from Anwar Fazal's talk. He discussed the development of the marketing of other milks, as mentioned by Cecily Williams, to now the ready-to-use products. "They come in a beautifully wrapped gift packaging, but don't be fooled. Vigilance is essential. Be vigilant."

Revisiting – Celebrating Innocenti 20 Years! - *Miriam Labbok*

As the Innocenti Declaration is reaching its 20th birthday, let us explore together the birth, childhood and blossoming young adulthood of this innovative experimental call for change. First, we should remember that the underlying rationale for Innocenti was the indisputable impact of breastfeeding on survival, health and development.

Breastfeeding is the heartbeat of maternal and child health, in that it supplies:

- the first immunisation against ambient infectious diseases
- nature's own oral re-hydration therapy
- factors that support growth and development, directly and indirectly
- reduced rates of cancer, diabetes and other illnesses in mother and child
- birth spacing, with the practice of the Lactational Amenorrhea Method
- family financial savings, and also
- nutrition

It is not only about the baby, it is about the mother as well. We need to support the mother in order to support the baby. Yes, we love children, but we must be about supporting the mother. For millennia, the image of the breastfeeding woman and baby was the image of motherhood and family. Over time, this has been forgotten and replaced by "fancy formulations". Then, early in the 20th century, Cicely Williams (who was Miriam Labbok's advisor and mentor during her medical training) and others realised that the protection of human milk was being replaced by the advertising and promotion by the cow milk industry. Women turned to doctors and doctors tried to be scientific. They prescribed formula, despite all the textbooks saying breastfeeding was best.

The meeting was ‘conceived’ about 2 years before its actual birth. Bilateral (USAID, Sida) and a multilateral (UNICEF, WHO) technical personnel came together with the purpose of somehow getting breastfeeding on to the global health agenda. This led to several sponsored technical meetings on topics such as hospital practices, workplace, and definitions, and culminated in the Technical Basis for Breastfeeding at WHO Geneva, and the Innocenti Meeting at the UNICEF Innocenti Centre. The rationale for the UNICEF Innocenti Meeting was the Conventions on the Rights of the Child (CRC), which included the right for parents to be fully informed about the importance of breastfeeding as a part of the child’s Right to Health.

During the UNICEF Innocenti meeting on 1-2August 1990, 30 countries promised to complete four actions, or four ‘pillars,’ by 1995:

1. Government commitment, with a committee for government oversight
2. Health system: education of health professionals and quality assurance, through the implementation of the Ten Steps to Successful Breastfeeding in all maternity settings.
3. Reinforcement of the International Code of Marketing of Breast-milk Substitutes
4. Maternity protection, including paid maternity leave and workplace accommodation.

The Declaration went on to call for community involvement and support.

- **1 August 1990: The Birthday of Innocenti**. We have considered the ‘gestation’ and ‘birth’ of the Innocenti Declaration; let us review how the Innocenti Declaration ‘grew’ over the years:
- **Innocenti +5: Slow to latch** – By 1995, few countries had achieved the four action goals. However, governmental committees and the Baby-friendly Hospital Initiative, both strongly supported by James Grant, Director of UNICEF, were well underway.
- **Innocenti +10: Weaning off international oversight** – At age 10, WHO and UNICEF decided that Innocenti was old enough to go out on its own; the international oversight committee was no longer looking over the shoulder of countries trying to implement the four actions. To this end, the document that would later be known as the *Global Strategy on Infant and Young Child Feeding* was being drafted. The responsibility for breastfeeding was now placed in the hands of the nutrition field, and was less connected to the rights and health activities than previously.
- **Innocenti +15: The teenage years** – As resources diminished, UNICEF realised the need for reframing and revitalising the Innocenti agenda, and began planning for Innocenti +15. A major meeting to review progress was held in Florence Italy and those gathered laid out recommendations and the pathway for future action. The desire at this point was to insure that action on breastfeeding be fully integrated back into health and rights considerations, and to revitalise the agenda with the new BFHI materials and other innovative action.
- Today, we are seeing **Innocenti at age 20. It is now in young adulthood** and facing the future challenges and opportunities to take us forward for the next 20 years. One key action that continues to need nurturing is the implementation of the Ten Steps. The new BFHI materials were published by WHO this year. They include increased attention to maternal health and HIV, as well as a 3-dimensional expansion:
  1. Expand the acceptance of BFHI,
  2. Expand the thinking throughout the lifecycle, and
  3. Expand intervention into every level of health care, from the community health worker, to the maternity to the entire health system.

The latest BFHI data, collected for this meeting, show continuing increases in BFHI implementation, with more than 22,000 facilities ever having been certified, and nearly 20 countries already using the new materials. WABA is playing a vital role in keeping this effort alive and in getting the message

out around the globe. Breastfeeding remains the most powerful intervention we have to prevent infant deaths. However, to create a continuing, sustainable effort to support breastfeeding, we must partner and work with others to achieve common goals while maintaining the quality of our work in support of breastfeeding. To do this requires Funding, Comprehensive planning, Skills development, Action, and ongoing Monitoring and adaptation. To achieve this will require continued dedication by those enlightened by Innocenti, and clever partnering and collaboration with those who are yet to see the light. We can do it, and this gathering reconfirms the ongoing desire to see the successful global acceptance of the Innocenti Declaration and its four pillars in support of breastfeeding.

World Breastfeeding Trends Initiative (WBT*i*): A People's Update on the GSIYCF Targets - *Arun Gupta*

Arun Gupta described this new initiative of IBFAN Asia from 2003, and thanked WABA for support and the original concept as well as philosophy of the Global Participatory Action Research (GLOPAR) behind this.

The WBT*i* and its corresponding One Million Campaign (OMC) is "the people's Voice – raising the Voice of people's support for women and breastfeeding." 28,000 have joined – and he is aiming for 1,000,000 signatures. OMC is currently signed by the people from 166 countries. His vision for the OMC is that the support for it would never end, and just keep on adding signatures and linking campaigns to call for change. There is the Code, then Innocenti, then the Global Strategy for Infant and Young Child Feeding (GSIYCF), etc. "So much for the 'promise-makers' (PMs), the Prime Ministers, the makers of the world. Now, for the people."

He said that 73 countries have already joined the WBT*i* to take stock of the Global Strategy targets and more; while 33 countries have produced national breastfeeding reports using the WBT*i* tool.

Arun Gupta called on Raj Anand, Anwar Fazal and Sarah Amin to release the 33 country report formally. Copies of the report were brought from India and shared with all meeting participants.

Arun Gupta told the audience that WBT*i* is not just about collecting the data, but about looking at countries' progress and gaps in their policies and programmes on infant and young child feeding. It also looks at secondary data of the infant and young child feeding practices linked to these policies and programmes, and uses five indicators that of the WHO's tool for national assessment. He gave an example from the WBT*i* website online, explaining that this portal provides a service to show how each country is achieving against each indicator, through objective scores on what action has been taken at country level. He pointed to a tool on the WBT*i* website, which provides colour-coding to country performance after having objectively scored for each indicator.

By using re-assessment and looking at trends, people can see which indicators have made progress or declined and can call upon the "promise-makers" to be accountable for these. Arun Gupta urged: "If you don't demand, you don't get anything. This helps both the organisers in advocacy and the governments in taking action to bridge the gaps found.

Arun Gupta also announced that there is a lot more to come in the next two years, leading to "The World Breastfeeding Conference in 2012" with the theme of " Where we stand and where to go" in India where he hoped more countries will join in by then and take a view together. A review in 2012 will make PMs (promise-makers) more accountable.

CORE PARTNER PRESENTATIONS

La Leche League International (LLLI) – *Mimi de Maza*

LLLI, an international organisation of volunteers, is honoured to be a part of WABA. For more than 50 years, LLLI has operated through its network of mothers living in their communities who facilitate mother-to-mother support groups, share breastfeeding information with other mothers and do one to one counseling. Senior Leaders who have been with the organisation for more than 20 or 30 years, work with new and young Leaders in more than 70 countries. Being a Leader empowers mothers to breastfeed and also to involve in many aspects of breastfeeding promotion, protection and support. LLLI is proud of the recent launching of a revised and updated Womanly Art of Breastfeeding (WAB), the organisation's signature publication. Mimi de Maza presented a copy of the WAB to Sarah Amin, Executive Director, WABA. Mimi de Maza concluded her presentation by thanking Rebecca Magalhães for the work she did as the former LLLI CP liaison.

International Lactation Consultant Association (ILCA) – *Angela Smith*

In 1990 when the Innocenti Declaration was launched, ILCA was only 5 years old. Since then, the membership numbers have increased a lot. There have been various achievements through the years: In 1996, ILCA achieved NGO status in the UN system and has representation at the WHO Executive Board meetings, the World Health Assembly; the Codex Alimentarius meetings and is a member of the United Nations Breastfeeding Advocacy Team (UNBAT); ILCA is a Core Partner of WABA; ILCA has a dedicated liaison to BFHI; publishes an online publication "E-Globe"; maintains a worldwide education events calendar; has produced a physicians triage tool as well as currently editing the third edition of its Core Curriculum for Lactation Consultant Practice; and puts together an annual WBW kit. In 2010, the ILCA/WABA Fellowship slot, currently in the 3rd year of this program, will be filled by Denise Fisher. ILCA also produces the Journal of Human Lactation. There are three Global Affiliates – the United States Lactation Consultant Association (USLCA), Canadian Lactation Consultant Association (CLCA), and the Lactation Consultant Association of Australia and New Zealand. This allows ILCA to be more global; with increased international and outreach activities.

International Baby Food Action Network (IBFAN) - *Marcos Arana*

Marcos Arana is the chairperson of the Global Council of IBFAN, an organisation that will celebrate 31 years of founding in October 12, 2010. Motivated by recent WBW themes, IBFAN has been actively involved in WBW activities in the various countries and is also involved in World Breastfeeding Trends Initiatives (WBTi), a joint IBFAN/WABA effort. As in past years, IBFAN participated closely with the infant feeding resolution at the 63rd World Health Assembly. The International Code Documentation Centre continues to train and track the implementation of the Code and produces a 'State of the Code by Country' publication. Other issues that IBFAN works on are: Codex Alimentarius, emergencies, complementary feeding, and health worker training. IBFAN is currently in 90 countries, with many publications available on the organisation's website.

Wellstart International (WSI) – *Audrey Naylor*

Brief History of Wellstart International (WSI)

Wellstart International began in 1978 at the University of California San Diego Medical Center (UCSDMC) as the San Diego Lactation Program (SDLP). The focus of activities was on teaching

evidence-based care of breastfeeding mothers and babies to medical students, residents and perinatal care givers. In 1985 the SDLP became an independent nonprofit organisation, changed its name to Wellstart International and moved to a location outside of UCSDMC but within a 10 minute walk. While it was independent, it remained affiliated with UCSDMC.

The mission of WSI has always been to assure that the world's families had services to promote, protect and support optimal infant and young child feeding through education and training of health care providers. From 1978 to 2000, WSI educated multidisciplinary teams of health professionals (doctors, nurses, midwives, nutritionists) from 55 countries. Beginning 2000, Wellstart began to focus on producing teaching materials that could be accessed using the internet. The actions in the past year or so have been related to that effort.

Highlights of Recent Activities:

1. In 2009, the revised 3rd Edition of Wellstart International's Lactation Management Self-Study Module, Level 1 was completed and uploaded onto the WS website for downloading and printing free of charge. The website version has been downloaded hundreds of times. In addition, 1000 copies were printed and mailed out to health professions world-wide with free shipping.
2. In October 2010 translation of the Self-Study Modules into Spanish and Indonesian was completed. The Spanish version has been posted on the Wellstart web site and available for downloading without charge. Through the courtesy of the Indonesian Pediatric Society as well as the Indonesian government the Indonesian version is printed and distributed to physicians and health care students in that large South East Asian country.
3. BFUSA has indicated that the Wellstart Lactation Management Self-Study Modules Level 1 can be used by hospitals seeking US designation for meeting the requirement of 3 or more hours of physician training. It also may be used by the mother-baby nursing staff as part of their 20 hours of required training. To accommodate hospitals wishing to use the Self-Study Modules in this way as well as respond to faculty requests for a "final exam", Wellstart developed an on-line multiple choice, electronically graded exam process based on the Modules content. Anyone getting a score of 80% or more correct answers, a printable ***Certificate of Completion*** of the Wellstart Self-Study Modules with the date and name of the exam taker is automatically generated... The Self-Study Modules and the "final exam" can be accessed at www.wellstart.org. There is no charge for downloading the Self-Study Modules or to take this exam. At present the exam is only available in English.
4. In October, WHO celebrated of 20 years of the Innocenti Declaration with a meeting in Florence, Italy of Baby Friendly coordinators from developed countries. Wellstart, as a WHO partner organisation was honored to be invited to attend at this meeting. A short presentation was made regarding the importance of exposure to the basics of lactation and breastfeeding during the pre-service/preclinical years for all health care provider students.
5. Also in October, Dr. Audrey Naylor, as a follow-up to the "coin" presentation at the August USBC meeting in Washington DC, visited the US Airforce hospital at Aviano Airbase (Italy) and discussed the many activities that are occurring in this hospital to promote, protect and support breastfeeding for both military personnel and families. The hospital hopes to lead the way to all Airforce hospitals becoming Baby Friendly.
6. Wellstart (now with offices in both California and Vermont) is helping the American Academy of Pediatrics VT in collaboration with the Vermont State Department of Health develop a project to assist all hospitals in the state that have maternity service (11) to become compliant with the 10 Steps. These hospitals will also be encouraged to purchase formula and become designated as Baby Friendly.

7. The WABA representative (Audrey Naylor) of Wellstart International was also active in the USBC development of the statement on core competencies in lactation management. This document has been circulated to most of the Wellstart e-mail list both national and international.

Academy of Breastfeeding Medicine (ABM) – *Ana Parrilla*

ABM is a worldwide organisation of physicians that has breastfeeding as a common purpose and complies with the Code, through a set of guidelines that help ABM to interact appropriately and ethically with industry and commercial interests. A peer-reviewed scientific journal "Breastfeeding Medicine" has recently been increased to be published 6 times a year. ABM also has clinical protocol materials that have been translated to languages from English. There is a video series on the topic of what every physician should know about breastfeeding. The ABM Conference will be held Oct. 27-30, in San Francisco, California, USA. There is an ABM yahoo group, Facebook, Twitter, and a blog. ABM continues to discuss how the organisation best fits into the breastfeeding movement, while understanding cultural differences. Scholarships to be members of the academy will be made available for 10 physicians from developing countries.

DAY 2 (Monday 18 October 2010)

PLENARY 1: Opening Session

Objective: setting the context and rationale for overall theme

Why Is It Important To Keep Mothers And Babies Together: Evidence From Neuro-Endocrine Research? - *Elise van Rooyen*

Neuro-endocrine mechanisms are involved in mother-child interactions. Research has shown that touch and warmth has a positive effect on the baby and that suckling, massage and warmth has a sedative effect. Suckling influences the release of gastrointestinal hormones leading to improved digestion and absorption, promoting growth. Oxytocin is released in response to touch, warmth and light pressure in all parts of the body. Stroking especially the ventral side of a rat pup had the same physiological effect as oxytocin injections. Oxytocin induces endocrine and psycho-physiological adaptation in mom and baby.

Most of the benefits related to Kangaroo Mother Care (KMC) are related to oxytocin secretion which is released by touch, light pressure and warmth experienced by infants in the skin-to-skin position and during breastfeeding. Adequate temperature for preterm infants can be maintained in the KMC position. This is possible through increased circulation in the skin overlying the chest resulting in increased skin temperature. Circulating oxytocin mediates this cutaneous vasodilatation.

When rat pups are separated from their mothers they become distressed. The same happens to infants separated from their mothers. This distress can in part be reversed by tactile stimulation and the distress calls induced by separation can be reversed by administration of oxytocin. Cortisol levels have been studied as a sign of physiological stress in preterm infants. There was ≥60% reduction in cortisol levels in stable preterm receiving KMC.

KMC improves sleep organisation, brain maturation and complexity in infants. Sleep is divided into NREM (Quiet Sleep) and REM (Active Sleep). Sleep and sleep cycles are essential for the sensory system development in the fetus and young infant, creation of long-term memory, learning and

preservation of brain plasticity. Sleep deprivation has profound effects on early sensory development and creation of permanent neural circuits for the primary sensory systems. KMC promotes normal sleep cycling with organised sleep patterns.

Oxytocin receptors are distributed in various brain regions responsible for the formation of normal social attachments and affiliation. Oxytocin promotes bonding, it increases the subjective experience of attachment security, it increases trusting and trustworthy behaviour and the ability to infer mental state of others from facial cues.

Newborn infants use much of their energy making physiological adjustments to postnatal life, many of their physiological states like crying and sleeping does not allow for taking in information from the external world, the one exception is the quiet alert state. Early skin-to-skin contact increases the infants' ability to regulate their state organization and facilitates infants' ability to move into and maintain the quiet alert state. This allows infants to be aware of external stimulation from the mother and allows them to participate more actively in interactions with their mothers. KMC influence mothers to enhance their maternal behaviours. Mothers demonstrate more sensitivity to their infants' signals and to their early social behaviour.

If possible, no baby should be separated from their mother, if there is separation introduce skin-to-skin care as soon as possible and as often as possible.

The Long-Term Effects of Society - *Wendy Oddy*

The World Health Organisation states that breastfeeding plays an essential role in the treatment and prevention of childhood illness. The optimal duration of exclusive breastfeeding for six months is recommended, with introduction of complementary foods and continued breastfeeding thereafter. Breastfeeding is clearly a public health consideration as it provides significant protection against infections in newborns and infants. Although breastfeeding is clearly associated with lower rates of both morbidity and mortality in the developing world, evidence in the developed world has been and remains more controversial. Yet, investigations demonstrate a protective effect of breastfeeding in early and later childhood on asthma, cognitive and behavioral development, the metabolic syndrome and obesity. Human milk may reduce the incidence of disease in infancy and throughout childhood because mammalian evolution promotes a survival advantage. Following the termination of breastfeeding, there is evidence of ongoing protection against illness that may be due to biological embedding on the immune system mediated via human milk. When considering interventions and strategies to increase breastfeeding rates and duration, it is important that the key determinants within three levels of breastfeeding practice are addressed. These key determinants include individual, group and society level factors. In this talk, I will summarise the long-term benefits of breastfeeding to society and the key determinants of breastfeeding success.

Discussion – Facilitated by *Felicity Savage and Marina Rea*

Why It Is Important To Keep Mothers and Babies Together: Evidence from Neuro-Endocrine Research - *Elise Van Rooyen*

The aim of Plenary 1 was to look beyond the well known health benefits of breastfeeding to the less appreciated societal effects, and the widespread damage that artificial feeding may be doing in all countries and communities.

Two presentations reviewed the growing body of evidence of the *long-term* effects that not breastfeeding may have on child intelligence, emotional development, and behaviour, as well as general health problems which are emerging as important public health issues.

Elise van Rooyen addressed the topic "Why is it Important to Keep Mothers and Babies Together: Evidence from Neuro-Endocrine Research" particularly in the context of Kangaroo Mother Care (KMC).

"KMC involves keeping the mother and baby together in skin-to-skin contact, and exclusive breastfeeding."

Neuro-endocrine effects result in the baby and the mother from suckling and massage. Oxytocin is released in relation to touch in all parts of the body. Oxytocin induces endocrine and psycho-physiological adaptation in mother and baby", including sedation, reduction in sympathetic activity which reduces stress, and increased parasympathetic activity

- KMC maintains the infant's temperature. The circulation in the skin over the mammary gland increases if the baby's body cools, raising the temperature. This is mediated by the circulation of oxytocin. There is thermal synchrony between mother and baby.
- KMC alleviates the pain of painful procedures – babies cry less in response to heel pricks if they are breastfed for example. Babies nursed by KMC cry much less than babies in incubators.
- Infants in incubators have increased crying, increased activity, a reduced heart rate, a slight increase in cortisol. They have disturbed sleep cycles, more arousals and less quiet sleep. These effects of separation are reduced by stroking the baby or oxytocin administration. If given KMC, the babies' cortisol levels are reduced.

Elise van Rooyen described the effect of KMC on neurophysical outcomes in relation to sleep organisation and sleep and sleep cycles, and pointed out the importance of this for an infant's learning and brain plasticity.

Oxytocin has a role in pro-social behaviours and there is evidence that it may reduce disorders due to aberrant social interaction, such as autism spectrum disorders. It is associated with better wound healing and better marital relations. A study in Canada by Anne Bigelow found that early skin-to-skin contact facilitated development and the quiet alert state, and the babies were more interactive with their mothers.

Elise van Rooyen concluded with the words, "Prevent separation–keep mothers and babies together."

DISCUSSION

In response to questions, Elise van Rooyen emphasised the connection between kangaroo care and baby-led attachment at the breast; the breast crawl, KMC and baby-led attachment are all parts of the same phenomenon. She stated that it was important to place the baby skin-to-skin on the mother's abdomen as soon as possible after delivery, while acknowledging it was not always possible for preterm babies. There was discussion about whether babies should be naked when placed in skin-to-skin contact and for the first breastfeed; studies are in progress.

Practical questions followed about how long to keep newborns and mothers in skin-to-skin contact, and how often this should be done for preterm babies. Six hours was the duration of skin-to-skin in one study. In Elise van Rooyen's unit, preterm babies remain in kangaroo mother care (KMC) until they have gone through a complete sleep cycle. They are placed in the skin-to-skin position at least

four times a day. In response to questions about oxytocin, she explained that, because oxytocin is released in a pulsatile manner, measurement in babies is difficult. Thus some of the information has come from animal studies.

Concerning the long-term effects of lack of skin-to-skin contact, Elise van Rooyen stated that the myelinisation process in boys is slower. Two books were recommended from the floor as resources: Sue Gerhardt's *Why Love Matters?,* an explanation of neurobiology, and Margot Sandiland's *The Science of Parenting*, for parents.

Concern was raised that globally some obstetricians and paediatricians are reluctant to use skin-to-skin contact. She mentioned the interest of both UNICEF and the Save the Children Fund, both useful advocates.

The Long-Term Effects for Society - *Wendy Oddy*

Wendy Oddy summarised the National Health and Medical Research Council recommendations for Australia of exclusive breastfeeding for six months and thereafter breastfeeding with appropriate other foods for the first two years. However, none of the babies in her study was exclusively breastfed at six months, although some were partially breastfed. She described the protective substances in human milk, including live cells, stem cells, IgA antibodies, and other properties, and gave a brief background of the science of what's in human milk.

Wendy Oddy has recalculated data from various papers as the risk of artificial feeding, instead of the benefits of breastfeeding, at the request of the Australian Breastfeeding Association.

She also quoted results from the Western Australian Pregnancy Cohort Study (Raine Study), in which children were followed up at a number of points and are now reaching 21 years of age.

Important results include:

- Giving other milk before 4 months increased doctor-diagnosed asthma and wheezing, adjusting for gender, child care centre and other factors.
- Atopy (skin prick text positive) was diagnosed earlier, as was wheezing, if cow's milk was introduced earlier than 4 months.
- Mental health problems were higher in childhood and adolescence if breastfeeding was stopped before 6 months of age.
- Using the International Diabetes Foundation criteria for definition of metabolic syndrome, if other milk was introduced before 2 months, there was increased prevalence of metabolic syndrome at 14 years.
- Body Mass Index (BMI): If breastfeeding was stopped early, there was an earlier adiposity rebound and risk all through life, even to age 60 years.
- Introduction of any milk except breastmilk increased many risk factors in health.

She concluded that the body of research related to breastmilk reinforces the benefits of exclusive breastfeeding to 6 months and continued breastfeeding for 2 years.

She summarised factors leading to breastfeeding success, which point to the need for a multi-level approach:

1. Individual – the mother, her skill and confidence

2. Group level – hospitals and health care (BFHI)
   - Support from home, family and peers, grandmother
   - Work practices, and if supported in the workplace
3. Community/societal – cultural norms
   - Gender roles
   - Breastfeeding in public – is it acceptable
   - Marketing of breastmilk substitutes
   - Maternity leave

DISCUSSION

In response to questions, Wendy Oddy explained that the data were obtained from clinical assessment over the years. From age 8 years, the children's permission was sought and from age 14 the children themselves were asked the questions. Their teachers were also involved.

The issue of breastfeeding, versus breastmilk feeding with expressed milk, was discussed in the context of the proliferation of breast pumps and the value of skin-to-skin contact. Elise Van Rooyen pointed out that her studies were with premature babies. Wendy Oddy's study commenced 20 years ago and at that time only 7% of the mothers had returned to work. She also explained that a family history was taken so that the researchers were able to adjust for other risk factors.

The positive attitudes towards the female breast of adult men who had been breastfed for long enough to remember it was mentioned from the audience, and was suggested as a point in support of child-led breastfeeding.

PLENARY 2: Sub-theme 1: Expanded BF(H)I

Objective: To review the concept of the expanded BFHI and challenges to its applications in the context of the continuum of care

What Is Mother-Baby Friendly (MBF) and What Are the Difficulties? - *Mary Renfrew*

The purpose of this paper is to review the concept of an expanded Baby-Friendly Initiative and the challenges to its implementation, with a particular focus on the development of a more mother friendly approach.

The paper will examine why a more mother friendly approach is important, and what the challenges are. The close links between the health and wellbeing of mothers and enabling women to breastfeed will be discussed.

Four different directions in which Baby Friendly could be expanded will be examined, to better meet the needs of women and enable them to be treated with dignity and respect at all stages during childbearing. These are; developing the 10 steps to be more mother friendly, meeting the needs of vulnerable women, working for socio-cultural change, and supporting effective care in pregnancy and childbirth. All four could make an important difference to women; all will require changes and developments in the current programme. It will be essential to consult with childbearing women themselves to ensure the changes meet the needs of women in different settings and circumstances. The challenges of expanding the current programme will be examined. These are likely to include

politics, resources, the different needs of varied settings and population groups, tackling medicalised care and the common assumption that formula feeding can be good for women, building consensus, and working with other partners, while remaining focused on the core mandate of BFI and WABA. The concept of progressive realisation will be important, to develop effective change at a pace that is sustainable and that can make a difference to women.

Baby-Friendly Health Centers and Primary Care – *Khalid Iqbal*

The global BFHI work has revealed certain gaps and a definite lesson learnt is that current BFHI practices need to be expanded in order to create more supportive mother and baby friendly care.

One of the expansion possibilities is to have baby friendly health care centres that will reduce post-discharge lactation failure. The Primary Health Centres usually receive well visits and also infants with minor ailments are treated there. During well visits re-evaluating the feeding practices and managing the breastfeeding problems can definitely increase the prevalence of exclusive breastfeeding. Moreover in cases of bottle-fed infants, mothers should be couselled with explanation about hazards of bottle-feeding and emphasising on the concept of re-lactation.

Additionally a sizeable number of lactating women stop breastfeeding due to insufficient milk, maternal medication and long working hours. Also physicians may stop breastfeeding during neonatal jaundice and diarrhoeal diseases. All these reasons are totally avoidable if proper counseling and advice is given to the mothers.

We have proposed 10-steps to Optimal Breastfeeding in Primary Health Care to be implemented at primary health centres that might help in increasing exclusive breastfeeding rate.

The Role of Peer Counselling in the Baby-Friendly Initiative (BFI) – *Rukhsana Haider*

The efficacy of peer counsellors in promoting and supporting exclusive breastfeeding has been demonstrated in many countries, including Bangladesh. There are, however, only a few reports of effectiveness of peer counsellors when translated into programmes, probably because the intervention was not properly implemented or monitored. The presentation will briefly discuss what aspects of infant and young child feeding needs to be covered by peer counsellors in their interactions with mothers and how. While such women need community respect and cooperation, supportive supervision and linkages with health providers or facilities, they still face some challenges. The potential contribution of peer counsellors towards improvement of child health and nutrition must be recognised and valued by programme administrators and donors as advocacy efforts are made at global level for scaling up their services through the baby friendly initiative.

The Role of Community Groups in the Expanded BFI – *Lourdes Fidalgo*

Due to the decline of breastfeeding rates, UNICEF/WHO in 1991 launched globally the Baby Friendly Hospital Initiative (BFHI). This initiative aimed to establish a breastfeeding culture, in health facilities with maternity units, through the implementation of 10 steps to successful breastfeeding. Given the positive impact of BFHI, and taking into consideration the constraints detected in implementation, a new strategy and set of key activities has been designed which includes: implementation of the 7 steps beyond the hospital, in other health facilities and in the community; including new approaches to encouraging a “baby friendly” environment beyond the maternity units. Several countries have begun to implement this approach in the last decade, and have demonstrated a positive impact on exclusive breastfeeding rates and a reduction of child

mortality and morbidity. Communities offer resources and a favourable environment for the promotion of breastfeeding. However, the results from evaluations show that there needs to be continual mentoring and encouragement to achieve results. Monitoring and evaluation are fundamental to measure the progress of these community based initiatives and to identify successful and not so successful strategies. With well designed M&E systems it is possible to improve on programme design and carry out adjustments for improved implementation.

How Can Pre-Service Education Contribute To Mother-Baby Friendly Care (MBF) Care and Overcome Its Difficulties – *Audrey Naylor*

Among the major barriers to Mother-Baby Friendly Care (MBFC) are poorly informed health care providers (HCPs). These HCPs include doctors (regardless of specialty), midwives, nurses, health visitors, nutritionists, dieticians, dentists, physician's assistants, pharmacists, and paramedical personnel. Inadequate attention is paid to the basic science aspects of lactation and breastfeeding as well as improved health outcomes of mothers and babies who breastfeed during their preparatory course work. It also is important to understand that students learn not only science and skill but also "role model" how to become part of their chosen health professional culture.

Aggressive "education" including "cultural" aspects provided by the infant formula and food industry is targeted to the HCP students. The students begin to receive "gifts" (books, white coats, equipment, food etc). A preventive strategy is to "immunize" (educate and train) students as early as possible before they become "infected" by the industry, that is – during the pre-service years. There are eight aspects for increasing success of efforts carried out during the pre-service educational phases:

1) formal approval by administrative leadership of the institution,
2) exploration of the current pre-service core curriculum for deficiencies,
3) integration of lactation content within the core curriculum,
4) faculty preparation,
5) faculty involvement in planning,
6) a faculty coordinator who is given time and support,
7) clinical training that is profession specific, and
8) hospitals used for clinical experience should be Mother-Baby Friendly.

Ideally changes should be part of national strategy to promote optimal infant feeding.

Discussion – Facilitated by *Felicity Savage and Marina Rea*

The Difficulties of Mother-Baby-Friendly (MBF) Care - *Mary Renfrew*

DISCUSSION

Discussion from the audience focused on practices perceived as undermining the BF(H)I. These included the new UNICEF guidelines for bottle feeding and concerns that midwives were giving bottle teats to mothers. Mary Renfrew pointed out that these were two separate issues. While providing bottle teats to mothers is clearly against the Code, on the other hand, since in some situations most babies are artificially fed, guidelines on formula feeding are provided to these mothers to minimise the risk. Felicity Savage made a further point that, in the United Kingdom, a

criticism of BFI is that women were being "forced" to breastfeed, and that this was part of the reason for including bottle feeding when reviewing the Ten Steps.

It was reported from the floor that some Mother Baby-Friendly hospitals in Indonesia are failing to meet the criteria on early skin-to-skin contact and rooming in. Mary Renfrew suggested addressing the issue locally, such as by finding out why the criteria are being subverted or finding ways in which the hospitals can correct the situation themselves, with the women and health professionals allied in providing support. Further comments on the failure of sustainability of the BFHI elsewhere were made during the discussion later in this session.

Baby-Friendly Health Centers and Primary Care - *Khalid Iqbal*

The Role of Peer Counseling in the Baby-Friendly Initiative (BFI) - *Rukhsana Haider*

The Role of Community Groups in the Expanded BFI - *Lourdes Fidalgo*

DISCUSSION

Questions to Khalid Iqbal

Concern was expressed about the differing number of steps used for the Baby-Friendly Primary Health Care Initiative (PHC). The UK has 7 steps for the community setting and elsewhere eight steps are being used, without global consistency. Khalid Iqbal replied that there should be 10 steps in the community in primary health care settings. With BFI moving ahead into other areas, including paediatrics, he would like all BFI to have 10 steps.

Question to Rukhsana Haider

In response to a question about the minimum time for peer counselling and for follow up visits to be effective, Rukhsana Haider responded that the time needed is dependent on the situation and the mother's problem. She said that peer counsellors (PCs) say this ranges from 10 - 45 minutes. If there is no problem, then 2 -3 minutes can be allocated for reinforcement. If family members are creating problems, then the peer counsellor talks to the family.

Raj Anand commented that mothers want to breastfeed and fail to breastfeed. There have to be different ways to involve the community. He said: "Listen very carefully to the next lecturer. We need an army of soldiers. In my country training programs are needed." He has written a WABA Activity sheet on transforming health-care workers into breastfeeding advocates.

Other discussion from the audience included

- the payment of PC volunteers,
- the training of male peer counsellors,
- reduction of childbirth interventions, and
- lack of sustainability of BFHI hospitals through lack of funding to maintain standards.

Payment of PC Volunteers

After a research project in a rural area of Guatemala, the community demanded continuation of the work. During the research project, the volunteers received an honorarium. Community leaders were consulted and it was decided to pay the women an honorarium for four days, like an NGO worker, as they needed the money. In Bangladesh, too, the peer counsellor needs money for the time spent, even

though they are volunteers. In India, establishment of peer counselling is not sustainable if they are not paid something.

Male Peer Counsellors

As with the training of males as breastfeeding peer counsellors in the Gambia, as mentioned in Lourdes Fidalgo's presentation, male peer counselors in Western Cape Province near Cape Town received the same training as the women who were supporting the mothers. They could talk man to man with fathers as it was not culturally appropriate for female counsellors to educate the father. This is transferable to other places, for example, low-income minorities in Australia.

Reducing Interventions during Childbirth

Women need physical continuum of care, with hospitals to be compliant with policy (UK). She stated that midwifes are fundamental and women are part of the answer. Women's groups need to advocate on their behalf and form alliances of women's groups with health professionals.

Loss of BFHI Standards Through Lack of Funding

In Bangladesh, 500 of 600 hospitals that had achieved BFI have lost their status through lack of funding, a big loss in investment. It was agreed that BFHI status, if not monitored frequently, slips. Renfrew responded that constant monitoring is needed to maintain standards and external monitoring needs funds, but this must be supported by the internal system. A comment from the audience supported the idea that the hospital has to do internal monitoring and not depend on outside monitoring.

How Can Pre-Service Education Contribute To Mother-Baby Friendly (MBF) Care and Overcome Its Difficulties? - *Audrey Naylor*

In response to a question about how to get facilities to make pre-service training happen, Audrey Naylor responded that "the creativity of how to strategise for your countries is all in this room". A name change to pre-delivery or post-delivery care of mothers was suggested in the discussion.

Difficulties identified in the discussion included:

- newborn weight loss
- the risks of infant formula feeding
- doctors' opposition to those who monitor the International Code
- breastfeeding education for doctors

Newborn Weight Loss

The concern was raised that newborn weight loss before gaining is established is not being discussed in these fora. However, the WHO growth promotion project is addressing this.

Risk of Infant Formula Feeding

In view of the risks of artificial feeding, it was suggested that breastfeeding advocates need to know a lot more about infant formula, because ignorance and convenience mean that its use is not challenged. Article 1 of the Code covers the need to minimise the risks of infant formula. This is not pushing the mother to breastfeed, but to help her make an informed choice.

Doctors' Opposition to Those Who Monitor the Code

Doctors were seen as barriers to Code compliance in some countries. One speaker suggested that doctors who are advocates need a support group. In the Philippines, doctors were resistant when an NGO exposed violations of the Code, such as the inducement of a fine trip abroad. This group approached the professional regulatory commission, which issues professional licenses, to make breastfeeding education a requirement. There is professional resistance to this.

Breastfeeding Education for Doctors

Following on from the above, the Wellstart Self- Study module course for breastfeeding education was mentioned and Audrey Naylor was asked if there will be further modules. This is uncertain. However, she said that the existing Wellstart module can be adapted to the local situation. It has been translated into Spanish and an Indonesian translation is in preparation. The module can be downloaded freely from the website. Offers to do other translations are welcome.

The idea that only doctors can educate doctors and only nurses can educate nurses was challenged. There is a change to a team unit approach, where students go though the Lactation Consultant (LC) unit, as in a hospital in Sydney, Australia, and then these students come back as Resident Medical Officers. They respect the LC and everyone is working together for the best outcome for the mother and baby. Consequently, hospitals are seeing more referrals to the LC.

PLENARY 3: Sub-theme 2: Working Women and Mother Support

Objective: To identify new and more effective strategies for supporting working women in both the formal and informal sectors

Status of Maternity Protection (MP) Globally – Policy and Programmes – *Elaine Petitat-Côté*

In recent years, there has been a noted evolution in various provisions of national laws concerning maternity protection at work. As we examine the key elements that make the most recent ILO Convention on maternity protection (C183, 2000) a reasonably strong standard (scope, maternity leave, cash and medical benefits, health protection, job protection and non discrimination, breastfeeding breaks and breastfeeding facilities), we will look into some of the changes and the new trends that are currently becoming apparent at global, regional and national level. We will consider what other elements may be taking precedence and how to include them in our struggle. This may result in questioning some of own ways of thinking and it may possibly challenge some of the strategies we have developed over the years. We hope to identify the areas where breastfeeding advocates, together with other allies, should be focusing their efforts to improve the situation of women workers who have little maternity protection at work – if any at all. And discuss "innovative" ways of proceeding to improve such situations.

Gender and Working Women in the Informal Sector – *Renu Khanna*

This presentation focused on

- gender issues in breastfeeding , globalisation, women and work,
- breastfeeding and women in the informal sector and concluded with recommendations for possible actions.

The presentation described how breastfeeding which is a biological function has been gendered by society. Women's multiple roles as mothers, wives and workers impact on breastfeeding. Women experience guilt when they cannot breastfeed.

A gendered perspective in breastfeeding provides a basis for understanding why women do what they do and for testing and evaluating programme strategies.

Globalisation has affected women as workers. Women are pushed into the informal sector with poor working conditions including no support for breastfeeding. The situation of the urban poor in India was dwelt on in the presentation. With increasing urban poverty and pressures on urban poor women, initiation of early breastfeeding amongst the urban poor is lower than in rural areas.

Some actions suggested for the breastfeeding movement were:

- aligning with other movements – women's, health, right to food
- advocacy for breastfeeding indicators to be incorporated in Ante Natal and Post Natal Care
- mass media campaigns to inform about advantages of colostrums and breastfeeding and to 'normalise' breastfeeding.

Mother-Baby Friendly Communities and Practical Support for Working Mothers – *Mimi de Maza*

Some efforts have been done in Guatemala to implement de BFHI. Since 1992, the National Commission for Breastfeeding, CONAPLAM, with UNICEF support, implemented the BFHI and accredited more than 20 hospitals and maternities. Between 2000 and 2004 there was nothing done with the initiative and no follow-up for the accredited hospitals. Since 2004 the BFHI has been working inside the MOH, as well as the National Commission and all of the breastfeeding interventions were finally institutionalised through the Nutrition Program.

This year with UNICEF support, a hospital nutritional strategy was launched and the MOH was able to strength the nutritional interventions inside hospitals. The Nutrition Program has trained more than 300 health professionals from 24 hospitals using the WHO/UNICEF BFHI revised modules, as well as the accompaniment through the compliance of the 10 Steps. At the end of the year, the external evaluation team will be formed and trained with the new BFHI tools in order to evaluate the 24 hospitals and accredit the ones that fulfill the criteria.

Along with these activities, a proposal of the adaptation of the BFHI into the second and first level of health attention has been written and presented to the Minister of Health to be approved and launch it next year. This includes Health Areas, Centers Posts and communities. The proposal includes a strategy to join the efforts that hospitals are doing to promote EBF and the reference to the other levels in order to maintain the continuum of the mother and baby attention at HC, HP and the community. This strategy will enable health personnel as well as community peer counselors to support working and non working mothers through breastfeeding for two or more years and will be accredited as Mother baby friendly services and communities.

The Dilemma of Breastmilk Feeding, and the Impact of Commercialization of Infant Feeding – *Virginia Thorley*

Today, feeding expressed milk, usually by bottle, is being "normalised". When something needed in relatively few circumstances becomes the norm, there are personal, family, industrial-relations, and women's rights implications.

Breastmilk feeding has a place, but is becoming a life "choice". In some countries advertising equates breastmilk feeding with breastfeeding – which it is not. Breastfeeding provides more than the milk, whereas breastmilk feeding changes the focus from infant cues to milliliters, from a

relationship to a commodity. When it is done in the mistaken belief that fathers have a "right" to feed babies, it creates more work for the mother and the father misses better ways of bonding and interacting with his baby.

Breast pumps are marketed as facilitating breastfeeding and essential to the breastfeeding mother, which they are not. They are a substitute for (no cost) hand expression, a skill which is being lost. The focus on pumps as sufficient leads to lack of campaigning for industrial provisions for breastfeeding, such as workplace crèches and breastfeeding breaks. This limits women's choices (despite perceptions of more choice).

Pumps are expensive and unaffordable for some, in any country. They are sometimes faulty, but women commonly blame their bodies, not the technology. Electric ones are vulnerable to power blackouts and disasters.

Breastfeeding organisations seek "ethical" advertising revenue and sponsorships, as they refuse money from manufacturers of items within the scope of the International Code of Marketing. However, promoting pumps as a breastfeeding aid leads to bottle-feeding, even if it is with mother's milk.

Discussion – Facilitated by *Amal Omer Salim and Paulina Smith*

Gender and Working Women in the Informal Sector - *Renu Khanna*

MBF Communities and Practical Support for Working Mothers - *Mimi de Maza*

DISCUSSION

Renu Khanna was asked what part of the informal sector we should focus on. A SWOT analysis in the local area was suggested, to identify the challenges and the partners.

Comments from the audience included that, despite the 20 years since the Innocenti Declaration, malnutrition among children in the worst-affected countries remains at 40-45% and neonatal mortality has not been reduced. A suggested strategy was to emphasise complementary feeding, as well as breastfeeding, as both need to be successful. There needs to be protection, promotion and support of breastfeeding rights. In India and elsewhere, any new program requires volunteers from the community. National programs involve added work and so more volunteers are needed. In Maharastra state, a new initiative of the Indian Government is a room available for breastfeeding women.

Mimi de Maza responded that the research was based on the Child Survival project, a volunteer project with mothers. How is this sustainable? You simplify the work that volunteers do, only about breastfeeding and complementary feeding and only 4 hours a week. As it is, volunteering for not more than 4 hours and it is not a heavy load.

The three things that they are responsible for are:

1. Support Groups
2. Counselling mothers at the market and other places, and individual counselling
3. Home visits to pregnant mothers, after delivery, and when introducing solids

Status of Maternity Protection (MP) Globally - Policies and Programmes - *Elaine Petitat Coté*

The NUBE Campaign: A Malaysian Trade Union Campaign for 90 days Paid Maternity Leave! How Breastfeeding Groups Can Work With Trade Unions for a Common Cause - *J. Solomon*

DISCUSSION

Sarah Amin congratulated the four speakers on their excellent presentations. She highlighted that is it very important for breastfeeding advocates to partner with other movements and issue groups, as Renu Khanna mentioned with the Women's Movement, and J. Solomon's good example of important partnerships with the Trade Unions. She also reminded all on Renu Khanna's point that partnership involves genuine interest in each other's agendas and not using the other party for one's interest alone. Some issues take longer for partnerships to concretise as they are more complicated.

Further comments from Malaysia were:

- We should establish mother support and childcare centres for children aged 3 months to 2 years
- The Malaysian Government provides RM 50,000 to start childcare centres – use it.
- We should push for IBFAN and WABA to work, just like in WBW 2006 with Ines Fernandez on the Code Watch and WBW 2008 on Mother Support, to bring together all the groups for maternity protection. It is not enough until we get 120 days' maternity leave.
- As a former bank employee, a Senior Executive and manager, I couldn't get a room to express breastmilk to breastfeed. Out of curiosity, how many women are in such a situation?

J. Solomon responded:

When we launched the campaign 10 years ago, to make the difference - banks to extend 90 days of maternity leave in every state for our members - we went to mothers to get signatures, and WABA provided moral support. The objective was for the Employment Act to be amended, for both formal and informal employees to get the benefits.

Audience:

- In Malaysia, Norjinah has worked since year 2000 on the MP campaign, supporting working women to increase paid maternity leave. .

J. Solomon: Political parties jumped in once they found others joining in.

Other audience responses to J. Solomon from other countries followed:

- A similar situation where different organisations partnered each other has occurred in Brazil, where a female Senator requested 6 months' maternity leave. The Brazilian Paediatric Society participated in the effort, as did IBFAN, working together to provide support, and this will most likely be passed in Parliament.
- How should we act in pushing for maternity leave when a country ratifies the Convention? If 14 weeks is offered, and we want 6 months; for instance, Costa Rica has 6 months. How do we ratify it?
- The first thing is to access what is in your legislation, whether close to or far from the desired result. If the difference is not too large, then use the political allies.

- If my law is better and I am afraid of losing this, there is an article -18/19 – stating if a country has legislation that is stronger than the convention, the country can't go back. This is good to know if there is a change in government, in case the new government wants to lower the number of weeks.

The Dilemma of Breastmilk Feeding, and the Impact of Commercialization of Infant Feeding –

Virginia Thorley

DISCUSSION

The audience raised these points after this presentation:

- Thanks for bringing us back to barriers.
- Why not breastfeeding corners instead of breastfeeding rooms, which involve structures.
- In my country Guatemala, we are worried about this issue, that mothers feel they need breast pumps and can't afford them.
- There are some very cheap pumps at the drug stores and the mothers later come to us LLL Leaders with problems.
- BFHI is teaching mothers how to express their milk with their hands.
- Some research is funded by the breast pump companies.

Virginia Thorley responded by saying that she would love to see other avenues of funding to do research in many countries.

GENERAL DISCUSSION

Renu Khanna answered several questions about the working women in the informal sector.

What are the elements or challenges of the working conditions in the informal sectors?

- They are working at nights, in unsafe conditions, and involve a very large section of the population

Which parts of the informal sectors should the breastfeeding movement focus on? Before strategies can be made we need to ask ourselves what's the size of informal sector and who are the allies?

- Urban poor areas are critical.
- Poverty is increasing among the community.
- Creche workers, health workers need monitoring.
- Antenatal and post natal care – not monitored at all.
- Urban Health Mission, as there are provisions for the country level workers

Other members of the panel added comments.

Virginia Thorley: With seasonal workers it depends on how successful the season is.

Elaine Petitat Coté: Where should the breastfeeding movement act? It's a very difficult question. What is happening in each country? Organisations, organising street workers, the market place etc, Who are the other actors? The ILO is working with informal workers in Africa. Trade Unions are also working on health provisions.

Amal Omer Salim, as Chair, asked the panel for its recommendations on what to avoid and what to focus on.

J. Solomon: Breastfeeding awareness in the formal and informal sectors. We need concrete allies, friendly to unions. Trade Unions can't act in isolation. Trade Unions can be more open. From experience, the trade unions' focus is different, a worry that certain elements become detrimental, but breastfeeding is a need. In Malaysia, labour unions should play a more active role. We've seen a change in the last 30 years. Before, it was only males; now everybody works. WABA needs to create awareness and action to help women breastfeed.

Virginia Thorley: To work with a union who will listen.

Renu Khanna: Opportunity to congratulate Solomon and the union, where the union takes up an issue on the women's agenda. Maternal health has become a societal issue. This is a very concrete issue. One point when undertaking breastfeeding as an agenda is don't judge women. Women are multi-tasking.

Mimi de Maza: Peer counseling, but there is not too much trust of the mothers in the community. What is needed is knowledge, willingness to support other mothers. Don't be afraid to work with the mothers.

Elaine Petitat Coté: Workplaces. After assessing the situation, she recommends starting small, for example, setting up a breastfeeding facility. Once it is done, it is there. Work with trade unions, work with employers. Then it is a model to be replicated.

Virginia Thorley: Watch your language: Breastfeeding is not breastmilk feeding! Encourage our colleagues to take care.

PLENARY 4: Cross-cutting and Regional reflections

Objective: To highlight regional perspectives on the overall theme and global politics

Facilitators – *Amal Omer Salim and Jennifer Mourin*

The objective of Plenary 4, cross cutting and regional reflections, highlighted regional perspectives on the overall theme and global politics. Julianna Lim Abdullah, the international coordinator of World Breastfeeding Week, introduced the facilitators, Jennifer Mourin and Amal Omer Salim, who subsequently introduced the panelists for the dialogue session. Each panelist spoke about their respective regions and painted a clear picture of the situation on the ground. The session followed a television talk show format. Speakers on the panel were Joyce Chanetsa and Andre Nikiema for the Africa region, Arun Gupta for the Asian region, Rebecca Magalhaes for North America, Patti Rundall for Europe, Marcos Arana and Amura Hidalgo for Latin America and Caribbean, Anne Batterjee for the Middle East, and Louise James for Australasia.

The Regions and the Issues

Joyce Chanetsa had the pride of place to speak first about **Africa's English-speaking and Lusophone countries.** When asked about the recent spate of natural and man made disasters affecting various countries, including Africa, she noted that responses varied as some countries in the Africa region are well developed, but others remain less developed. She observed that calamities and conflicts played a role in the rate of evolution of issues in the region in some of the countries and that families are consequently affected. These sad situations often separate mothers from their babies.

Joyce Chanetsa reported that some countries are working strongly on issues that affect infant and young child feeding, and especially breastfeeding. The issues discussed during the GBP Forum in Penang have a great effect on how to plan the way forward to correct devastating situations, and attitudes. She concluded her sharing of perspectives from Africa by mentioning that the malpractices of manufacturers and distributors of baby formula and foods have a big impact on the continent's development, what more when faced with calamities, famine and malnutrition. It was crucial for the network to come up with resolutions on how to face these enemies of mothers, babies and communities.

Africa is beset with a number of major problems, starting with HIV and malnutrition, which must be tackled in order to make positive steps forward, she emphasised. When it became known that the HIV virus can be transmitted through breastmilk, it made the work more demanding because new strategies had to be used to inform, educate and communicate with the communities, and especially when the mothers had to be offered a well informed choice on how to feed their babies. After the WHO/UNICEF recommendations were published, advocates have remained divided on recommendations for the duration of exclusive breastfeeding. While some hold to the six months duration recommended by WHO, others believe that the introduction of complementary foods at four months is better, with continued breastfeeding up to 24 months and beyond. Today, new guidelines regarding HIV+ mothers have come since the introduction of the anti-retrovirals, but much more training has to be done, especially as the problem of migration is added to other issues.

Andre Nikiema was then invited to give his perspective on the issue, from **Francophone Africa**, most of which is in the Sahel sub-region of Africa. Andre Nikiema echoed Joyce Chanetsa's comments that, though the work is to promote, protect and support mothers to breastfeed their children, drought, the movement of refugees and malnutrition combine to worsen the situation on the African continent. The role of IBFAN is, firstly, to correct the situation in various ways, especially as breastfeeding in emergencies increases the work load, and secondly, to work with other organisations to bring hope to the populations of Africa.

The introduction of ready-to-use therapeutic foods by international aid organisations is now increasingly promoted to the suffering communities, but these foods often place little emphasis on the root causes of child malnutrition such as poor breastfeeding practices. This creates another challenge for the continent because not all decision-makers agree that therapeutic foods should be considered as a solution. In some countries, it is believed that this aid weakens the strategies of governments that are striving for food self-sufficiency, promoting a reliance on commercially products.

The focus of the 'talk-show' then shifted to the **Asian region**. Arun Gupta observed that infant formula is considered part of the solution to malnutrition and emergency issues in the sub continent, considering the large population to be fed. Arun Gupta stated that the problem lies in the fact that the population is dense and adequate coverage needs great efforts. For example, in the South Asian region, IBFAN Asia is working with SPHERE and other humanitarian organisations, including UN

agencies, to find solutions to the pressing food crisis, especially in the area of infant feeding. Collaboration amongst the organisations is considered good so far, because the sharing of information is smooth.

When asked about the 'One Asia' forums, he noted that a number of countries in the Asian region meet regularly to review the situation on the ground and take decisions on how to tackle common issues consistently, as a means of promoting equal opportunities for all the countries in the region. It is through these meetings that most problems are brought to the surface and the issue of conflict of interest is handled and resolved peacefully. The meetings rotate from country to country so far, as a means of creating a dynamic in both weak and strong countries in the sub-region. This approach often helps leaders of the different organisations to discover their realities; and explains why, today, every organisation is talking about 'One Asia'. One Asia aims to harmonise the programs and interventions in the region.

Patti Rundall was then invited to share on the **interventions in Europe**, where many baby food companies are based, and IBFAN groups have insisted on no promotion of baby foods. The focus has been on the protection and education of the populations on the International Code. This focus includes monitoring violations by manufacturers of breastmilk substitutes, but the introduction of complementary infant foods is a new channel for companies to access mothers. She added that IBFAN Europe also acts in developing countries; but recurring emergencies bring more work for the very limited resources available.

IBFAN Europe is striving to find ways to control infant food promotion, which is currently affecting European culture. Patti Rundall observed that junk foods have destroyed kitchen food culture in Europe, and locally produced foods are consumed less and less. Dependence on junk food is destroying traditions and culture, and European populations need to be educated on nutrition issues. Children in Europe eat six times a day compared with children in the developing world, who have only one square meal a day. Eating more often is creating unhealthy problems of obesity in children.

The effect of the interventions in Europe automatically link to the situation in the United States of America. Europe is obviously a big market for American infant foods and competition is tight as the European countries want to win a share of the market, too.

In **Latin America**, one major response to these developments has been to prioritise developing and supporting the youth movement. The Rumba Youth group is working in 20 countries on breastfeeding promotion, protection and support issues and related problems. Various methods are used to penetrate the population to provide education and information on the situation on the ground in the region. Drama, music, rallies and social mobilisation efforts as well as education are some of the strategies used for taking change to all areas in the region.

The most important tool in LAC is the World Breastfeeding Week, because several events are organised across the region. Several mass events take place and issues that surround breastfeeding are brought onto the agenda. In this region, violence is increasing and making the migration of young persons an issue. This creates an increase in teen mothers having problems coping in unfamiliar locations. Social media are actively being used, and Facebook is becoming a channel for reaching these youths and communicating solutions to them for their problems.

Moving northwards, Rebecca Magalhaes was then invited to share on the work done in **Northern American region**. She noted that she had been involved with WABA for a very long time, and her focus had been to harmonise strategies across the US. In America, Canada and Mexico, WABA is known as WABA-NA (WABA North America). Members hold meetings regularly and introduce

new initiatives to attract people to the network to support the breastfeeding initiatives. WABA-NA has 800 members in North America. Efforts are being made to get more WABA activities to the North American population. Rebecca Magalhaes reported that Sarah Amin, Director of WABA, has been invited to the North American region to organise network activities. WABA-NA's work has been put on Facebook and people subscribe directly to activities in their regions.

The 'talk-show' then moved to the **Oceanian region**, where Louise James from New Zealand observed that the mothers in the islands are influenced by formula companies because these entities have easier access to the islands than the organisations working for the promotion of breastfeeding. Much work is done to penetrate these populations to give them the right information and to prevent the regular use of children to test the company-made baby foods.

The sharing of perspectives culminated in a sharing from **the Arab World**. Anne Batterjee, from Saudi Arabia, shared that breastfeeding advocates had had some successes in outreach via the World Breastfeeding Week, and with Baby Friendly Hospital Initiative (BFHI) and expansion into primary health sectors. But she also noted that the population in her area was suffering because of the influence of babyfood companies. A lot of effort has been made, but the governments have much more work to do for behavior change to be effected.

DISCUSSION by panel members, and feedback from the floor

The panel noted the new resolutions are coming from the United Nations, and with the leadership of Obama as America's president. Americans are copying the Obama ideologies, but Patti Rundall from Europe observed that the public should be very careful because America will always protect its baby food industries. It is not a country that changes its policies so fast. She stated that the audience has to understand that the food market carries a lot of money and people need money for other issues.

Forum participants concurred that while concerns were expressed about infant foods, we should not divert from the real issues, especially as it concerns mother support. Caesarean sections are earning health professionals a lot of money world wide. How the movement will work to reduce maternal and infant mortality should be considered during the crossing cutting reflection also.

There was an observation that rates of obesity in Asia are on the rise. Children in Asia are becoming obese due to greater intakes of sugar. While therapeutic foods currently have a small market that involves a small portion of the population that needs it, the truth is that the market will expand, and this will only reduce the use of breast milk after over time.

The forum participants recommended that activists should reflect on the more serious issues affecting breastfeeding rates, and come out with position papers on specific issues that need greater attention at all levels, beginning from grassroots to the influence of international organisations. When countries establish their national codes, specific issues should be targeted for monitoring and evaluation during a specified period of time.

Looking Ahead To the Future

Acknowledging the need to look ahead to the future of the breastfeeding movement, the facilitators asked panelists for their forward looking strategies and a sharing of how they would be engaging and involving youth in their work.

Amura Hidalgo, the representative from RUMBA youth got the ball rolling by noting that WABA views itself as a big family, and that diversity of experiences and strategies is its strength. He stressed that in order for more youth to be engaged in the breastfeeding movement, what they need is

support, encouragement and to be substantially included in the work of the movement. The RUMBA Group declared its commitment to continue to work with the network. All that is needed is to exploit the opportunities. He concluded by stressing that Youth activities should come from youth and be planned by them, and realised by them.

The IBFAN Africa region announced that it has integrated youth in its action plan. New strategies are being arranged in Africa to take the agenda forward, Joyce Chanetsa told the audience. In the Arab world, youth are given opportunities to excel and scholarships are put at their disposal for undertaking specific studies for youth involvement in breastfeeding promotion. It is the role of the parents to encourage this within communities.

Moving to Europe, Patti Rundall stated that the Nestlé Boycott particularly in the UK, involved youth and 75 per cent of the monitoring and campaigns are covered by youth. Nestlé is currently sponsoring a community radio for youth in Cambridge to reverse the boycott strategies, and this calls for more attention. Youth are involved in various campaigns and they are good at that, Patti Rundall concluded.

Moving from Europe back to Africa, Andre Nikiema noted the need for intergenerational involvement and education. He cited, for example, that the influence Grandmothers. But they can only be reached with the use of local languages, and it is often difficult to change their beliefs about breastfeeding, especially as taboos still influence behavior change. When a young mother gives birth in the hospital and is discharged home just 24 hours after because there is not enough space in the health facilities, they cannot escape the influence of their grandmothers. Grandmothers have to be educated because times have changed and the approaches are now different. Grandfathers also have to be educated to act as negotiators to reduce the influence of taboos promoted by grandmothers, and to encourage exclusive breastfeeding. He also shared that in the Francophone Africa region, activities are organised in colleges as a channel for reaching the youth. This is because in the past, what the youth learnt in school was basically to pass their certificate examinations. After school, what they learnt disappeared and this was not put into practice.

Closing the 'talk show' the panel coordinators shared that the many issues raised enlightened the audience on the real situations in the regions. Feedback from Forum participants reflected that the informal procedure of the dialogue session was appreciated because it made the information on the interventions less heavy-going.

MALAYSIAN ROUND TABLE

Panelists – *Anwar Fazal, Balkees Abdul Majeed, Siti Norjinah Abdul Moin, Rokiah Don, Vasumathi Muthuramu, Paramjothi P., Nor Kamariah Mohamad Alwi and Santokh Singh*

Malaysian Roundtable DISCUSSIONS following presentations

1. Home visits
   a. To be available for the first two weeks all over Malaysia
   b. Make the Health Clinics Baby Friendly
      i. Encourage clinic nurses to look at breastfeeding as well as other postpartum issues
2. Make the Code legal
   a. Though companies will just pay the fine and continue to infringe it anyway

3. 'Growing up' milk – a future review will look at the marketing of this; and also milk for mothers
4. Medical Professional Act should make Doctors comply with the health professionals responsibilities under the Code
5. Mother support – needs to be spread throughout all states for Step 10 to be successful.
6. Step 10 not done well
    a. Hospital based peer counsellors don't answer phones after working hours, and when they do, they may be rude
        i. Dr Paramjothi trains hospital staff to do the support
    b. Mother support people need to be allowed to go into hospitals
        i. Suggest a 'club' where staff are allowed to participate but in their role as parents not doctors or nurses
        ii. When it's mother-to-mother they are more open with each other
    c. Mother to mother support needs to be strengthened
        i. Funding for peer counsellor training needs to be sustainable
            1. Suggest an appeal to MOH
            2. Work with trade unions
7. Everyone is equally important and all need to work together
8. All 10 Steps must be implemented
9. Curriculum for medical students must include breastfeeding
10. Many don't know the Code
    a. Educate peer counsellors on it
    b. Inform mothers about it
11. Baby Friendly practices lapse quickly.
    a. Suggest: possibility of asking mothers their experiences over an extended time, eg. 6 months survey at baby-friendly hospitals
    b. Can mothers have a checklist to report on?
    c. Prioritise reassessment every 2 years as hospitals 'go to sleep' between assessments
        i. Hospital should monitor their own status every month
        ii. Survey mothers on discharge – though they are afraid to tell truth in case of retribution to them
        iii. Every 6 months baby-friendly hospitals can have an internal audit:
            1. Should be done by hospital lactation team; implement a reporting mechanism
            2. State champions: obstetricians or paediatricians because they have power in their hospitals
        iv. External audit more likely to report actual practices accurately
            1. Auditor should be able to walk into any hospital anytime to conduct audit. Will need MOH approval

12. Upgrade Health Clinics to be Baby Friendly
13. Artificial baby milk only available at pharmacies on prescription
14. Make Penang a model breastfeeding friendly state as it has WABA, IBFAN here
    a. Have a national roundtable co-organised by WABA, UNICEF, MOH yearly
15. All stakeholders should be involved
    a. Work on common problems, together
    b. Speakers talks from this session to be collated and published in a book or put on website
16. Share information with other countries; particularly other Islamic countries
    a. Both problems and solutions

DAY 3 (Tuesday 19 October 2010)

WORKSHOP SUB-THEME 1: Expanded BF(H)I
Objective: To review the concept of the expanded BFHI and challenges to its applications in the context of the continuum of care

Workshop A1: Introducing the Mother Friendly and Baby Friendly Practices in Hospitals Together – *Ana Parrilla and Rae Davies*

MAIN RECOMMENDATIONS

1. Inform about the evidence-base for steps 4, 5 and 6 in the International Mother Baby Childbirth Initiative (IMCBI) to caregivers and women/families, policy makers etc
2. Improve birth practices through training of all caregivers in the continuum of care and women/mothers
3. Document and disseminate the lessons learnt from the Mother Baby Friendly (MBF) demonstrations sites
4. Advocate for implementation of the expanded BFHI criteria with local adaptations
5. Organise workshops at national level to discuss Mother friendly and Baby friendly implementation issues
6. Identify and approach the relevant health professional associations to gain support and commitment
7. Advocate for all stakeholders to include Women's right to a dignified and respectful continuum of care

Workshop A2: Revised BFHI and Expanding the Baby Friendly Initiative (BFI) Through the Continuum of Care – *Marina Rea, Asha Benakappa and Miriam Labbok*

MAIN RECOMMENDATIONS

1. Increase awareness of the new BFHI materials amongst decision makers (using electronic media, peer counsellors etc) at all levels

2. Promote increase communications and networking between countries and groups
3. Develop and promote the use of a database of ”who is doing what” on BFHI
4. Create videos and use social media (YouTube, blogs, ”well page” etc) and conduct seminars on the new modules
5. Support translation of the new BFHI materials
6. The WABA BFHI Working Group should develop a process for compiling, monitoring and developing materials (eg compendium) showcasing the different implementation approaches (study the local barriers)
7. Conduct outreach and participation at relevant health professionals associations events to increase linkages and synergy
8. Produce materials for WABA and Core Partners to use for networking and advocacy
9. Involve peer support and fathers at the local level

Workshop A3: Taking Peer Counselling (PC) to Scale – ***Anne Batterjee, Pushpa Panadam and Nor Kamariah Mohamad Alwi***

MAIN RECOMMENDATIONS

1. Create a WABA website section/sub-section for PC program
2. Develop and disseminate a model guideline for PC through the WABA website
3. Identify the basic elements of PC programs to create a curriculum and evaluation system
4. Develop database of PC contacts and resource persons
5. Develop FAQ online resources
6. Explore holding regional mini-summits for mother support or have online skype meetings

Workshop A4: Involving the Private Health Sector in the Mother and Baby Friendly Initiative - ***Angela Smith and Pong Kwai Meng***

MAIN RECOMMENDATIONS

1. Identify, compile and share lessons learnt from successful BFHI accredited hospitals in Malaysia and elsewhere
2. Advocate for licensing that would make BFHI mandatory and include education on BFHI
3. Advocate for reduced interventions in birth practices based on scientific evidence
4. Include BFHI in school curriculum for both boys and girls
5. Collaborate on curbing the marketing of artificial milk and sponsorship issues (using the UK model)
6. Conduct coordinated outreach to health professionals through WABA Health Care Practices (HCP) and Advocacy Task forces
7. Promote networking and sharing between private hospitals to allay ”fears” on implementation issues

Workshop A5: Strengthening Education and Training: Quality and Sustainability - ***Audrey Naylor, Veronica Gomez, JP Dadhich and Patricia Ip***

MAIN RECOMMENDATIONS

1. Promote the use of a ”cascade approach” in healthcare provider training
2. Ensure the quality of training through regular revisions and updating of the knowledge base
3. Explore ways of finding sustainable funding for health provider training
4. Promote the use of the new electronic media for training purposes (online, skype etc)

WORKSHOP SUB-THEME 2: Working Women and Mother Support
Objective: To identify new and more effective strategies for supporting working women in both the formal and informal sectors

Workshop B1: Moving National MP Campaigns Forward: World Breastfeeding Trends Initiative (WBTi) Results, What Have We Learnt 10 Years Later? - ***Elaine Petitate-Cote and JP Dadhich***

MAIN RECOMMENDATIONS

1. Develop
   - i. WABA Position paper on Maternity Protection (MP)
   - ii. FAQ sheet
2. Collect and collate best examples of best practices
3. Produce a fact sheet with benefits for employers
4. Develop World Breastfeeding Week (WBW) theme 2012 on maternity protection
5. Use International Labour Day to issue press releases on Women and Work
6. Network with allied groups

Workshop B3: Pumping Versus Feeding at the Breast: Ethical Considerations and Women’s Empowerment - ***Paige Smith and Johanna Bergerman***

MAIN RECOMMENDATIONS

1. Include breastmilk pumps in the scope of the Code
2. Address the underlying social structures that impede breastfeeding women’s full participation in public
3. Revive hand expression skills amongst mothers and health professionals
4. Advocate for more clarity in research focus, ie: breastfeeding or breastmilk
5. Educate on the benefits and risks of the various technological options (eg. safe use and storage)
6. Include ethical ”space” and respect of different knowledge bases in education methods
7. Gender sensititise all stakeholders

Workshop B4: Creating Models for Successful Mother-Baby Friendly Communities, Including Workplaces - ***Paulina Smith, Ines Fernandez and Mimi de Maza***

MAIN RECOMMENDATIONS

1. Make a WBW theme on Peer Counselling, show casing PC programs globally
2. Identify, compile, develop and disseminate guidelines on mother-baby friendly workplaces
3. Develop guidelines for
   - i. Proposals to potential donors
   - ii. Local MBF community representatives to approach governments

Workshop B5: Making the Code Work in the Community, Including the Workplace - ***Annelies Allain, Ray Maseko and MQK Talukder***

MAIN RECOMMENDATIONS

1. Conduct Code training for physicians (pre-vocation and intensive in-service)
2. Raise awareness in the general public (mothers, students and other social groups) on Code and involve them more in Code monitoring
3. Involve International Pediatric Association as partners of WABA and IBFAN, to put pressure to not accept company sponsorship
4. Identify agencies with conflict of interest
5. Develop networking with agencies
6. Develop simple user-friendly Code monitoring materials and use these tools to educate breastfeeding promoters

PLENARY 5: Cross-Cutting Issues
Objective: To highlight contemporary issues & cross-cutting perspectives: intergenerational, gender, rights, and the arts

Facilitators – *Susan Siew and Audrey Naylor*

To maximise on the variety, vibrancy and relaxed feel of the “Talk Show’ format, it was once again used during Plenary 5. The “Talk Show” main host, Susan Siew informed participants of the Plenary objective, namely to highlight contemporary issues and cross-cutting perspectives – intergenerational, gender, rights, arts. The session honed in on the present day issues of a young couple with very young children. For many in the breastfeeding movement, the issues raised may not be very different, but they do cut across many aspects of our work and the way issues are dealt with. Susan Siew introduced the panel speakers , Sabrina Sunderraj and spouse Ahmad (young parents from Malaysia), Ines Fernandes (breastfeeding activist from the Philippines who consistently uses the arts in her work); Nand Wadhwani (information technology expert who is active in the breastfeeding movement), and long time breastfeeding activist Elisabet Helsing (co-coordinator of WABA’s International Advisory Council from Norway) and James Achanyi Fontem (coordinator of WABA’s Men’s Working Group based in Cameroon).

Journey toward Breastfeeding

Susan Siew kicked off proceedings by putting a general question to the speakers: *What was your journey towards breastfeeding?*

Sabrina Sunderraj: I had some trouble since I was diabetic and nervous that I wasn't producing milk. Malaysia has all the rules for being a baby friendly hospital, but I also know that the staff is overburdened so there's little time to ask questions. My personal experience was not very "friendly". For my first daughter, it was very difficult since she had jaundice and according to the hospital I "could not produce milk". This was very frustrating since I had all the knowledge and wanted to breastfeed yet could not.

Susan Siew: Here we have a skilled, supportive family, Ahmad, how did you feel?

Ahmad: I was in the delivery room but didn't see the baby placed to the breast while I was in the room. Only later on did they tell me they put the baby to the breast. Talking about breastfeeding is one thing, but the implementation is another.

Susan Siew: James Achanyi Fontem, as a grandfather and also the coordinator for the men's support group, can you talk a little bit about your experience bringing on board men to support breastfeeding?

James Achanyi Fontem: I was a parent but I didn't know how important I was. One surprising thing I saw was that once I started talking about breastfeeding, professionals in the medical field asked me, "why is a man concerned with breastfeeding?" I had worked on AIDS and the issue brought confusion as to whether or not women should still breastfeed. As a journalist, I wrote about *Baby Milk Action* since formula companies were discouraging women from breastfeeding if they were HIV + which is how I got involved with WABA and breastfeeding. Men did not believe that other men could talk about breastfeeding. As a broadcaster, I did some radio programs on breastfeeding. I created gender councils that allowed women to bring their husbands for education talks. They filmed the talks and edited videos to be put on television. More exposure led to more dialogue.

How to Spread the Message on Breastfeeding

Susan Siew: Nand Wadhwani, are we using the best technology in promoting mother and child health?

Nand Wadhwani: The business community has always embraced technology and used it very well. We are lagging behind as there is room to grow. Our staffing arrangements, budgets, and forms of communication need to reflect a changing technological landscape since companies will continue to do so even if we don't. We should not always be playing defense. We should have learned our lesson from before and move forward. We don't have to invest in infrastructure, but just build content. There is more breastfeeding knowledge in this room than some countries dream of having and we should use our abilities to share that.

Susan Siew: Ines Fernandes, how do you and your group come up with skits and reach out to communities that don't even have electricity?

Ines Fernandes: Spreading the breastfeeding message can be done in many ways (mixed media, folk art, etc). We invite artists and musician groups to help us with our teaching, mother support classes. We can't just talk and talk, we need to bring fine arts to portray women in paintings and other visual aids since there are no powerpoints. Mothers themselves are fine art so we mix with young people to engage them for a cause. For example, students working on a media project helped us use television to broadcast a call for expressed breastmilk for human milk banks during a natural disaster. People

were shocked to see a message like this on television! We need to show more "hip" moms breastfeeding.

On Working Woman

Susan Siew: Sabrina Sunderraj, how did you feel as a working mother having to work at home and breastfeed?

Sabrina Sunderraj: Breastfeeding is not a problem the way we sometimes see it. It's very easy to do. It's part of my life, I cannot see it as anything different. Formula companies have made it seem like breastfeeding is not normal. It was OK to work from home since I was supported by my husband. I want mothers to think about this – it is not hard to breastfeed! It's the surrounding and communities that make it seem like it's tough. If you have the will, determination, you will find a way. We need mother support – if you have support, you can do it. Arugaan (mother support group from Philippines led by Ines Fernandes) was so inspiring.

On Men and Breastfeeding

Susan Siew: Ahmad, were you able to discuss breastfeeding with your male colleagues?

Ahmad: I've met people who decided not to breastfeed or choose to breastfeed only for a short time. For me, I tell people that there's so much positive in breastfeeding and that it's insane to let it go. If the opportunity is there – grab it! It's hard work living in a modern world, raising a family when the cost of living is high and you are working. I signed up for this consciously with my eyes open.

Susan Siew: James Achanyi Fontem, could you share with us some specific examples of how you got men involved in the network?

James Achanyi Fontem: I want to tell the mothers and fathers here that as a father and grandfather, one of the things that have struck me is that the kids that were exclusively breastfeed do not fall sick often. This has gotten some of my male colleagues to ask me how I did this to prevent my kids from getting sick. People are trying to copy this model. My kids were very active in class while others were falling asleep and people asked "whose kids are these?" This set an example. Various ministers of the government participated in World Breastfeeding Week. A WBW message was sent via SMS and sent to over 2 million people!

Spreading the Word on Breastfeeding

Nand Wadhwani: This is proof that we are able to launch a world wide message! We have moved so fast now and should have folders on our phones with health messages in them. There are many creative/innovative ways to get our message directly into the hands of mothers, children, young girls, etc. You are looking to an overall healthier society when you deliver consistent, accurate, messages to individuals. When we started having internet, doctors were afraid that we would have this access. We shouldn't be afraid to put information in the hands of people.

Ines Fernandes: When American companies sued our government, it was not only the Ministry of Health that stepped forward, but the breastfeeding mothers came forward with a message painted on their breasts and that took the news around the world. That was art, but it was also a message of solidarity. We act local, think global.

Nand Wadhwani: Wouldn't it be great if Google had an active link on their logo for WBW? You could click on the logo which would direct you to information on WBW.

Sabrina Sunderraj: (In regards to marketing/advertising) The dolls in the stores are tagged with bottles. I don't see any advertisements for breastfeeding that are as compelling. Why aren't we doing that? Is it because we don't have money?

Nand Wadhwani: You can never have too many videos. A picture is worth a thousand words, a video is worth a million. What have we seen in the past few days? PowerPoint presentations. Why? We should be showing videos, more compelling. In my opinion, Julianna Lim should not accept a WBW report that does NOT contain a video. Instead of standing around during tea break, we should be showing and sharing with each other in a visual way.

Sabrina Sunderraj: I want breastfeeding related adverts and messages to be everywhere, not just in these "exclusive" places like the internet. I want to see them in grocery stores, billboards, etc. Again, is it money?

Susan Siew: We want to harness unique/creative ways to get message out.

QUESTIONS/COMMENTS from the floor:

***Q1* –** When we talk about advertising and competing with formula adverts, let's remember that advertising of breastfeeding can backfire since women who don't have the support to breastfeed can feel demoralised. Let's not put all our money in that. Nothing has said that just information will work; you need the environment to support that.

Response –

Nand Wadhwani: I think there's a concern about "being careful", but there's also a concern about being "too careful".

Sabrina Sunderraj: We want to see more "baby friendly" ads, it's not JUST the adverts, but it does affect how we feel as mothers that formula feeding is not the only message

***Q2* –** In the newspaper now, we should have more breastfeeding news. Yet when we open the paper, there is a "model baby" feeding from a bottle. Why?

Response –

James Achanyi Fontem: No matter what you do, there is no plan that will succeed without the media. When you want to sell a product, the media is on it. We should sell breastfeeding as much as we have sold tobacco. If we don't have money to sponsor activities related to breastfeeding, we should use our human powers. In my country, we don't organise programs with mothers and babies without having the media there. What has worked in our work is **monitoring**. Monitor stores and see what is wrong with marketing. Companies are very upset when small negative messages are made public and will try and buy you off.

***Q3* –** Now with new media, it can be easy to report violations via Facebook since you can post violations directly on a page. It would help some people who don't know anything about the code to understand and discuss the issue of the code and need for code compliance. A great way to increase awareness.

***Q4* –** In terms of the role of the media, it should be more mother and baby friendly.

***Q5* –** Media covers large groups of mothers congregating to breastfeed. We also trained mall executives to be sensitised to breastfeeding and have had contests like the "Breastfeeding Queen". Think of the 3 P's of marketing.

***Q6* –** We have been celebrating WBW in Brazil every year. To get the participation of the press is very difficult. Breastfeeding is becoming less important so we need to do things like the Philippines.

One of our friends had a competition to have friends bring bottles, cans, teats and crushed them with a caterpillar tractor. We need to be innovative

Final Words:

Ines Fernandes: We can use our creative ways with culture and tradition to really bring the message across. Even though it's free, we can still disseminate information to our mothers.

Nand Wadhwani: Corruption lives where hunger and poverty live. This is what stops us from getting things done. The beauty of telecommunication is that it bypasses all of this. We have the reach that we've never had before. Let us not miss this train. Let us appreciate this gift and not waste it.

Sabrina Sunderraj: Support us and feminise time. We need to change the way things are going. It's too structured in a capitalistic construct. Whenever we have this global meetings/forum, I want to see more mothers/villagers here. I want to hear them say "I want this to happen in my village". The participants we are talking about should also be here!

Ahmad: I'm sure I'm not the only person "mesmerised" with what is good about breastfeeding. Green is an issue that is big today; breastfeeding saves a lot of energy. Whatever the medium is, we need to focus on something that is "hip", common at the moment, and use breastfeeding as a vehicle so that the message comes across. It's not that the message is "breastfeeding is bad" that is stopping people from breastfeeding; it's something else that's clouding the issue.

James Achanyi Fontem: Thank you Julianna Lim for allowing me to create a blog for free! I use this blog to post my information and send people links. People go to the blog and find out other information. This is a very good exchange because people are writing and reading actively.

Audrey Naylor: Please don't forget the medical and nursing students and continue to demand that breastfeeding be included in curriculum!

Elisabet Helsing: In 1965, I gave birth and was told by the nurse "Breast is Best", though if you don't have enough milk, you can take this milk powder (nurse handed free sample to her). I was surprised by this double talk. I met a woman who had "lost her milk" yet did not give up and continued to put her crying child to her empty breast. Eventually the milk came back, and I realised that what had happened did not coincide with what the doctors had said. I realised I needed to base my arguments on the art of feeding on evidence and NOT opinion. I have heard some ridiculous things, like how a child's intestines need to "rest" and therefore they should not breastfeed to much. The medical professionals did not provide anything more than health workers. The large scale loss of mother's milk and replacement with cow's milk has been described as the largest experiment placed on humans. Nestle patented condensed powdered cows milk in 1970 and feeding by substitution was rising not because there was a need for it but because of simultaneous accidental happenings that made it "seem" natural.

Finally, I would like to make some personal reflections on the discussion of where we take our mothers. First, we cannot in any way collaborate with infant formula industry directly or indirectly. You cannot at the same time promote breastmilk and breastmilk substitutes.

The most important, and the reason why I joined WABA, is that it is a human right for the baby and for the mother to breastfeed. In child rights article 24 – child is allowed to the highest standard of health.

PLENARY 6: CLOSING SESSION

Co-facilitators – *Sarah Amin and Miriam Labbok*

The co-facilitators thanked those who reported from the workshops for producing actionable sets of recommendations

The discussion was rich and covered many of the recommendations. It addressed Partnering, Building on the past and looking to the future, expanding beyond breastfeeding alone, and next steps for WABA.

1) One concern was **sponsorship** and adherence to the International Code of Marketing among our colleague organisations. In this regard, WABA was called upon to continue the ongoing interaction process with the international and national paediatric associations, not to condone, but rather to continue to "remind" so that change will have a chance.
2) The **Gender Round Table** recommended that WABA co-sponsor a symposium with other organisations, particularly women's groups. In preparation, partners would need to produce working papers that can be used as a framework for the symposium.
3) **Men for Breastfeeding** group recommended that WABA encourage men to be more active and create father-to-father support groups that would both support women and work with youth. The group also asked for more reporting back to WABA from those that initiate such innovative activities.
4) There was a call to **link with other cross-cutting and overlapping movements**, such as The Right to Food Movement, those interested in equity in education, etc.
5) As WABA's home is Malaysia, the **Malaysian Round Table** raised issues of domestic partnering with trade unions, private hospitals, local socio-political bodies and with other Islamic countries. In the Round Table, all of the major groups were represented, including a very good overview from the Ministry of Health, with a frank discussion on the progress of the BFHI. The trade union representatives pointed out that there is no need to wait for laws, as they can proceed with collective bargaining, for example, with the banks. Comment included the role of peer counsellors and the marketing impact on all, including private hospitals that have poor uptake of BFHI. There was a call for an annual Malaysian forum and collaboration with other Islamic countries.
6) Discussion on **new technology** looked to the future and to the past. There are different ways of getting information into the hands of the mother, through new technology, including the use of short text messages, illustrated with a video clip about the HealthPhone, which will make accurate information available to new mothers.
7) **Induced Lactation**: The participants of the Relactation Workshop had shared their stories and believed the principles we have learned in the past should also be offered to the mothers to give them informed choices. Emphasis was given to the reality that there is "more to breastfeeding than breastmilk".
8) The WABA **Youth** spokeswoman thanked WABA for its look to the future. They plan to use the power of Facebook and Twitter to reach out to youth globally. They seek WABA's help with training, so that they are able to go into Baby-Friendly hospitals to see and speak with the nurses; they seek more opportunities like this conference, to which they were invited from different parts of the world; and they seek mentorship so that they take the learnings from the past into the future. Participants predicted that this is a movement that will rock the world.

9) Expanding Beyond Breastfeeding: Reproductive Health and Nutrition: The two complementary workshops on **Expanded BFHI and the Mother Friendly Initiative** highlighted the essential need to treat women with respect and dignity, and the inseparability of maternal health and wellbeing, maternity and breastfeeding. They continued the call that breastfeeding is more than the milk, and asked for WABA and all in attendance to continue to examine and support the reproductive health continuum, and also called for much needed education for health workers on all of these issues.

10) The **Working women and mother support** groups also offered clear next actions, and emphasised that breastfeeding should not be considered the woman's responsibility, but society's responsibility. Suggestions were made to strengthen and develop links and collaborative actions with various Trade Unions; advocate for legislative changes in employment acts to support the seven elements of maternity protection (including breastfeeding); explore mutual links and support with other related movements (e.g. women's groups, mother support groups); conduct a situation analysis on the local challenges facing women in the informal sectors; scale up peer counselling programs; and be mindful of the use of language, e.g. breastfeeding versus breasmilk feeding. Other suggestions include to link with other movements, such as the Right to Food Movement; as well as engaging men, having a complete orientation to involve them in this issue and to make men and boys more responsive to changes in the family. Finally, removing inequality in education and addressing all the other cross-cutting issues was also mentioned.

11) The nutrition discussion focused primarily on **Ready-to-use therapeutic foods (RUTFs)** and ready-to-use supplemental foods (RUSFs), the differences between them, issues with how they are being used by multilaterals and NGOs, and the potential for negative impact on locally grown and produced complementary foods. IBFAN introduced a statement for the Forum's consideration. Consensus was sought by 5 finger vote, from 5 for total approval, to 1 for total discomfort. While full consensus was not achieved, there are clear common values:

1) children should be fed in emergency situations with whatever is available,
2) RUTFs have a role in community treatment of malnutrition,
3) imported products should not be permitted to undermine local agriculture and cultural nutrition sources,
4) no product should be supported that is marketed or used to interfere with breastfeeding.

Click here to see the GBPF RUTF statement.

The facilitators congratulated all in attendance for achieving so much over just two and a half days.

The Next WBW Theme

The 2011 WBW theme was announced. It will be on Youth, in response to the Youth Call. It was pointed out that today's youth will be the new leaders. Suggestions for action included competitions for school students, and the repeated call to carrying the breastfeeding message beyond the breastfeeding movement.

COMMITMENTS

At the same time, several participants committed to putting the "B" (breastfeeding) back in WABA so that this remains its central focus. WABA was encouraged to keep the attention on breastfeeding as interest increased in the Millennium Goals. A number of speakers from the audience declared their commitment to the recommendations, including Baby-Friendly and keeping mother and baby together, educating nurses and doctors, creating medical institutional partnerships, and adding

breastfeeding into all health worker curricula and competency examinations. Other suggestions from the audience included calling for a regular meeting of this nature, possibly in Indonesia; the need to help any baby, even if not breastfed; the need to maintain awareness of the religious aspects of breastfeeding as found in the Bible, Quran, and other Holy Books, and that efforts must continue to support the development of government regulations. The group was led in a pledge: "I pledge to support breastfeeding."

The WABA Core Partners Also Offered Commitments and Closing Statements.

ABM: Physicians are very important in the protection, promotion and support of breastfeeding. They can have a very strong voice in making changes.

IBFAN: IBFAN is very committed with WABA to the protection, promotion and support of breastfeeding, particularly in having the Code implemented in all parts of the world.

WELLSTART: Wellstart congratulates our partners in WABA, together with the Steering Committee. We were there at the beginning and we are there now.

ILCA: ILCA is very proud to be associated with WABA and to outreach now. So thank you, thank you, WABA.

LLLI: It is an honour to speak on behalf of LLLI and its role in WABA. LLLI is committed to the outcomes of this Forum and supports breastfeeding worldwide.

During the closing ceremony, **Felicity Savage, as WABA Chairperson**, expressed good wishes to two WABA stalwarts and former Steering Committee members who were unable to attend. They were the late Michael Latham, who has a sick wife, and Penny Van Esterik, who is seriously ill. She also paid tribute to David Morley who died last year and for whom the Institute of Child Health recently held a memorial. She commented that the GBPF has been a wonderful time of sharing and networking, not just by WABA, but also our core partners. She congratulated the GBPF participants for working together to move our goals forward, and mentioned that, the next day, WABA will be holding the Global Breastfeeding Partners Meeting working with the core partners to take the Forum outcomes to the next stage into action. She also thanked a number of individuals, including the artists, singers and mimes. She paid tribute to those bringing more youth into the organisation. She thanked the WABA secretariat for months of work to bring this all together and to Sarah Amin and Julianna Lim for leading the team. Finally, she thanked participants for coming and contributing to the GBPF.

Sarah Amin, as Executive Director of WABA, also thanked the sponsors and gave recognition to the staff and the extended Secretariat Team. This was then followed by a final dance performance by the Secretariat to the tune of the WABA crawl composed by the late Derrick Jelliffe.