Revisiting-Celebrating Innocenti at 20 years!
Expanded Global Breastfeeding Partners Forum
17 October 2010 Penang Malaysia

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Outline

- Gestation and Birth of Innocenti
- Innocenti + 5: Slow to Latch
- Innocenti + 10: Weaning off international oversight
- Innocenti + 15: The Teenage years
- Innocenti + 20: Facing the Future
Expectation: Hearing the Heartbeat

Breastfeeding provides:

- Nutrition
- Immunization
- Oral Rehydration
- Growth and Development
- Reduced Cancer and Chronic Disease
- Maternal Health and Survival
- Family Savings
- Birth Spacing and Fertility

* Logo, Breastfeeding Division, IRH; adapted and modified
The Miracle of Breastfeeding – Forgotten…

- For millennia,
  Motherly Beauty and Nurturing = Breastfeeding

- From late 1800s, for 100 years
  Modern Medicine and Modern Mothering = Fancy Formulations, or ‘Formula’
Breastfeeding – Forgotten…
And Rediscovered

- Crises of deadly childhood diarrhea epidemics
  - Physicians counseled breastfeeding… but prescribed formula
  - Commercial formula blossomed with migration, women in the workplace, and advertising – primarily to physicians with the growth of the field of Pediatrics

- World Fertility Surveys in the 1970s and Demographic Health Surveys in the 1980s
Conception and Birth of the Innocenti Declaration

- About 25 years ago today...
  - the bilateral/multilateral technical group – ad hoc IGAB
  - Purpose: to get breastfeeding onto the global health agenda.
- Sponsored global technical meetings which culminated in two multilateral meetings:
  - The Technical Basis for Breastfeeding at WHO
  - UNICEF Innocenti Meeting, based on breastfeeding for the CRC: Right to Health.
- During the UNICEF meeting, IGAB “techies” met with the executives to draft the *Innocenti Declaration*, signed by the 30 countries present, **to complete 4 actions by 1995**
The “Four Pillars” of Innocenti

1. Government commitment

2. Health System
   -- Education of health professionals
   -- Quality assurance

3. Control of formula marketing
   -- WIC
   -- Media
   -- Health personnel

4. Workplace
   -- Paid leave and breaks
   -- Co-located child care

Community support with Demand Creation
Evolution of BFHI and Innocenti Action

- Pre-Innocenti Conference on Breastfeeding in Healthcare – 1989 – presented the “Ten steps to successful breastfeeding in the maternity setting”
- The Baby-friendly Hospital Initiative – 1991
  - Baby-friendly or BFHI is the registered mark for the process by which governments implement, assign coordination, assess and monitor this activity.
- Impact demonstrated at individual, hospital, national and global levels
- World Alliance for Breastfeeding Action
  - WABA develops the theme, calendar, action folder, recognition, and celebration of WBW each year!
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- Innocenti +20: Facing the Future
By 1995...

- Successes... and concerns
- UNICEF, supported mainly by a few donor countries, significantly increases its support for the operational goals
- WHO provided related technical support
- Programming for the most part in nutrition programmes
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By 2000...

- UNICEF has experienced dedicated staff, and highest level commitment
- WHO was drafting the *Global Strategy for Infant and Young Child Feeding* (6 mo EBF)
- Breastfeeding action had become framed as a nutrition effort
  - perhaps more disconnected from rights and health efforts in the multilateral and bilateral arenas
- As resources diminished, UNICEF realized the need for re-framing and revitalizing, began planning Innocenti +15
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  - Push to integrate
  - Identified need for new materials and messages
  - Revitalization... coupled with Message Fatigue
- Innocenti +20: Facing the Future.
Innocenti+15

1990 – 2005: Celebrating the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding – Past achievements, present challenges and priority actions for infant and young child feeding

- Sponsored by collaboration of multilaterals, bilaterals, NGOs, with UNICEF and its Innocenti Research Centre as the leads
- Returned the focus to the broader challenges
  - Emergencies and HIV
  - Empowering women
- Also the need for **normalization of breastfeeding across all sectors and incorporation of new concepts** into training materials: Media, Environment, Rights, Social mobilization, Creation of skilled providers, Maintenance of primary health and nutrition programming
Three Dimensional Expansion

Preconception

Focus on Individual Needs

Inter - conception Inter-generational

Family
Healthcare
Childcare
Community
Workplace
Society
Law

BFHI
Innocenti + 15 reconfirmed call for

BABY-FRIENDLY HOSPITAL INITIATIVE
Revised, Updated and Expanded for Integrated Care

• 1991/2 BFHI Guidelines developed over time, with frequent additions of “parts” without updates
• 2002 WHO/UNICEF decision to update
• 2005 UNICEF supports expert review/ field tests and 2006 Country level initiation
• 2009/10 WHO translates and makes available
What’s new in the NEW UNICEF/WHO BFHI MATERIALS: Updated, Expanded, Rationalized

- Updated
  - Informed by 20 years of research and practice for technical and program updates
  - Added HIV and maternity issues

- Expanded
  - HIV/AIDS
  - Maternity practices module: Interventions during labor and delivery
  - Steps presented for consideration to support change at the community, pediatric practice, etc.
What’s new in the NEW UNICEF/WHO BFHI MATERIALS:
Updated, Expanded, Rationalized

- Rationalized
  - Reorganized into 5 updated sections
  - National implementation options address conflict of interest and sustainability considerations
  - Expansion and integration options
  - New 18-20 Hour Course
  - Revised computerized assessment and external assessment tools
Section 1: Background and Implementation

1.1. Country Level Implementation: End of international oversight Options and Ethics

1.2. Hospital Level Implementation

1.3. The Global Criteria for BFHI

1.4. The International Code of Marketing

1.5. Baby-Friendly Expansion and Integration: Mainstreaming and Sustainability Maternal Steps/ HIV module

1.6. Resources, References and Websites
Section 2: Revised / updated Decision-makers’ Course (formerly administrator’s course)

Section 3: Training Course / Powerpoint Slide Set

New areas:
- Maternity care practices
- HIV
- New complementary feeding guidance
- Community
- System issues

Section 4: Self-Appraisal and Monitoring
- optional “modules”

Section 5: External (re-)Assessment
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Progress on Four Pillars

- National committees/ funding
- BFHI
- Code
- Maternity Protection
Progress on BFHI

Worldwide

Percent of all facilities that are BFH

Number Ever Certified as BFHI, in (000)s

Developing Countries only


Percent BFHI by Region by year
## Reporting by Region:
Response Rate, Government Committee, Use of New BFHI Materials

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<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>7</strong></td>
<td><strong>18</strong></td>
<td><strong>7</strong></td>
<td><strong>5</strong></td>
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We know it works: Effect of Ten Steps and related support on breastfeeding at 3 and 6 months

(PROBIT – Kramer et al 2001)

<table>
<thead>
<tr>
<th>Exclusive BF 3 months</th>
<th>Control Group n = 8181</th>
<th>6.4%</th>
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<tbody>
<tr>
<td></td>
<td>Experimental Group n = 8865</td>
<td>43.3%</td>
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<tr>
<td>Exclusive BF 6 months</td>
<td></td>
<td>7.9%</td>
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0.6%
Multi-country study of the impact of implementation of BFHI on rate of increase in exclusive breastfeeding

Trends in EBF2 before and after BFHI initiated

Trends in EBF6 before and after BFHI initiated
Increasing number of hospital practices in place predicts achievement of EBF Intention

Note: The issues under study depend on Steps 1-3 being in place: policy, training, and informing women

- Helped you get started breastfeeding when you and your baby were ready (BFHI 4)
- Showed you how to position your baby to limit nipple soreness (BFHI 5)
- Provided formula/water to supplement (BFHI 6)
- Gave you free formula samples or offers (part of 6 in practice)
- Encouraged feeding "on demand" (BFHI 7 rooming in and 8)
- Gave your baby a pacifier (BFHI 9)
- Told you about community breastfeeding support resources for ongoing help (BFHI 10)
New Challenges: Growth Standards Necessitate Increased Bfeeding Support

## Percent of U-5 Child Death Preventable By:

<table>
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<th>Intervention</th>
<th>Preventable %</th>
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<tbody>
<tr>
<td>Exclusive Breastfeeding</td>
<td>13%</td>
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<td>Insecticide treated materials</td>
<td>7%</td>
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<tr>
<td>Continued BF/ CF</td>
<td>6%</td>
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<tr>
<td>Zinc</td>
<td>5%</td>
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<tr>
<td>Hib vaccine</td>
<td>4%</td>
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<tr>
<td>Clean delivery</td>
<td>4%</td>
</tr>
<tr>
<td>Water, sanitation, hygiene</td>
<td>3%</td>
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<tr>
<td>Antenatal steroids</td>
<td>3%</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>2%</td>
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<tr>
<td>Tetanus toxoid</td>
<td>2%</td>
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<tr>
<td>Newborn temp. (eg. Skin-to-skin/Bfing)</td>
<td>2%</td>
</tr>
<tr>
<td>Nevirapine &amp; replacement feeding</td>
<td>2%</td>
</tr>
<tr>
<td>Measles vaccine</td>
<td>1%</td>
</tr>
<tr>
<td>Prenatal Antimalarial proph.</td>
<td>1%</td>
</tr>
<tr>
<td>Antibiotics for PROM</td>
<td>1%</td>
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In 2010…the 20th Anniversary

- Challenges remain: push to “integrate”
- Our goals for the next 5 years
- Suggest:
  - Focus on ensuring that breastfeeding is central to all of the frameworks identified, no longer framed as a secondary nutrition issue
  - Full integration: Necessitates
    - FUNDING,
    - COMPREHENSIVE PLANNING FOR SUCCESS,
    - SKILLS,
    - ACTION, AND
    - MONITORING, EVALUATION, and FEEDBACK
Babies know what is best for them...

And mothers have the right to the support they need to accommodate these clever babies!
CONGRATULATIONS TO ALL for the ongoing work and renewed efforts towards PROTECTION, PROMOTION, AND SUPPORT OF THE BREASTFEEDING MOTHER/BABY DYAD——

Muchas Gracias!!!
Merci!!!
Cпасибо!!!
Danke!!!
Obrigada!!!
Salamat po!!!
Parakalofi!!!
Shokhrun!!!
Спасибо!