Breastfeeding advocates made their presence felt at the Special Session of the UN General Assembly on Children in New York, USA, which was held on 8-10 May 2002. Representatives from IBFAN, LLLI, ILCA and WABA talked to delegates and other NGOs. Materials on breastfeeding were also distributed at the session. ILCA and WABA also organised a panel discussion on Infant Feeding in Resource-Poor Countries in the Face of HIV/AIDS on May 10. The panel was chaired by Dr. Miriam Labbok of UNICEF with seven panellists presenting their views from different regions. About 120 people attended the session.

In her opening remark, Labbok stated that of the 580,000 deaths from HIV/AIDS in children under 15 years of age, 500,000 have been in Africa which consist mostly of resource poor countries. UNICEF’s current policy is that women who are HIV negative or do not know their HIV status, should breastfeed exclusively. On the other hand, HIV positive women, where replacement feeding is acceptable, feasible, affordable, sustainable and safe, are recommended to avoid breastfeeding.

Dr. Isaac Akinyele, a nutritionist from Nigeria, stated that women resist being tested, do not come for their results if tested, and do not return if they learn that the results are positive. Akinyele recommended that replacement feeding after six months, adding high-selenium complementary foods, might help to decrease virus transmission. A technique called co-fermentation of local complementary foods can be used to ensure a diversified diet for a baby after six months of age.

Dr. Michael Latham, a nutritionist at Cornell University, reported on a four-country study on breastfeeding in HIV settings which includes Namibia, Botswana, Kenya, and South Africa. There has been a major decline in breastfeeding in these countries in recent years, with low exclusive breastfeeding rates. There is also a decline in BFHI initiatives, support for the Code, support for breastfeeding organisations, and World Breastfeeding Week, which Latham described as a “massive spillover”. With regard to health workers, he said there is a widely held myth that all HIV positive mothers will transmit the virus to their infants, resulting in the lack of discussions on dangers of not breastfeeding.

Chloe O’Gara of Ready to Learn, shared various beliefs on breastfeeding in Africa. In Rwanda, for example, a traditional salutation for a new mother is ‘May you breastfeed well’ as a good mother breastfeeds. Some widespread beliefs are that breastfeeding indicates one is HIV negative, colostrum is ‘diseased’, and babies need water. O’Gara explained that a baby is part of the family and therefore deserves to eat what the family eats. For Africans, behaviours such as hunger at three months indicates insufficient milk and
ICM statement on HIV & Breastfeeding

Midwives support mothers with HIV infection to exclusively breastfeed their babies where that is the woman’s choice, the International Confederation of Midwives (ICM) stated in a press release on HIV and breastfeeding. Delegates to the ICM Council meeting in Vienna in April 2002, where 60 national midwifery associations from 50 countries were represented, have agreed to a position statement on infant feeding when the mother has been diagnosed as HIV positive. This stance is based on findings that indicated that to achieve a minimum risk of transmission of the virus, babies should be fed exclusively either by breastfeeding or by a reliable artificial method.

The ICM Council meeting precedes the 26th Triennial Congress, which was held on 14-18 April 2002 with 2,500 midwives gathered in Vienna, Austria.

Zimbabwe held PMTCT forum

The Prevention of Mother-to-Child Transmission (PMTCT) Partners Forum was held at the National AIDS Control Programme in June 2002 in Zimbabwe. Pamela Morrison, WABA Children’s Nutrition Rights Task Force Co-coordinator, attended the meeting along with 25 other participants. Infant feeding was discussed and there was wide acknowledgement that breastfeeding remains the way forward for the majority of HIV+ mothers in Zimbabwe.

Breastfeeding study in Florence

Mothers are motivated to breastfeed, but hospital practices and post-partum social pressures combine to discourage them, a study by Elise Chapin of MAMI Italy found. The study, Prevalence of Breastfeeding in Florence, Italy and Motivating Factors, was conducted at a public health centre in Florence on 121 mothers who brought their children to be vaccinated at the clinic. The GLOPAR questionnaire, developed by WABA, was used to obtain data and information from mothers. It was found that while almost 75 percent of the mothers began exclusive breastfeeding at birth, the rates declined steadily with less than a quarter breastfeeding exclusively at six months. The study concluded that new mothers need to know more about how to solve practical breastfeeding problems, and health care providers need to be more sensitive to their attitudes and practices. A multi-sectorial promotion plan is needed to protect, promote and sustain breastfeeding in Florence. The study was undertaken by Elise for her Master’s thesis. WABA conveys hearty congratulations to Elise for having obtained her Master’s degree.

Breastfeeding eases infant’s pain

Breastfeeding eases a baby’s discomfort during a painful needle stick procedure and might work as a potent pain-killer during potentially traumatising experiences, researchers said. Infants who were held and breastfed while undergoing a painful heel lance, a routine hospital procedure used to obtain a blood sample, cried and grimaced less and their heartbeat remained calmer than infants who were not breastfed, a study in University of Chicago said. Breastfeeding is a potent analgesic intervention in newborns during a standard blood collection. The researchers said infants’ physical contact with their mothers likely also kept them calmer.

Source: Reuters, 5 April 2002

Women & Work

Trade unions work towards C183

Trade unions expressed keen interests to work with breastfeeding groups to improve national laws and to campaign for ratification of ILO Convention 183. The unions stated this at a panel discussion on 6 June 2002 during the 2002 ILO Conference. About 75 persons, mainly women trade unionists, attended the event which was funded by ILO. The panelists were Mamouata Cisse (ICFTU, Burkina Faso), Carla Coletti (CGIL Italy), Kamissa Dembele (PSA Mali) and Marina Fereira Rea (IBFAN Brazil).

This year, the ILO Conference discussed the working conditions of the informal sector. Given that C183 concerns mainly women in the formal sector, it was considered timely to discuss the ratification of C183 and its extension to include women working in the informal sector. Examples of recent maternity protection campaigns in various countries were given. The panel agreed that networking between countries, trade unions and other interest groups is important in developing regional and national plans of actions. Within the trade unions, it would also be necessary to involve male workers and give a higher priority to maternity protection. The panel also proposed that ILO elect more women on the Governing Board, develop a campaign for C183 and consider including the informal sector. With such encouraging support from the trade unions, do contact the unions in your country and suggest collaboration to strengthen national maternity protection!

In January 2002, a Royal Decree on maternity protection was passed in Belgium. It allows employees an hour of breastfeeding breaks for at least 7 1/2 hours of work, paid by the national health insurance. A proper place should also be provided for a mother to breastfeed or express her milk.

Progress on MP Campaign Kit

Four members of the Maternity Protection (MP) Coalition met in Uppsala, Sweden for three days in June 2002 to discuss the revision of the MP Campaign Kit for use in starting or strengthening on MP nationally. The revised kit will include specific guidance on ratification and many other advocacy tips. A first draft of the kit will be launched in the MP workshops at the WABA Global Forum 2.
Greenpeace against Nestlé’s GE foods

Greenpeace steps up pressure against the world’s largest food producer Nestlé for continuing to sell genetically engineered (GE) food, including baby food, in several Asian countries. Recent tests of Nestlé’s food products in Thailand, the Philippines and China/Hong Kong have indicated contamination by GE soya and GE maize. Despite local opposition to GE ingredients in food, Nestlé refused to stop its use, or label them.

To symbolise Nestlé’s ruthless practice, 50 Greenpeace activists dressed in black suits force-fed baby dolls with the GE food products in front of its headquarters in Switzerland. In a banner, Nestlé’s logo features an aggressive black bird nesting with the text ‘Shut up and Eat!’. In Hong Kong, 10,000 petition postcards were collected from consumers to compose a gigantic ‘X’ over Nestlé’s logo to show their disapproval of GE food the company is sneaking into the local market. In Bangkok, Greenpeace dumped boxes of GE contaminated Nestlé baby food at its office.

In replies to Greenpeace, Nestlé said they take into consideration local needs, cultural differences, and consumer preferences and attitudes concerning the use of ingredients derived from GE crops. Greenpeace representatives met with Nestlé at its headquarters on 14 May with disappointing results. “Nestlé knows fully well that consumers (in Asia) don’t want GE in their food any more than in Europe. We demand that Nestlé quit its double standards and adopts a single policy of no GE,” Varoonvarn Svangsopakul, a Greenpeace campaigner in Thailand. Europe protested against GE food and was successful in controlling GE foods in the European market.

For more information, contact Teresa Merilainen, Greenpeace International, Keizersgracht 176, 1016 DW Amsterdam, The Netherlands. Fax: 31-20-5236212 Email: tmerilainen@ams.greenpeace.org www.nli.g13/mailman/listinfo/ge-camp

Incineration technology rejected

WABA supports Greenpeace Japan and the Global Anti-Incinerator Alliance (GAIA) campaign to disapprove the export of Japanese incinicators to other Asian countries. In observance of the Global Day of Action against Waste Incineration on 17 June 2002, a letter writing campaign was organised to ask the government of Japan to discontinue advising biased waste management solutions to other countries and stop funding incineration projects. Japanese companies expand their incineration market abroad in the midst of growing opposition against dioxin pollution in Japan. The Stockholm Convention on Persistent Organic Pollutants (POPs) has pinpointed hazardous, municipal and hazardous and medical waste incinerators as primary sources of by-product POPs such as cancer-causing dioxin. WABA supports the campaign as toxic chemicals released into the environment will contaminate our bodies and passed from parent to child during the prenatal period and breastfeeding.

Read more on hazardous incineration projects at www.no-burn.org.

Nestlé & Red Cross collaborate!

Breastfeeding advocates expressed concern at the way the Red Cross has taken part in strategies attempting to counter Nestlé’s image as an unethical company. Nestlé and the International Red Cross recently announced a partnership for interventions in the HIV crisis in Africa. In U.K., the British Red Cross joined Nestlé and other panelists at the Hay Literary Festival, even when writers such as Germaine Greer and Jim Crace decided to pull out of the Festival because of Nestlé’s sponsorship.

Source: http://www.babymilkaction.org/press/press10june02.html

WHA Resolution 55.25

A new resolution, adopted at 55th World Health Assembly (WHA) on 18 May 2002, strengthened support on infant and young child nutrition. It endorses the new Global Strategy for Infant and Young Child Feeding, the outcome of a four-year consultative process involving all member states. Resolution 55.25 also sets aside the proposed partnership with commercial interests in implementing the Global Strategy other than its role specified in para 44.

During the debate on the draft resolution, most countries especially from the developing world called to ensure the critical importance of exclusive breastfeeding for the first six months was mentioned, and that infant feeding programmes do not involve the baby food industry. In her opening address, Director General Dr. Gro Harlem Brundtland stated WHO’s intention to reinvigorate its work on diet, food safety and human nutrition and laid down a clear challenge to the trillion dollar food industry. “There is certainly a need for guidance: in some cases... what we need is control. WHO will play its part,” she said. IBFAN, echoed by many NGOs, welcomed the initiative but expressed caution about the increasing trend towards Public Private Partnerships as it might pose conflicting interests.

US health authorities warned about infant formula

Health professionals were issued a letter in April 2002 by the US Food and Drug Administration Center (FDA) regarding the danger of powdered infant formula contaminated with Enterobacter sakazakii, following an investigation on a fatal infection due to E. sakazakii meningitis in a neonatal intensive care unit (NICU) in the country. FDA recommends that powdered infant formulas not be used in NICUs unless there is no alternative available. Several outbreaks have occurred worldwide among infants fed with infant formula products from various manufacturers. In March, a 5-day old Belgian baby died of meningitis after being fed Nestlé Beba 1 dried infant formula contaminated with Enterobacter sakazakii. Consequences of E. sakazakii infection include sepsis, meningitis, and necrotizing enterocolitis, and the case-fatality rate among infected neonates has been reported as high as 33%.

Source: US Food and Drug Administration & www.ibfan.org
The Global Initiative for Mother Support (GIMS) became a reality...

Over one hundred and fifty people from 26 countries participated in the GIMS Asia-Pacific Conference and Strengthening Maternity Protection Seminar held in Kuala Lumpur, Malaysia, on 21-25 April 2002. This significant event was jointly organised by Malaysia Breastfeeding Association (PPPIM) and WABA to launch the GIMS Initiative in the region. Participants consisted of representatives from breastfeeding groups and governments in the region, UNICEF, WHO, Ministry of Health and Ministry of Family and Women’s Development, academicians, health workers and trade unionists.

The goals of the conference were to highlight good mother support practices that already exist, explore new support measures where needed, share experiences across different cultural contexts and launch a GIMS network in the region that would support mothers during pregnancy, birthing, breastfeeding and in child care.

The Conference ran for four full days, the first two focusing on mother support and the second two days on working women. There were a series of plenary sessions over the four days and 17 workshops on the many faces of mother support. For the working women/maternity protection part, two working group sessions divided up by sub-regions were held to better understand the status of maternity protection by country and to develop actions plans.

The main issue involves mothers who face new challenges to breastfeeding and nurturing as societies change. GIMS calls for employment, health care, and marketplace policies to change too, with the goal of providing better breastfeeding support throughout the reproductive cycle. Particular attention was given to birthing practices, bringing to light the risk of disruption to breastfeeding that comes with many technological birth interventions, while prioritising access to basic maternity care and extending Safe Motherhood to all women.

Maternity Protection counts

In the second part of the conference, special emphasis was placed on women at work and turned the attention to maternity protection. Representatives from trade unions, governments, and women’s reproductive health and rights groups met with breastfeeding advocates to discuss national laws, opportunities for ratifying the ILO’s new (2002) Maternity Protection Convention 183 and Recommendation 191, how to set up worksite crèches, and ways to change the workplace from an obstacle to a supportive environment for breastfeeding.

The meeting was held with support from and in collaboration with the Norwegian Agency for Development Cooperation (NORAD), United Nation Children’s Fund (UNICEF), World Health Organisation (WHO), the Malaysian Ministry of Health and Ministry of Women & Family Development, and the Malaysian Trade Union Congress (MTUC).

Outcomes and Recommendations

Several major outcomes were visible in the GIMS Conference, both pertaining to Linking and Nurturing Mother Support as well as to Strengthening Maternity Protection. On the first issue, there were at least three key outcomes:

1. a list of recommendations that emerged from the 17 workshops touching on the many facets of mother support from the family and community context to health and legal contexts.

2. a list of personal and organisational commitments from 52 people to carry forward the goals of the GIMS. These ranged from strengthening existing activities to organising new ones such as promotion of involvement of men and boys in maternal support and forming mother support groups with older people, family members, housemaids, NGOs and others.

From Top: Ines Fernandez opens the Maternity Protection Seminar; Discussion and debate in the gender workshop; Hands-on massage held at nights for participants.
3. The launching of a new GIMS regional network for Asia-Pacific, with focal persons identified in at least ten countries. The network will keep interested people informed and enthused about activities on mother support.

Other outcomes included:

1. Strengthening networking and an exchange of information, ideas and experiences among participants and across cultures and regions;

2. Communicating a clear vision of the GIMS, in particular a wider perspective on mother support that recognises:
   - That women need support throughout their reproductive cycle,
   - That mother support is not limited to just mother-to-mother support,
   - That every sector of the community has a clear role and responsibility to play in supporting mothers,
   - That useful traditional practices which support mothers should continue to be highlighted and strengthened, such as special foods, healing remedies, massage techniques, and holistic treatments of the mother and baby, and
   - That new ones might be developed where there is a need;

3. A sense of collective commitment and reinvigoration to continue breastfeeding promotion in a new and more holistic way; and

4. Learning new ways to promote mother support, particularly through such creative means as mime, song and visuals presentations;

Five outcomes related to the issue of strengthening maternity protection were also visible:

1. Creating greater awareness on the new ILO Convention 183 and Recommendation 191 on Maternity Protection, and a better understanding of the steps towards ratification, including knowing the stakeholders and how to involve them;

2. Having a clearer idea on how to go about improving maternity protection at the national level, who the key players are, and what actions might work;

3. Having more information and ideas on what mother-friendly workplaces and breastfeeding facilities are and how to set them up creatively;

4. Developing action ideas for three sub-regions, in particular South Asia, South East Asia and East Asia and the Pacific, including specific action points for each country. The participants ranged from those highly experienced to those new to

maternity protection, so the plans ranged from simple awareness building and information gathering to more developed campaigns;

5. Greater partnerships among representatives from national breastfeeding organisations and representatives from UN agencies (UNICEF, WHO and ILO), trade unions and some women’s groups.

A magazine report of the conference, which captures the proceeding, summary of workshops and list of recommendations, is being prepared and will be disseminated shortly. Documents and paper presentations can also be found on the WABA website at www.waba.org.br/gims.

Latin American GIMS Conference

In Latin America, CEPREN/Peruvian Network of Breastfeeding Mothers and La Leche League Peru are organising the Latin American GIMS Conference 2002 in Lima, Peru on 25-31 August 2002. To support GIMS for Breastfeeding in the region or to know more about the conference, please contact:

Nair Carrasco, Centro de Promocion y Estudios en Nutricion (CEPREN), Av. Pardo 1335 Of. 301-302, Lima 18 (Apdo 18-0407), Peru. Tel: 51-14-451 978 Fax: 51-12-416 205 Email: cepren@amauta.rcp.net.pe

From Top: Closing remarks from Dr. Tommaso Cavalli-Sforza, WHO; Children at the GIMS secretariat with Macedonian participants; Pledging support for GIMS.
reaching for foods indicates the baby’s need/right to have solids. The belief that sexual activity heats the breastmilk may also lead to mixed feeding, so that sexual activities can be resumed ‘safely’.

Dr. Marina Rea from IBFAN and a consultant to the Minis-
ter of Health gave specific examples from Brazil. Brazil made agreements with pharmaceutical companies to use generic drugs. Antiretroviral drugs (ARVs) are provided free of charge to patients, costing about US$2,500 per patient per year. As for infant feeding, Brazil has developed a huge human milk network. In its capital Brasilia, 71 percent of HIV positive mothers give banked milk to their infants. Donated milk is pasteurised to inactivate possible HIV, heated at 62.5 degrees for 30 minutes.

Dr. Subha Raghavan of Columbia University said a total of 78 percent of HIV positive mothers ‘opted’ for replacement feeding (also called ‘top feeding’ which includes diluted animal milks, sugar, honey and water) at birth, and 81 percent by two months. Due to the very high morbidity and mortality rates among replacement fed ba-
bies, a new national policy was formatted that babies should be exclusively breastfed with gradual weaning at 4-6 months of age. Dr. Subha noted that the challenge now is to disseminate the policy to healthcare workers as their advice usually influences a mother’s ‘choice’.

Dr. Arun Gupta, Breastfeeding Promotion Network of In-
dia, remarked that counsellors do not understand the term ‘exclusive breastfeeding’ and believe that artificial feeding is safer as they have heard that there is viral transmis-
sion during breastfeeding. Therefore the training of coun-
sellors is one of the key solutions.

Helen Armstrong of UNICEF explored practical ways to make breastfeeding safer in the face of HIV/AIDS. She reminded attendees that even when HIV positive women do not breastfeed, an increased transmission is seen in the first six weeks postpartum, and that mixed feeding has higher rates of transmission. The Holder pasteurisation, a method of treating breastmilk using a thermos, was dis-
cussed as strategy to make breastfeeding safer. However, heat treatment is as much work as formula feeding, taking up to 160 minutes a day for 600-900ml by hand ex-
pression. Armstrong also discussed the rapid cessation of breastfeeding as a strategy to reduce the risk of mother-to-child HIV transmission. She clarified that even though its necessity is not determined, it can reduce sub-clinical mastitis in the mother, a condition which might increase HIV transmission during the weaning process.

The panelists noted that many in important positions have already made up their minds that breastfeeding is danger-
ous. Many who attended the panel were already aware of the issues. Nevertheless, the discussion provided them with more examples and reasons to sustain their position.

Adapted from a report by Judy Fram.
Australian breastfeeding ad received overwhelming public response

An Australian breastfeeding advertisement, The Boss, was given a general viewing rating by the Federation of Australian Commercial Television Stations (FACTS) after having received an overwhelming public and media response on how ridiculous that breastfeeding be considered an adult theme. FACTS had earlier given the advertisement a Parental Guidance (PG) rating, ruling that children cannot watch a television advertisement of a mother breastfeeding her baby without adult supervision.

Australian Breastfeeding Association (ABA), who produced the advertisement, raised concern following the PG rating as it places restrictions on when the advertisement can be shown and rules out periods such as before and after school where young children are deemed to be watching without parental guidance. “This is a community service announcement which shows breastfeeding as a natural and normal process. It’s ludicrous to think that children need to be protected from this image,” said ABA President, Anne Croker. FACTS re-considered their initial rating for the advertisement and rated it G for general viewing in light of the community reaction.

The 30-second community service announcement was made by ABA and advertising company Kingsley under the auspices of the Victorian Government’s Federation 100 hours programme that matches projects put forward by community organisations with hours of volunteer time and expertise offered by individuals or companies. The advertisement was successfully launched on 25 March and can be downloaded from ABA website at www.breastfeeding.asn.au.

“Get ahead in life. Suck up to the boss... Boen and mother Chistina in the advertisement

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Advocacy and Representation continued from page 6

WABA joins NGO Group for CRC

WABA joined the NGO Group for the Convention on the Rights of the Child (CRC) in 2002 and was represented by George Kent at its General Assembly in Geneva, Switzerland, 25-26 April 2002. Elaine Petitat-Coté of IBFAN gave an introduction of WABA, while George Kent presented WABA’s history and method of work. Formed in 1983, the NGO Group is a coalition of non-governmental organisations which work together to facilitate the promotion, implementation and monitoring of the United Nations CRC. The next General Assembly will be held in November 2002.
Risks, Rights and Regulation
Communicating about Risks and Infant Feeding
by Penny Van Esterik

To quote Anwar Fazal in his foreword in this book, ‘The great issues of the day transcend disciplines. To understand them you need the best of science and the arts and you need the best of ethics and action.’ This is what Risks, Rights and Regulation: Communicating about Risks and Infant Feeding aims to achieve.

This WABA’s latest publication provides a review of the rapidly accumulating scientific, medical, advocacy and social science literature on breastfeeding and environmental toxins. The book highlights the difficulties of translating the toxicological evidence into language the public can understand and use, particularly in the face of commercial interests that benefit from casting doubts on breastfeeding. The book also examines the role of the media in sensationalising threats to breastfeeding, as well as advocacy initiatives to address this problem.

Prices: US$5.00 via seamail and US$6.00 via airmail. Due to bank chargers and commission, we only accept minimum order of 3 books. 20 percent discount is given for an order of 20 books or more. To order, please contact the WABA Secretariat (see address below).

Breastmilk is Best - A guide for breastfeeding mothers by Dr. Chen Chao Huei

Written in the Chinese language, this book provides informative details on what mothers should know about breastfeeding before, during and after birth. It also let the readers know about the importance and challenges of breastfeeding. Methods of breastfeeding and other aspects of child care are accompanied by pictures and illustrations. A section of the book also offers FAQs that answer questions that are generally raised by mothers. 239 pages. Contact: Cite (M) Sdn Bhd, 11, Jalan 3D/146, Desa Tasik Besi, 57000 Kuala Lumpur, Malaysia. Website: www.cite.com.tw

The Penguin India Guide to Child Care by Dr. Raj Anand

This updated edition of child care handbook offers a definitive guide to Indian parents on pregnancy and childbearing from infancy to the teenage years. Authored by one of India’s foremost paediatricians and an internationally renowned authority on breastfeeding, the book combines a knowledge of traditional Indian childrearing practices with the latest medical developments in child care. 539 pages. Contact: Dr. Anand, 55 Kari Apartments, Dr Rg Thadani Marg, Worli, Mumbai 400018, India. Email: ishanand@im.eth.net

Baby Friendly/Mother Friendly edited by Susan F. Murray

This book provides a stimulating discussion of the role of the midwife in the provision of high quality maternity care in both industrialised and developing countries. Divided into two key sections, it first explores the ways in which ‘baby friendliness’ can be achieved in practice. Section 2 concentrates on the needs of the mother, especially on the provision of a truly ‘mother-friendly’ health care environment. 163 pages. Contact: Mosby International Limited, Lynton House, 7-12 Taristock Square, London WC1H 9LB, England, UK.