

ONE CAN MAKE A DIFFERENCE

ACTION IDEAS

Initiation of breastfeeding within the first hour of life has the potential to make a major contribution to the health of the world's children. It can significantly contribute to meeting MDG #1 and #4. Policy changes that encourage promotion of timely breastfeeding initiation must improve locally and globally.

FOR HOSPITALS AND MATERNITY FACILITIES

- Assess birthing sites – what are the barriers to normal breastfeeding initiation? Develop action plans to address any barriers that are identified.
- Encourage all facilities to keep records on whether or not initiation proceeds in the first hour
- Carry out monthly "rounds" on early breastfeeding initiation to consider what can be done programmatically and practically to improve the rates.
- Implement the newly revised BFHI materials.
- Review the impact of birthing practices on breastfeeding initiation so that disruptive practices can be modified.

FOR HEALTH WORKERS

- Teach birth attendants in health facilities and in the community how to facilitate breastfeeding initiation in the first hour.
- Review curricula of health providers and traditional birth attendants related to labour, birth and breastfeeding to assure that information about this important step is included.
- Support at least ONE mother a day!

FOR POLICY MAKERS

- Encourage ministries, health ministries and other influential bodies such as United Nations agencies and the Joint Commission on Accreditation of Healthcare Organizations to include timing of breastfeeding initiation as an indicator of best practices in maternal child care.

FOR FAMILY AND COMMUNITY MEMBERS

- Provide education to families regarding the importance of breastfeeding during pregnancy and soon after birth. Include grandmothers and other influential family members in this discussion.
- Identify the natural community leaders and communicators as persons who can bring this message to every woman and man, young and old, to support mothers in breastfeeding initiation and exclusive breastfeeding.

Enlist the popular press in bringing the message to the people. Give ONE coverage per month for breastfeeding!

ONE can breastfeed anytime, anywhere.



10. ONE mother/baby at a time for a healthier community.



11. ONE policy: Protect, promote and support breastfeeding. It works!

Help Achieve Important Millennium Development Goals (MDGs): Facilitate breastfeeding in the first hour of life

At the United Nations Millennium Summit in September 2000, world leaders agreed on critical goals related to child mortality and hunger. Many of the poorest states are lagging behind in reaching these MDGs. Initiating breastfeeding in the first hour can help achieve MDG #1 and #4. This was reconfirmed at the UN Standing Committee on Nutrition in 2003, where those assembled called for a global indicator for early initiation of breastfeeding.

MDG #1: Eradicate extreme poverty and hunger - reduce by half the proportion of people who suffer from hunger

Starting to breastfeed in the first hour of life is associated with increased rates of exclusive breastfeeding and longer duration of breastfeeding. This contributes significantly to meeting children's nutritional needs during the first two years of life, thus preventing malnutrition and stunting which usually have their origin at this age.

MDG #4: Reduce child mortality - reduce by two-thirds the mortality rate among children under five

Most child deaths are caused by diarrhoea and respiratory illness, which are more common and more serious with suboptimal breastfeeding.⁸ About 40 percent of the deaths occur in the first month of life, which is a major barrier to attaining this MDG. Breastfeeding in the first hour could reduce newborn deaths (see Research Bulletin box) and increasing optimal breastfeeding could reduce overall child mortality.

The Millennium Development Goals: 2006 Report, United Nations

References

- American College of Obstetrics and Gynecology. (2007). Breastfeeding: Maternal and infant aspects. Special report from ACOG. *ACOG Clin Rev*, 12 (supp), 1s-16s.
- Bergstrom, A., Okong, P., & Ransjo-Arvidson, A. (2007). Immediate maternal thermal response to skin-to-skin care of newborn. *Acta Paediatr*, 96(5), 655-658.
- Dimkin, P., & O'Hara, M. (2002). Nonpharmacologic relief of pain during labor: Systematic reviews of five methods. *American Journal of Obstetrics and Gynecology*, 186(5, Supp), S131-S159.
- Fransson, A., Karlsson, H., & Nilsson, K. (2005). Temperature variation in newborn babies: Importance of physical contact with the mother. *Arch Dis Child Fetal Neonatal Ed*, 90, F500-F504.
- Hanson, L. (2004). *Immunobiology of Human Milk: How Breastfeeding Protects Infants*. Amarillo, TX: Pharmasoftware Publishing.
- Kramer, M., Chalmers, B., Hodnett, E., & PROBIT Study Group. (2001). Promotion of breastfeeding intervention trial (PROBIT): A randomized trial in the republic of Belarus. *JAMA*, 285, 413-420.
- Kroeger, M., & Smith, L. (2004). *Impact of birthing practices on breastfeeding: Protecting the mother and baby continuum*. Boston: Jones and Bartlett.
- Lauer JA, Betran AP, Barros AJ, de Onis M. (2006). Deaths and years of life lost due to suboptimal breast-feeding among children in the developing world: a global ecological risk assessment. *Public Health Nutr*, 9(6):673-85.
- Matthiesen, A., Ranjo, A., Nissen, E., & Uvnas-Moberg, K. (2001). Post-partum maternal oxytocin release by newborns: Effects of infant hand massage and sucking. *Birth*, 28, 13-19.
- Sobhy, S. M., NA. (2004). The effect of early initiation of breastfeeding on the amount of vaginal blood loss during the fourth stage of labor. *Egypt Public Health Association*, 79(1-2), 1-12.
- The Academy of Breastfeeding Medicine Protocol Committee. (2003). Protocol #5: Peripartum breastfeeding management for the healthy mother and infant at term. Retrieved May 1, 2007, from www.bfmed.org
- Vaidya, K., Sharma, A., & Dhungel, S. (2005). Effect of early mother-baby close contact over the duration of exclusive breastfeeding. *Nepal Medical College Journal*, 7(2), 138-140.
- Widstrom, A., Ransjo-Arvidson, A.-B., Christensson, K., & et al. (1987). Gastric suction in healthy newborn infants: Effects on circulation and developing feeding behaviour. *Acta Paediatr*, 76, 566-572.
- Edmond K et al (2006) Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics*, 117:380-386
- Edmond KM, Bard EC, Kirkwood BA. Meeting the child survival millennium development goal. How many lives can we save by increasing coverage of early initiation of breastfeeding? Poster presentation at the Child Survival Countdown Conference, London UK. December 2005.

Policies

Breastfeeding protocols: www.bfmed.org • BFHI & revisions: www.unicef.org/nutrition/index_24850.html • Global Strategy for Infant and Young Child Feeding: www.who.int/childadolescent-health/publications/pubnutrition.htm • Low-birth weight babies: www.who.int/reproductive-health/publications/kmc/text.pdf and www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_159509_4.pdf

Labour and Birthing: Midwifery: www.internationalmidwives.org • Doula: www.dona.org • Evidence Basis for the Ten Steps of Mother-Friendly Care: www.motherfriendly.org

Protecting Breastfeeding: Code: www.ibfan.org

Supporting Breastfeeding: Lactation Consultant: www.ilca.org • Mother Support: www.lalecheleague.org

Photos by: 1. Susan Martinson • 2. Chimie • 3. UNICEF Maharashtra, BPNI Maharashtra and Mr. Saptarshi Pratim • 4. Violet Yau • 5. Jennifer Carr • 6. John Musisi • 7. Sue Steuever Battel • 8. Victor Emilio Vargas Cruz • 9. Ira Singh • 10. Felicity Savage • 11. Victor Emilio Vargas Cruz • 12. Boaz Rottem • 13. Laetitia Denoulet. • Photos © 2007 WABA • All photos except 3 and 10 are winners of the World Breastfeeding Week 2007 Photo Contest "Breastfeeding: The 1st Hour – Save ONE Million Babies!" May 2007.

ACKNOWLEDGEMENTS

Written by: Arun Gupta. Edited by: Sallie Page-Goertz and Radha Holla Bhar. Many thanks to reviewers: Alice Barbieri, Elaine Pettit-Cote, Felicity Savage, Fernando Vallone, Lida Lhotska, Liew Mun Tip, Linda Parry, Luann Martin, Michael Latham, Miriam Labbok, Nicette Jukelevics, Pamela Dunne, Pamela Morrison, Pauline Kisanga, Rebecca Magalhães, Nutrition Section UNICEF, and Departments of Child and Adolescent Health and Development (CAH) and Nutrition for Health and Development (NHD) at World Health Organization. Production: Liew Mun Tip and Adrian Cheah. This project is funded by the Dutch Ministry of Foreign Affairs (DGIS).

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



WBW Coordinating & Distributing Centres

OVERALL COORDINATION

WABA Secretariat
P O Box 1200
10850 Penang, Malaysia
Fax: 60-4-657 2655
waba@streamyx.com
www.waba.org.my
www.worldbreastfeedingweek.org

AFRICA

IBFAN Africa
P O Box 781, Mbabane
Swaziland
Fax: 268-40 40546
ibfanswd@realnet.co.sz

IBFAN Afrique

Cite Ouaga 2000, 01 BP 1776,
Ouagadougou 01, Burkina Faso
Fax: 226-50-374163
ibfanaf@fasonet.bf

ASIA

WABA Secretariat
(See address above)

South Asia Breastfeeding Promotion Network of India (BPNI)

BP-33, Pitampura
Delhi 110 034, India
Fax: 91-11-2734 3606
bpni.india@gmail.com

EUROPE

Baby Milk Action
34 Trumpington Street
Cambridge
CB2 1QY, UK
Fax: 44-1223-464 417
info@babymilkaction.org

CoFAM / IPA

c/o Information pour l'Allaitement
52 rue Sully
69006 Lyon, France
Fax: 33-478 930 268
roques.nathalie@wanadoo.fr

GIFA

Avenue de la Paix 11
1202 Geneva, Switzerland
Fax: 41-22-798 4443
info@gifa.org

Your local contact:

WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

Aktionsgruppe

Babynahrung Ev (AGB)
Untere Maschstrasse 21
D-37073 Göttingen, Germany
Fax: 49-551-531 035
info@babynahrung.org

LATIN AMERICA

CEFEMINA
Apartado 5355, 1000 San Jose
Costa Rica
Fax: 506-224 3986
cefemina@racsa.co.cr

CEPREN

Av. Pardo, 1335 Of.301-302
Lima-18 Peru
Fax: 51-1 241 6205
cepren@amauta.rp.net.pe

Origem Group

Rua da Uniao, 253, Boa Vista
Recife, Pernambuco CEP 50050-010
Brazil
Fax: 55-81-32314325
juliana@origem.org
www.alcimentamento.org.br

NORTH AMERICA

LLL International
957 N. Plum Grove Road
Schaumburg, IL 60173-4808, USA
Fax: 1-847-519 0035
lllhq@llli.org • www.lalecheleague.org

INFACT Canada

6, Trinity Square, Toronto
ON M5G 1B1, Canada
Fax: 1-416-591 9355
info@infactcanada.ca
www.infactcanada.ca

PACIFIC

Australian Breastfeeding Association (ABA)
P O Box 4000, Glen Iris
VIC 3146, Australia
Fax: 61-3-9885 0866
info@breastfeeding.asn.au
www.breastfeeding.asn.au

Development Officer PINDA

c/o Christine Quested
Nutrition Centre Health Department
Private Mail Bag
Apia, Western Samoa
Fax: 685-218 70
brenda@lesamoa.net

Breastfeeding: The 1st Hour

Early initiation and exclusive breastfeeding for six months can

Save more than ONE million babies!



WABA 2007

“It begins at birth. Our very first act after birth is to suck our mother’s...milk. This is an act of affection, of compassion. Without that act, we cannot survive. That’s clear...That’s the way of life. That’s reality.”

Dalai Lama and Howard C. Cutler, *The Art of Happiness A Handbook for Living*, 1998



Objectives

- To mobilise the world to the potential for saving ONE million babies starting with ONE simple action: allowing the baby to initiate breastfeeding in the first hour of life.
- To promote immediate skin-to-skin contact of the mother and baby and continuing with exclusive breastfeeding for six months.
- To encourage ministers of health and other authorities to include the initiation of breastfeeding in the first hour as a key indicator for preventive health.
- To ensure that families know how important a baby's first hour is, so that they can make sure that their babies are given this opportunity.
- To support the newly revised and revitalised Baby Friendly Hospital Initiative (BFHI), with its emphasis on integration and expansion, and on the early initiation of breastfeeding.

The Remarkable First Hour of Life

When healthy infants are placed skin-to-skin on their mother's abdomen and chest immediately after birth, they exhibit remarkable capabilities. They are alert. They can crawl, stimulated by mother's gentle touch, across her abdomen, reaching her breast.¹³ They begin to touch and massage the breast. This first gentle touch of a baby's hand or head at the breast stimulates release of maternal oxytocin,⁹ thus beginning both the flow of milk and enhancing the feelings of love for the baby. Then the baby smells, mouths and licks the mother's nipple. Finally, he or she attaches to the breast and feeds. This sequence of events is important for the survival of human young.

Although many authors describe these normal infant behaviours,^{7,13} we are just now discovering the importance of providing the opportunity for a mother and baby to have the experience. For the first time, researchers have assessed the effect of the timing of the first breastfeed on newborn mortality – showing that mortality may be less if infants start to breastfeed in the first hour. (See Research Bulletin box)

Optimal breastfeeding

The WHO/UNICEF *Global Strategy for Infant and Young Child Feeding* recommends that children breastfeed exclusively for the first six months of life, and then continue breastfeeding with adequate complementary food up to two years or beyond. Normal initiation of breastfeeding in the first minutes to first hours of life begins with skin-to-skin contact, and helps mothers and infants to achieve optimal breastfeeding. This is required in the BFHI, specifically in Step 4 of the WHO/UNICEF 10 Steps to Successful Breastfeeding.

Breastfeeding Rights

The *Convention on the Rights of the Child* recognises that every child has the inherent right to life and aims to ensure their survival and development. Breastfeeding within the first hour after delivery helps to ensure child survival. Women have a right to this knowledge and to receive the support that they need to initiate breastfeeding accordingly.

RESEARCH BULLETIN
IF BABIES BREASTFED WITHIN THE FIRST HOUR, 1 MILLION LIVES MIGHT BE SAVED

Researchers in rural Ghana, where early initiation of breastfeeding was not the norm, found that babies who started to breastfeed in the first hour of life were more likely to survive the neonatal period than those who did not (Edmond et al, 2006).

- ❖ Babies who did not start breastfeeding until after 24 hours of age were **2.5 times more** likely to die than babies who started within the first hour of life, whether they were partially or exclusively breastfed.
- ❖ 30 percent of babies in the study were fed solids or other milk before one month of age.
- ❖ These infants were four times more likely to die than babies who were exclusively breastfed.^{14,15}

Conclusions

For rural Ghana:

- ❖ 16 percent of newborn deaths could be prevented if newborns were breastfed exclusively from day one
- ❖ 22 percent of newborn deaths could be prevented if newborns initiated breastfeeding within one hour of birth.^{14,15}



Give children **ONE** chance to live healthily.

Why is skin-to-skin contact after birth and breastfeeding within the first hour of life so important?

1. The mother's body helps to keep the baby appropriately warm, which is especially important for small and low birth weight babies.⁴
2. The baby is less stressed, calmer and has steadier breathing and heart rates.⁷
3. The baby is exposed first to the bacteria from the mother which are mostly harmless, or against which the mother's milk contains protective factors. The mother's bacteria colonise the baby's gut and skin and compete with more harmful bacteria from health providers and the environment, and so prevent them from causing infection.⁵



3.



2

How to Initiate Breastfeeding in the First Hour of Life^{1,7,11}

- ❖ Provide appropriate, culturally sensitive and supportive labour companionship to mothers.
- ❖ Encourage non-pharmacologic measures to help support women through labour (massage, aromatherapy, water injections, movement).³
- ❖ Allow delivery to occur in the position preferred by the mother.⁷
- ❖ Dry the baby quickly, preserving the natural white cream (vernix) that soothes a baby's new skin.
- ❖ Place the baby naked skin-to-skin on mother's naked chest, facing her, and cover them together.
- ❖ Allow the baby to seek the breast. The mother will stimulate the baby with her touch and may help position the baby closer to the nipple. (Do not force the baby to the nipple)
- ❖ Keep the baby skin-to-skin with the mother until the first feeding is accomplished and as long as she desires thereafter.
- ❖ Women who have surgical births should also have their infants skin-to-skin after delivery.

- ❖ Delay intrusive or stressful procedures. The baby should be weighed, measured, and given preventive medications AFTER the feed.^{1,11}
- ❖ No pre-lacteal liquids or feeds should be given unless there is a clear medical indication.^{1,11}

Out of the mother's body, onto the mother's body: Immediate skin-to-skin and breastfeeding restores the connection.

4

4. The baby receives **colostrum** for the first feeds – liquid gold, sometimes called the gift of life.⁵
 - Colostrum is rich in immunologically active cells, antibodies and other protective proteins. Thus it serves as the baby's first immunisation. It protects against many infections. It helps to regulate the baby's own developing immune system.
 - It contains growth factors, which help the infant's intestine to mature and function effectively. This makes it more difficult for micro-organisms and allergens to get into the baby's body.
 - It is rich in Vitamin A, which helps protect the eyes and reduce infection.
 - It stimulates the baby to have bowel movements so that meconium is cleared quickly from the gut. This helps get rid of the substances in the baby's body that produce jaundice and therefore may help reduce it.
 - It comes in small volumes, just right for the new baby.
5. Touching, mouthing and suckling at the breast stimulates **oxytocin** release – this is important for many reasons:
 - Oxytocin causes the uterus to contract. This may help delivery of the placenta and reduce maternal bleeding after the birth.¹⁰
 - Oxytocin stimulates other hormones which cause a mother to feel calm, relaxed, and some would say "in love" with her baby.⁹
 - Oxytocin stimulates the flow of milk from the breast.

COUNTRIES THAT TRACK INITIATION OF BREASTFEEDING WITHIN ONE HOUR



It is important to include the timing of first breastfeeding as an indicator of best practices. However, very few countries do so. Of the 60 countries with the highest rates of malnutrition, only 38 reported the frequency of initiating breastfeeding in the first hour of life.

6. Women experience incredible joy with this first meeting of their child! And fathers often share this delight. The process of bonding between mother and baby begins.

Overall, skin-to-skin contact and early feeds with colostrum are associated with reduced mortality in the first month of life. They are also associated with increased exclusive breastfeeding and longer duration of breastfeeding in the following months, leading to improved health and reduced mortality later on as well.^{6,12}

Is normal breastfeeding initiation in the first hour all that is needed to guarantee continued exclusive breastfeeding?

Absolutely not! Mothers need continued support to breastfeed exclusively for six months. The family, health workers, traditional healers and others in the community are all important contributors to their network of support. Health providers, health visitors and others need clinical training in assessment of breastfeeding, identification of problems, as well as knowledge and skills for helping the mother to resolve difficulties. Follow-up by a health worker within 48-72 hours after the birth, again after one week, and at appropriate times thereafter provides the opportunity to intervene early if there are problems, as well as to reassure the mother when things are going well.



Baby is keen to take the breast!

5

“ In the first hour of life, a baby finds her mother's breast. Together they can do it on their own, when we respect maternal/infant physiology as we provide expert maternal child care. This is the beginning of a life-sustaining breastfeeding relationship between mother and child. ”

3

Implementation of the newly revised and revitalised BFHI with its **10 Steps to Successful Breastfeeding** along with adherence to **The International Code of Marketing of Breast-milk Substitutes** and subsequent World Health Assembly resolutions provide the support structure needed to protect, promote and support optimal breastfeeding.

Policy Matters

We do not know how many babies experience skin-to-skin contact and initiation of breastfeeding in the first hour of life.

The **10 Steps for Successful Breastfeeding** as embodied in the BFHI includes a step that calls for helping a mother to initiate breastfeeding within the first half hour of life. The newly revised BFHI materials clarify this step to indicate the need for immediate skin-to-skin contact and ongoing support to achieve breastfeeding within the first hour. We now understand that all babies should have skin to skin contact immediately after birth and the opportunity to breastfeed as soon as they show readiness to do so.

Other steps increase the likelihood of continued exclusive breastfeeding: help the mother to position and attach the baby at the breast; keep them together after delivery; encourage feeding on infant's cue (demand feeding); avoid the use of artificial teats or pacifiers; and avoid any other food or drink unless medically indicated. In Baby-Friendly hospitals, rates of breastfeeding initiation, exclusive breastfeeding and duration of breastfeeding are improved.^{6,12} Policy matters.



6.



Support during this mother's water-birth makes immediate initiation of breastfeeding easier.

Does skin-to-skin contact matter for women who are HIV positive?

Even women for whom replacement feeding is Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS), and who choose not to breastfeed, should have skin-to-skin contact with their babies. These mother-infant couples are particularly vulnerable. Skin-to-skin contact provides a special closeness, beginning the mother-child relationship.

If conditions are not AFASS, it is very important for mothers and infants to have skin-to-skin contact immediately after birth and to start breastfeeding in the first hour. For these babies, exclusive breastfeeding carries a lower risk of mother to child transmission of HIV than mixed feeding.

Remember: for women of unknown HIV status, exclusive breastfeeding is recommended.

See http://www.who.int/child-adolescent-health/publications/NUTRITION/sensensus_statement.htm and /HIV_IF_Framework.htm



8.



9.

MISTAKEN BELIEFS
Barriers to Normal Breastfeeding Initiation

Colostrum is not good, or even dangerous for babies.

NO! Colostrum is essential for normal growth and development⁵:
 • First immunisation – protects against intestinal and other infections.
 • Purgative to reduce severity of jaundice.

Infants need special teas or other fluids before breastfeeding.

NO! Any pre-lacteal feeds (feed given before breastfeeding has started) increase the infant's risk of infection, reduce the likelihood of exclusive breastfeeding and shorten the duration of breastfeeding.^{5,8,11}

Babies will not get enough food or fluid with only colostrum and breastmilk.

NO! Colostrum is sufficient for a baby's first feeds.⁵ It is normal for a newborn to lose 3-6 percent of birth weight. They are born with a store of water and sugar in their bodies to use at this time.

Baby will get too cold.

NO! Babies are at safe temperatures when skin-to-skin with their mothers.⁴ Amazingly, the mother's breast temperature rises 0.5°C within two minutes of having the baby on her chest.²

Mothers are too exhausted after labour and delivery to feed their baby immediately.

NO! The surge of oxytocin that comes with skin-to-skin contact and breastfeeding helps to calm a mother after the birth of her baby.

It is very important to suction the baby's mouth, nose, and oropharynx before the first breath to prevent inhaling birth fluids, especially if the baby had a bowel movement during the labour.

NO! Suctioning the normal healthy newborn does not reduce the occurrence of meconium aspiration, and may injure the tissue of the mouth, throat or vocal cords. Gastric suction also interferes with breastfeeding.¹³

Vitamin K and medication to prevent gonorrhoea eye infection must be given immediately after birth.

NO! The American College of Obstetrics and Gynaecology and the Academy of Breastfeeding Medicine state that these important preventive measures can be delayed for as long as an hour, until after the baby has breastfed, without risk to the infant.^{1,11} They should not in any case require separation of mother and baby.

Women require pharmacologic intervention to cope with the pain of labour.

Normally, **NO!** Use of labour analgesia/anaesthesia may sedate the baby, hindering breast-seeking behaviour and delaying initiation of breastfeeding for hours or days.⁷ Use of complementary therapies including having a companion during labour help women to cope with the pain, and the obstetric outcome may be improved.³

It requires too much work and time to help the mother during this time.

NO! While the baby is on the mother's chest, the birth attendant can continue to do the usual assessment of mother and baby or other duties.¹¹ The baby will find his or her own way to the breast.

4